



# QUEEN'S UNIVERSITY BELFAST

**Year 5 Preparation for Practice (PfP1)**  
**Primary and preventative care**  
**Tutor and student guide 2024-25**



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## Welcome and outline of Preparation for Practice 1- Primary and Preventative care

Welcome to the new Year 5 PFP1 GP attachment. A massive thank you to GP Tutors and their practices.

PFP1 is a 7-week final year attachment in a general practice setting. The main objective is to further develop and enhance the extensive skills already developed in primary care clinical attachments, especially during year 4's longitudinal placement. In year 5 the focus will be on advanced skills and knowledge like dealing with multi-morbidity and complexity, disease prevention and health promotion, and applying the generalist approach for effective care delivery.

Students will be active members of the primary care team and will be encouraged to develop their independent practitioner skills through 'hot seating' thereby assessing, appraising and managing patients' needs. Students will experience the broad spectrum of primary care cases; from emergency and same day care, to complex multi-morbidity, palliative care and presentations across the spectrum of illness and disease. They will also be looking at aspects related to population health.

Host Practices will find further useful information in the Practice Handbook accessible, along with many other resources, through our website

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

## Course aims and learning objectives for students

The whole year 5 course has integrated learning outcomes with the overall objective to prepare students for practice see [QUB Portal Year 5](#) and [GP tutor training video recording](#)).

Year 5 begins with the Applied Knowledge Test (AKT) element of the Medical Licensing Assessment (MLA), therefore the focus in year 5 placements will be gaining practical experience. It is all very 'hands-on' and students are encouraged to increase their level of independence and exposure to complexity.

PfP1 aims to build upon students' time in GP within Y1-4. The learning outcomes for the GP curriculum are set out in [Learning and Teaching General Practice](#) and are summarised below. Some learning outcomes will be more relevant to Year 5 and are highlighted.

- Holistic care (the biopsychosocial model) (includes **dealing with uncertainty, prescribing/adherence/ polypharmacy/social prescribing**)
- The physiology of holistic care (includes **Persistent Physical symptoms/Medically Unexplained Symptoms**)
- The doctor-patient relationship
- Communication with patients of all backgrounds
- Continuity of care and **integrated care**
- Long-term conditions in i) Diagnostic phase, ii) Maintenance phase, **iii) End of life care**
- **Emergency conditions**
- **Multi-morbidity and complexity**
- The social determinants of health
- **Preventing disease and promoting health**
- Medical ethics
- Effective delivery of care –The generalist approach, also includes **sustainable healthcare**

### Learning activities

Opportunities will be different in different practices. Being embedded within the practice for 7 weeks should create a good understanding of how to access learning opportunities and how development needs and progression can be supported and monitored. The focus is on Preparation for Practice and there is no better way to do this by engaging with patient-facing activities which in GP often means consulting directly with patients. Students should be given opportunities to assess patients with direct or indirect one-to-one supervision and the ratio of face-to-face versus remote consults should be in-keeping with how the practice is consulting. Students should usually 'sit in' (in person, or on a three-way phone call) with a GP initially, but very quickly should start consulting with patients on their own before presenting each patient to the GP.

There will be some compulsory elements during the attachment (see under [MyProgress](#)) and these should be combined with the personal learning needs of the student. The [Learning General Practice digital textbook](#) details interesting, wide-ranging suggestions for learning activities.

Examples of learning activities:

- ‘Hot seating’ - see selected or unselected undifferentiated presentations under decreasing levels of supervision
- Continuity and relationship-based care– during the 7-week placement there is value in reviewing patients and exploring ‘relationship-based’ care. This can be especially helpful for more complex patients with multiple issues
- Work alongside the ‘doctor on call’/’duty doctor’ and be actively involved in assessing more urgent presentations and interfacing with secondary care/the MDT
- Reflect on management options and how to best discuss these in a shared-decision, person-centred way
- Review patients after a few weeks to see how the shared management plan is working out
- Review patients after organising further investigations
- Get involved in [pre-prescribing](#)
- Multimorbidity and/or long-term condition reviews - consider ‘hot seating’ after active observation
- Be involved in home visits – seeing patients in their ‘real-life’ contexts offers a unique perspective. This can be same day visits, routine visits or pre-selected home visits. There is [more detailed guidance for practices around practicalities of home visits](#)
- Identify and prepare cases for [Theme-Based Learning](#)
- See patients presenting with multiple issues or complex issues like chronic pain or frailty

- Complete medical records (as per agreed format with the tutor) after assessing a patient
- Arrange follow up after a recent admission – the patient journey (part of [Theme-based learning](#))– students read all the correspondence relating to the admission, arrange to visit the patient preferably at home to interview the patient and to hear the “Story” of their “Journey” and discuss it in their online small group session
- Identify a palliative care patient and be part of the team caring for the patient during the 7-week placement
- Case presentation review – identify selected patient(s) known to the GP with identified significant diagnoses. Students could review their records +/- contact them and review them (in practice or at home)
- Get involved in optimisation of medications, reviewing patients with problematic polypharmacy and deprescribing etc.
- Be involved with patients with diagnostic or other uncertainty and/or (medically unexplained) persistent physical symptoms
- Attend tutorials for GP trainee(s) or GPNI webinars/Practice Based Learning
- Attend a Child protection case conference or be pro-active in getting involved with a family receiving additional support (e.g. through the Health Visitor)
- Reflect on learning activities within the MyProgress platform
- Asynchronous learning activities (see [additional online resources](#))

## MyProgress

MyProgress is the platform students use to record, track and reflect on their learning. Training resources on practical use of MyProgress and a FAQ form are available on the [QUBGP website](#). It is a student's responsibility to ensure that all required elements of MyProgress are completed, and they may prompt tutors around when and what needs completing. Students will need to ask their GP tutor(s) for a preferred email address – entering this will enable tutors to access the [MyProgress platform](#) and access the

As patients present with a multitude of issues, often undifferentiated and unselected, often with a bio-medical and psycho-social aspect, grounded within their own specific individual context and health belief system, it would be unhelpful to ask students to be disease-specific or 'tick-box' through a list of conditions. The compulsory elements for PfP1 documented on MyProgress are therefore based on real patient encounters, and clinical experiences encompassing aspects like multi-disciplinary assessment and person-centred management plans, at times requiring GP and patient feedback, but mainly achieved through self-reflection and/or peer-supported engagement.

MyProgress PfP1:

Learning activity	How many?	Signed off by:
Attendance	100%	Student
Clinical encounters and management	4	Student
Theme-based learning	6	Student
IDD audit	1 form	Student
MiniCex and Patient feedback	2	GP tutor
Tutor feedback	2	GP tutor

## Attendance

Medical School regulations mandate 100% attendance for all years. There will be mitigating circumstances for non-attendance such as ill health or prospectively

requested leave. Students submit all prospective leave requests in advance (including for up to two days' 'discretionary leave' across each academic year) and are encouraged to clearly communicate any approved leave requests with supervising clinical teams. Practices are asked to advise the student how to contact the practice (e.g. using the direct line into the practice or the practice manager's email) in unlikely circumstances they can't come in due to e.g. ill health. Further details around [attendance and absence policies](#) are available on the QUB Medical Education portal. A feature of the MyProgress system is attendance monitoring – daily in secondary care (and at all times for students holding Tier 4 Visas) and weekly while on GP placement. The system generates an automated email to the designated email address. **No action is required if the student was present;** the email advises what to do in the unlikely event that this was not the case. If a student doesn't show up unannounced -contact [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk)

### Clinical encounters and management

Clinical encounters with patients are a core activity of GP, and as such students are likely be involved in hundreds of GP clinical encounters over their medical school career. Clinical encounters can be various patient-facing activities in which the student can fulfill different roles, from active observation to active participation or leading the



consultation (see Box 1). In year 5 students are expected to **mostly lead the consultation.**

Clinical encounters can happen in several settings (in the practice, in the patient's home) using various modes of consulting (telephone, face-to-face, video) -all requiring different skills; students **should choose a mix of these settings and modes of consulting.**

During the 7-week year 5 GP attachment students need to record four clinical encounters on MyProgress and progression should be noticeable as they are asked to self-rate their role in the consultation, use the 8-point Entrustable Professional Activity ('EPA') scale (see Box 2) and score the complexity level of the encounter, similar to what they did during their Y3-5 GP placements. In Year 5 students are expected to challenge themselves - they should reflect on cases they felt brought up good learning at their level while aiming for higher levels on the Entrustable Professional Activities scale.

Year five students are also asked to be involved in some **specific clinical encounters** related to emergency/acute care, long term conditions/multi-morbidity and palliative care as well as **discussing aspects of the management.** Management in primary care can have many facets including pharmacological treatment/prescribing, referral, medication review, medication adherence and deprescribing, watchful waiting, enabling the patient to 'make sense', safety netting, reassurance, relationship-based care, social prescribing, lifestyle advice/motivational interviewing, to name a few, and students are impelled to take a person-centred approach.

**Box 1**

Active observation, active participation and leading the consultation

Active observation

Observation is not a passive process - it offers opportunities for active learning

Active participation

Initially students might 'hotseat' an element of a consultation – 'information gathering', or an aspect of a focused examination or be 'delegated' elements of management

Leading consultations

This may be with a GP in the room or in another consulting room (space dependent) – a student is leading a consultation (face-to-face or remote if they are working through from initial information gathering/examination to formulating some kind of 'next steps' as to how the consultation might conclude. In year 5 this includes moving beyond history and examination to 'the second part of the consultation' and consider management approaches.

**Box 2**

Entrustable Professional Activity (EPA) scale:

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

All year 5 students are expected to have progressed beyond level 4-5 by the end of Y5.

## Theme-Based Learning

The GP placement provides students with unique opportunities to increase their understanding of wider, context-determined elements of individual and population health and complexity and uncertainty in illness and disease. Students will collect six cases on themes like overdiagnosis/overmedicalisation, the social determinants of health and health inequalities, uncertainty and persistent physical symptoms (Medically Unexplained Symptoms), primary and secondary care interface and the patient journey, child safeguarding and chronic pain.

The cases and themes will be further explored with peers (and for chronic pain with an expert patient and in collaboration with [Versus Arthritis](#) ) during online small group sessions facilitated by QUB. The online group sessions will be on a Wednesday or Thursday afternoon and the students will receive an email with more information on when and how to attend online and how to prepare. If the student hasn't encountered a case touching on the specified themes they can use a Virtual Primary Care case- these are listed on the [QUB portal](#).

## Immediate Discharge Documents- audit

IDDs (Immediate Discharge Documents) are an important method for onward care of patients being discharged home from hospital. [GAIN](#) has produced guidelines on IDD. Clinical Audit is an important approach to check adherence to best standards. In this IDD Audit the students will be contributing as Pre-Foundation students in partnership with Regulation and Quality Improvement Authority and the Trusts, to conduct an annual at-scale region-wide snapshot. This is educational for the students and will identify targets for further Quality Improvement work in our local Health Service. This is also an opportunity to highlight good practice and to improve current practices for F1s and Trusts and through this to improve patient safety. Published findings (2017) of this audit can be found [HERE](#).

Instructions for the students:

Fill in an audit form of 5 consecutive IDD's every week (preferable before any medication changes have been updated)

Get a printout of the pre-admission medication and compare medication records before admission and after discharge

Print off or open the Audit Proforma and collate the data for the 5 discharges each week

Transcribe the audit data into the online form – please do this at one sitting. Link to the form can be found on the [QUB portal](#)

At the end of the placement the student will discuss the findings with their GP tutor and/or practice-based pharmacist/GPP and answer the following questions on the MyProgress form: Were the audit standards met? What changes would you suggest making to improve adherence to audit standards? How will this experience impact on how you prepare IDD's?

See [QUB portal](#) for more information on conducting the audit and a link to online MS form.

#### MiniCexs and Patient feedback

The mini-clinical evaluation exercise (mini-CEX) is a formative assessment tool and part of the student's Work-place-based assessment. It is designed to provide feedback on skills essential to good medical care by observing an actual clinical encounter. It facilitates the receiving of constructive feedback.

During the Pfp1 placement students will be filling in two MiniCex forms, one at the start of the placement and one at the end, as this will make them reflect on the progress they have made.

The tutor will also ask the patient to give feedback (not witnessed by student). The GP/ tutor will ask the patient 'How likely (between 0 (very unlikely) and 5 (very likely) is it you would want to see the medical student again and why?' and will discuss this with the student. Patient feedback is helpful in highlighting potential areas for further professional development.

Students are encouraged to continuously seek constructive feedback outside the MiniCexs.

## Tutor feedback

Towards the mid-point and the end of the PfP1 attachment, students should arrange a review with their GP Tutor to discuss progression. The feedback is part of the students' work-place based assessment. **Tutors should fill in the free text box** as well as ticking the template which assesses adaptive and flexible consultation skills, clinical knowledge and skills, approach to patient management, responsiveness to teaching and enthusiasm for learning, appreciation of risk, uncertainty and complexity and professionalism (incl punctuality, teamworking). The forms can be found under 'supervision' on MyProgress. The GP tutor can use the box at the bottom of the form for any questions, concerns or challenges. This will initially be dealt with by the QUB GP team. If there are more immediate concerns, contact [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk) or [m.dolan@qub.ac.uk](mailto:m.dolan@qub.ac.uk). The student is asked to reflect on the end-of-placement feedback using a separate form on MyProgress.

## Overarching activities

The whole year 5 course has interconnected learning outcomes. Some learning activities will cross over the various placements. During the first 16 weeks of year 5 small student groups will be conducting a conceptual or an applied **Sustainability in Quality Improvement project**. Students will be instructed on how to go about it and it is self-direct. Students could request support regarding conducting a search on the clinical system or implementation. The student groups will submit their project before the Christmas break and formally present their findings in the week starting the 18<sup>th</sup> of March.

During year 5 students are involved in **pre-prescribing**, also called **Purple Pen**. Prescribing is a common task, often performed by junior clinicians, with potential for significant harm. With appropriate support, tutors can create 'safe-fails' by letting students write prescriptions for real patients. In General Practice it is recommended the student write and print a script using a Dummy patient after assessing a patient needing a pharmacological intervention or when practicing other prescribing decisions which can be discussed and reviewed by the tutor/supervisor.

**Recognising and dealing with the acutely ill patient**, being 'on-duty' and Holding the Bleep is another overarching theme in the PfP 1-3 placements which can be facilitated in General Practice by scheduling the student to work alongside the doctor responsible for dealing with urgent situations on the day.

Anybody supervising a student doing a specific procedure during their Pfp1 placement could be asked to sign off on a **Directly Observed Practical Procedures (DOPS)**. This is something the students have been doing over their clinical years.

### Assessment and progress

From 2024 onwards, all medical students graduating from UK universities need to pass a national exam – the Medical Licensing Assessment (MLA). This entry requirement for inclusion on the medical register by the General Medical Council incorporates both written and practical components. When Year 5 students start their placement they all sat their MLA Applied Knowledge Test (AKT) – ‘written finals’. The exam still outstanding is the Clinical and Professional Skills Assessment (CPSA) (exam week 3-7 of March 25). The Pfp1 placement offers ideal opportunities to practice for OSCEs (Observed Structured Clinical Examination) by actively being involved in patient-facing activities. Further information on the MLA exam can be found [HERE](#)

During the Pfp1 placement it is important to focus on **progression**. As students have spent 8 weeks in GP in Year 4, they would want to challenge themselves and be challenged which can be achieved by adapting the students’ learning activities - MyProgress can help in that it asks students to score themselves regarding EPA level and complexity.

Week 1-2: Student surgeries including long-term conditions (LTC) reviews and triage - EPA levels 1-2, complexity score 0-3

Week 3-5: Student surgeries including LTC reviews and triage -EPA levels 3-4, complexity score 4-7

Week 5-7: Student surgeries including LTC reviews and triage - EPA levels 6-7, complexity score 8-10 but possibly lower EPA for higher complexity score

## Practicalities

Students are asked to ensure they've contacted the practice before their initial arrival. As a teaching practice you could consider contacting the student(s) before they start; students really appreciate this. Students value being welcomed by name and having a timetable for their placement on day 1, and are keen to hear how GPs approach clinical reasoning, team working, community and population orientation etc.

## Reminder about dates

Students are in practice 7 weeks out of a block of 8 weeks. In week 2 or 3 after starting their placement they will be scheduled for Self-Directed Learning or to attend the Human Health Factor course on Campus. **They will not be in practice:**

Week of 9 Sept **or** week of 16 Sept

Week of 4 Nov **or** week of 11 Nov

Week of 13 Jan 25 **or** week of 20 Jan 25

**They will not be in practice 1x session a week** for Theme Based Learning (QUB supported) - the student will be informed what day of the week they are scheduled to attend their Theme-Based Learning.

SusQI- students should be allowed a few hours a week to work within their allocated groups to work on their project – this is only the case until the end of December 2024.

### Induction, organisation and timetabling

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

#### Recommended areas to cover during **induction**:

	✓ Done
Introduction to key staff members, specify who the main tutor is and a tour of the premises	
Brief overview of practice: population size, computer system, appointment system	
Show where students can leave their coat, bag and belongings	
Facilities such as the toilets and any area for breaks/storing food etc.	
Any important safety issues e.g., fire escape routes, personal safety alarms/alarm button	
Clarity around contact – what is the best phone/email address for students to use if they can't come in due to illness	
Any student special circumstances / disabilities that are relevant for the GP tutor (and practice) to know about	
Any practice specific protocols around clinical clothing (any preference for scrubs or 'normal clothes'?)	
If possible, unique student GP computer system logins, which encourages ownership and transparency. Some practices let students use the login of the tutor, but clearly state during the induction that the student must write in the clinical records the patient was initially assessed by them, the name of who supervised them and that the notes were written by them and checked by the supervisor	
Computer system: allow some time to get used to the clinical system and explain what is expected when they write clinical notes	
Advice around access to WiFi so that students can support their learning using own devices where possible. BSO WiFi access should be possible for most practices	



Where/how students can record details of and organise patient reviews by themselves or by the team	
Remind them of the importance of confidentiality- students follow <a href="#">GMC GMP guidance</a> for students	
Check their familiarity with ECR and ENCOMPASS including issues around confidentiality, GDPR and the vital importance of only accessing information relevant to patient care; never their own/known individuals' records	
Discuss what they are hoping to get out of the placement (personal development needs) and what compulsory elements are involved and how they are hoping to achieve them	
Go over expected professional behaviours like introducing themselves by name and role to the patient, kindness, respect and curtesy, teamwork etc. (see <a href="#">Good Medical Practice (GMP) for medical students</a> )	
Detail procedures and policies important for the placement including home visit guidance, consent and chaperone policy, child and adult safeguarding policy etc.	
<p>Explain patients appreciate</p> <ul style="list-style-type: none"> <li>• that students add value to the care patients receive e.g. by having delegated tasks like following patients up after a test or consult</li> <li>• when students are transparent about their knowledge gaps</li> <li>• when students listen attentively</li> <li>• being involved in their teaching by sharing their lived experiences</li> <li>• being pre-warned when they are seeing a student</li> <li>• being involved in the feedback process to help their learning</li> </ul>	

Students are helped by having a timetable of activities across the 7-week placement.

This allows students to structure their attachment and learning.

The below is simply an example of how week 1 and week 4 in the 7-week attachment could look like. It is advised the student knows who the supervising doctor is for each day.

<b>Week 1</b>	<b>Morning</b>	<b>Afternoon</b>
<b>Monday</b>	Introduction	'Shadow' GP
<b>Tuesday</b>	Joint surgery	LTC clinic with PN/GPP ('Shadow')
<b>Wednesday</b>	Theme-based learning	Student surgery (undifferentiated)
<b>Thursday</b>	Triage	Emergency care with Duty doctor
<b>Friday</b>	Patient Journey	QI project
<b>Week 4</b>	<b>Morning</b>	<b>Afternoon</b>
		Discharges (IDD) and clinical encounters related to results, reviews
<b>Monday</b>	Student surgery (undifferentiated)	
<b>Tuesday</b>	Student surgery (undifferentiated)	Student surgery (complex, routine)
		Student surgery (selected e.g. multi-morbidity and reviews)
<b>Wednesday</b>	LTC student surgery	
<b>Thursday</b>	Triage	Emergency care with Duty doctor
<b>Friday</b>	Theme-based learning	QI project

### Additional online resources

Students are provided with a range of online learning resources on the QUB Medical Education Portal. Tutors do not require access to this Portal, though you can [register for access](#) should you wish. The already mentioned [Learning General Practice digital textbook](#) is a really helpful resource for both students and tutors.

In Year 5 the [VPC](#) (Virtual Primary Care) resource can be used for additional learning as well as for case submission on MyProgress for Theme-based Learning if the student hasn't be able to identify a suitable case. There is a list on the portal of suitable VPC cases for this purpose. All students have access to VPC. If any GP colleague would like access to this resource, please get in touch with [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk) providing your. hscni email address (unfortunately the system will not grant access to any other personal emails).

Other available resources:

[Capsule](#) is a case-based online resource produced as a collaboration across UK medical schools. Students have access to a vast range of cases and quizzes with feedback and further links – with the material pitched at a great level for them. There are around 40 GP cases (some relatively short, others which might take students 45-60 minutes to work through.) While some students may elect to work through the cases in their own **self-directed way**, they are likely to maximise their learning if GP tutors are able to signpost them to cases covering areas that they had perhaps not had any exposure to, or following on from a specific consultation.

If a tutor would like personal access to Capsule, we can try to facilitate personalised logins etc. Please email [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk) explaining that you are a GP tutor, and we will try to make the necessary arrangements.

And finally...

Please don't hesitate to contact us (initially at [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk)) if you encounter any challenges or with any suggestions on improving the course. This is a new course. We will be learning together, aiming to improve and develop it further for 2025/26; we would appreciate your ideas for development

Many thanks again to all the tutors and teaching practices.

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