



GP Tutor & Student Guide  
Year 3  
General Practice Placement  
2025-26

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## Welcome

An enormous thank you to GP Tutors and host Practices. This guide aims to provide some background and detail for both Y3 students and their Practice teams.

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/>).

This course gives Year 3 students their first “immersion” into General Practice whilst spending much of their week in a hospital placement, known as a Longitudinal integrated Clerkship (LIC). The Wednesday mornings in the GP setting will be in the same Trust as the hospital placement.

A group of 6 students will be assigned to attend the same GP practice weekly on a Wednesday morning for 12 weeks (extended from 6 sessions in academic year 23-24). Each placement will begin with an “introduction to GP” session held on ZOOM for all students on GP placement that semester. The last session of the semester will also be on ZOOM for the same student group.

If you have any questions or suggestions, please don’t hesitate to contact me.

## Course Aims and Learning Objectives for students

General practice (GP) comprises the practical and scholarly aspects of delivering highly effective personalised care to individuals, families, and populations in primary care and community settings.

Year 3 is students’ first “Immersion in Practice” Year in the QUB C25 curriculum with clinical experience built around 2 Longitudinal Integrated Clerkships (LICs).

The 12 sessions in practice (in either LIC 1 or 2) are intended to build on your Family Medicine experience and prepare you for more extensive GP experience in Year 4. We want you to focus on the “patient journey” and the members of the GP team who support the patient along the way. The aims are:

For students to understand the structure, principles and practice of GP work, and how primary care is different from secondary care.

For students to understand patients and their illnesses within all their complexity and social and cultural contexts.

GP Practices, please see [QUBGP website](#) for further updates and information.

Immerse yourself in practice to develop and apply knowledge and understanding around:

- ☐The generalist clinical method
- ☐Holistic care (the biopsychosocial model)
- ☐The doctor-patient relationship
- ☐Long-term conditions
- ☐Preventing disease and promoting health
- ☐Information Technology
- ☐Teamwork and Leadership
- ☐Medical ethics
- ☐The generalist approach

## Course structure

Students are “attached” to the same Practice throughout the semester. All students will be expected to be at the GP surgery on the Wednesday mornings at the time agreed with the GP Tutor. Planned activities will take place throughout the morning with a plenary session 12 – 1pm where students can share learning with their GP Tutor and their peers.

The GP practice should email the students before they start placement confirming the name of the Tutor and where to attend on day one.

A list of medical students with their contact emails will be provided by QUB to the GP Tutor.

## How are students learning during the GP sessions?

Practice teams (and services offered) differ, so students will not all have the same experience. (There will be ample opportunity in years 4 and 5 to undertake all the learning opportunities available in a GP setting).

Regardless of the Practice size and set up, we hope that returning to the same Practice for 12 sessions means students can become much more familiar with how GP Practice teams deliver care and see the continuity offered to our patients. Beyond observing, participating in and progressing towards leading consultations, there are a vast range of potential learning opportunities in GP. The [Learning General Practice digital textbook](#) contains all manner of suggestions. Students should ideally work in pairs and rotate around activities.

GP Practices, please see [QUBGP website](#) for further updates and information.

## Essential learning opportunities

There are 2 activities which all students MUST engage in. These may not last for the whole session, and indeed it may be more useful to rotate around activities on each Wednesday.

The key activities are: -

**Hot seating:** Two students will sit in with a GP, observing and conducting consultations. We recommend that students are allowed to see the full range of triage and face-face consultations and that, with close supervision, they can begin to conduct these consultations themselves. We suggest that GPs run their normal surgeries as far as possible to give students some idea of what practice is like “on the ground”.

**Case-based discussion (CBD):** Two students will undertake a more detailed case review for discussion with peers. Patients can either be identified in advance, or they can be allocated ad hoc from triage list. Students may do this as a planned appointment in the GP surgery face to face, or as a home visit (Appendix 1: Home visit guidance) or as a phone/video call (Appendix 4 Student Code of conduct: remote medical consultations). Students should talk to patients about their clinical conditions, including admissions to hospital and impact on their lives. This should then be complemented with a review of patient notes including hospital letters, blood test results, GP consultations etc. Students will present their CBD to their peers ideally during the 12-1pm group discussion. The CBD form which students complete is on MyProgress.

## Potential learning opportunities

None of these are mandatory, and GP tutor colleagues (“We are all faculty” –™ Prof N Hart, June 2023) and their Practice teams will find what works best in their own Practices and doubtless come up with many things not suggested here. This list is not exhaustive.

1. Consider involving students in home visits – seeing patients in their living contexts offers unique perspectives and rich learning. There is more detailed information available in Appendix 1, including a reflective template that students might find useful to complete after any visit.

2. Long term condition reviews (asthma, COPD, CVD, diabetes). The students could carry out a holistic phone consultation or assist with a Chronic Disease Management Clinic.

GP Practices, please see [QUBGP website](#) for further updates and information.

3. Follow up telephone calls from Out of Hours encounters or hospital discharged patients.
4. Continuity – re-contact patients they previously encountered in earlier weeks. How has their health changed? Was this expected? There may be much to learn aside from the immediate presenting issue.
5. 'Clinical skills' practice – patient observations, ECGs, bloods/ treatment room experiences.
6. Time with MDT members/community-based colleagues which might include third sector organisations/healthy living centres.
7. Structured self-directed-learning (SDL) activities such as:
  - (a) Follow up of patient case in the notes after a consultation.
  - (b) Preparing presentation on clinical topic relevant to patient seen.
  - (c) Involving suitably prepared senior medical students, foundation doctors, or GP trainees to teach medical students during clinical placements. Such 'near-peer teaching' can provide valuable learning opportunities for all involved and appropriate role models for students.
  - (d) Practices might consider students taking part in partners' meetings, practice clinical meetings, local network/federation, and multidisciplinary meetings. They should have the opportunity to see how primary care services are organised and relate this to their learning on leadership and team working.

**Virtual Primary Care (VPC):** VPC is a digital learning resource containing a library of videos taken in GP practices in Birmingham, Bradford, Bristol, and London. They provide opportunities to observe and consider "real life" consultations (these are real GPs and patients, not actors).

A playlist of 12 videos has been created (More information on how to access in Appendix 2).

Students can use this resource to compliment the experience of seeing/speaking to real patients in the practice. There are additional learning resources attached to each video. These consultations can be discussed during the plenary if appropriate. Guidance on accessing Wi-Fi in the GP practice Appendix 3.

## MyProgress activities

MyProgress is the digital platform students use to record, track and reflect on their learning. It is being rolled out across Y3-5 and replaces previously used Excel-based 'eLogbooks' and the uMEP portfolio. (This progress recording platform was used in year 3 and 4 in the last academic year but will be new to these year 3 students as well as to some GP tutors). Feedback thus far from both students and colleagues indicates that it is reasonably user-friendly and straightforward to navigate.

GP tutors can find more information on our QUBGP website [Resources](#) page.

**It is the student's responsibility to ensure that all required elements of MyProgress are completed. GP Tutors are asked to complete an end of placement feedback form.**

The mandatory MyProgress requirements for year 3 GP are: -

1. Clinical Encounters – 2 needed (student completes)
2. Case-based Discussion (CBD) - 1 needed (student completes after presentation)
3. GP Tutor Feedback and sign off (GP completes at end of placement)
4. Student Reflection on placement and GP Tutor Feedback (student completes at end of GP placement, and can be done even if GP hasn't completed their feedback form)

Students will be provided with their tutor email address before starting placement but should ask/check the GP tutor(s) preferred email address on their first day – entering this will enable tutors to access the [MyProgress platform](#), view students' progress, and complete the short GP Tutor Feedback Form at the end of the attachment.

### **Clinical Encounters**

Encounters with patients are the core activity of GP, and as such students are likely be involved in hundreds of these over their medical school careers, be that through active observation, more active participation or leading consultations. Further explanation around what we mean by these terms is provided in Appendix 5.

During the GP attachment, students need to record two encounters that provided learning opportunities. All clinicians (even those long qualified with extensive experience) can benefit from observing the way other clinicians consult; there is learning within observation for everyone. Saying that, students need to develop their own consulting (which they will further build on during GP time in Y4 and 5).

### **Entrustable Professional Activity (EPAs)**

These are a type of global assessment (they do not break skills like consulting down into chunks as OSCEs do) and so are very suitable for learning in primary care.

For each clinical encounter entered in MyProgress, as well as recording learning, we are asking students to self-rate their role in the consultation using the same 8-point Entrustable Professional Activity ('EPA') scale used across Y3-5 GP:

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.

We would expect all students to have progressed to level 3 by the end of Y3; experiences with previous cohorts of Y3 students indicate that many students can consult at level 4. GP tutors involved with postgraduate GP training may recognise that a new ST2 trainee might very quickly progress from 1 or 2 to 5 or 6. An ST3 will likely be operating at 6 or 7 in preparation for 8 as a post CCT GP.



## **Case based Discussion (CBD) Information for Students**

CBDs are workplace assessments where you will present a structured case to your tutor and peers. This gives you a chance to combine your clinical skills and knowledge, consultation and presentation skills. We strongly encourage you to work collaboratively, actively asking questions and making comments in these sessions.

Your GP will identify a patient and seek consent for them to speak to you. Make sure you personally introduce yourself and seek consent also. You will combine a consultation with the patient at home/via phone call, or in the surgery with a case review of their notes. If you are visiting the patient at home, please carefully read Appendix 1.

You do not need to examine the patient unless there is a presenting clinical need, and your GP tutor has confirmed what examination to undertake.

Your patient may be someone who has been recently discharged from hospital, is at risk of admission or who has had a lot of recent admissions. This will give you a chance to link up your learning in primary and secondary care and appreciate the patient's journey, Make sure you don't write down any identifying features.

At this stage, students are expected to need significant supervision, but EPAs are designed to track progress over years as learners move towards independent consulting. We expect that this EPA will be re-assessed in year 4 and 5.

**Directly Observed Practical Procedures (DOPS)** require direct observation by the GP tutor and the completion of a short online form. The student hands over their device and the tutor completes a short check list with some brief feedback. Whilst we are keen for medical students to practice and improve their skills in these procedures whilst on GP placement, we realise that GPs are under huge time pressure and the completion of the online forms is optional. The practical skills (DOPS) that can be practiced when in GP placement are in Appendix 6.

## **Resources**

The RCGP and Society for Academic Primary Care (SAPC) have created a set of teaching and learning resources that Tutors and Students may find useful. These can be found at the links below.

GP Practices, please see [QUBGP website](#) for further updates and information.

[learning-general-practice.pdf](#)(Helpful information and resources for both Students and GP Tutors)

[teaching-general-practice.pdf](#)(Curriculum guide of interest to GP Tutors)

eBooks available through QUB QCAT:

<https://www.qub.ac.uk/directorates/InformationServices/TheLibrary/>

Oxford handbook of general practice - Chantal Simon et al.

General practice at a glance - Paul Booton et al.

A Textbook of general practice - edited by Anne Stephenson



The areas of [Learning General Practice](#) which will be focused on in Year 3 are:-

### **Person-centred care**

- 1A The generalist clinical method
- 1B Holistic care (the biopsychosocial model)
- 1C The doctor-patient relationship
- 1E Long term conditions

### **Population-centred care**

- 2B Preventing disease and promoting health
- 2D Information technology
- 2E Teamwork and leadership
- 2F Medical ethics

### **Effective delivery of care**

- 3A The generalist approach

## ***Capsule***

[Capsule](#) is a case-based online resource, again 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 Practices, please see [QUBGP website](#) for further updates and information.

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 learning through covering cases that they have had limited exposure to or following on from a specific consultation.

### *Speaking Clinically*

This resource contains over 900 authentic patient video clips of people talking about a range of conditions. Most [Speaking Clinically](#) videos are just 1-3 minutes long, and it's fair to say they do have a secondary care orientation. While this could never replace authentic patient contact in GP, it is nonetheless another resource.

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

### Practicalities

GP practices are strongly encouraged to contact the student group by email before they start to confirm day 1 arrangements. QUB will send a list of the student email addresses before they start placement. We often get feedback from students delighted that they are addressed by name when they first arrive in GP; this can make a massive difference.

#### Reminder about dates

Students will complete their GP placement in either LIC 1 or 2. The dates are below **LIC1 – Wednesdays in GP 10<sup>th</sup> September-10<sup>th</sup> December 2025**

Students in LIC1 will have Wednesday morning ZOOM session 3rd September and 17th December hosted by QUBGP Lead

**They will not be in practice 12th November**

**LIC2 – Wednesdays in GP 4th February – 20th May 2026**

Students in LIC2 will have Wednesday morning ZOOM 28th January and 27th May hosted by QUBGP Lead

**They will not be in practice 18th Feb/1st April/8th April/29th April**

GP Practices, please see [QUBGP website](#) for further updates and information.

## Timetabling

Practices might find it helpful to construct a timetable of activities across the twelve sessions. This allows students to structure their attachment and learning. Students appreciate and really benefit from an induction, welcome and orientation to the Practice. The below is an example of a 6-week cycle (with actual times agreed at Practice level) as we realise that there are many factors at play in different Practices as to what works when.

Week		Student 1	Student 2	Student 3	Student 4	Student 5	Student 6
1	9-9:30	Intro to practice for group					
	9:30-12	Hot seat	Hot seat	Case based discussion	Case based discussion	Practice team	Practice team
	optional	Practical					
	12-1	Case presentation by students and discussion;					
2	9-12	Case based discussion	Case based discussion	Practice team	Practice team	Hot seat	Hot seat
	optional	Practical					
	12-1	Case presentation by students and discussion;					
3	9-12	Practice Team	Practice Team	Hot seat	Hot seat	Case based discussion	Case based discussion
	optional	Practical skills					
	12-1	Case presentation by students and discussion;					
4	9-12	Hot seat	Hot seat	Case based discussion	Case based discussion	Practice team	Practice team
	optional	Practical skills/ VPC					
	12-1	Case presentation by students and discussion;					
5	9-12	Case based discussion	Case based discussion	Practice team	Practice team	Hot seat	Hot seat
	optional	Practical					
	12-1	Case presentation by students and discussion;					
6	9-12	Practice Team	Practice Team	Hot seat	Hot seat	Case based discussion	Case based discussion
	optional	Practical					
	12-1	Case presentation by students and discussion;					

## Induction

Here are some areas that we recommend Practices cover during induction:

	Done
Introduction to key staff members, specify who the main tutor is (including preferred email(s) for MyProgress) 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?')	
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. Appendix 3	
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.	
Go over expected professional behaviours like introducing themselves by name and role to the patient, kindness, respect and courtesy, teamwork etc. (see <a href="#">Good Medical Practice (GMP) for medical students</a> )	
Reiterate that patients appreciate: <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 teaching by sharing their lived experiences</li> <li>• being advised in advance when they are seeing a student</li> <li>• being involved in the feedback process to help their learning</li> </ul>	

## Attendance

Medical School regulations mandate 100% attendance for all years. However, there will of course be mitigating circumstances for non-attendance such as illness or prospectively requested leave (e.g. to present at a conference). 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. Further details around [attendance and absence policies](#) are available on the QUB Medical Education portal. In cases of unforeseen absence (such as sickness) it is helpful if students and host Practices have agreed a means of contact in advance so that an ill student isn't trying to update the Practice by phoning the main Practice number. 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 supervisor's 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 Practice has any concerns about a student's attendance, please contact [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk)

## The GP subdeanery

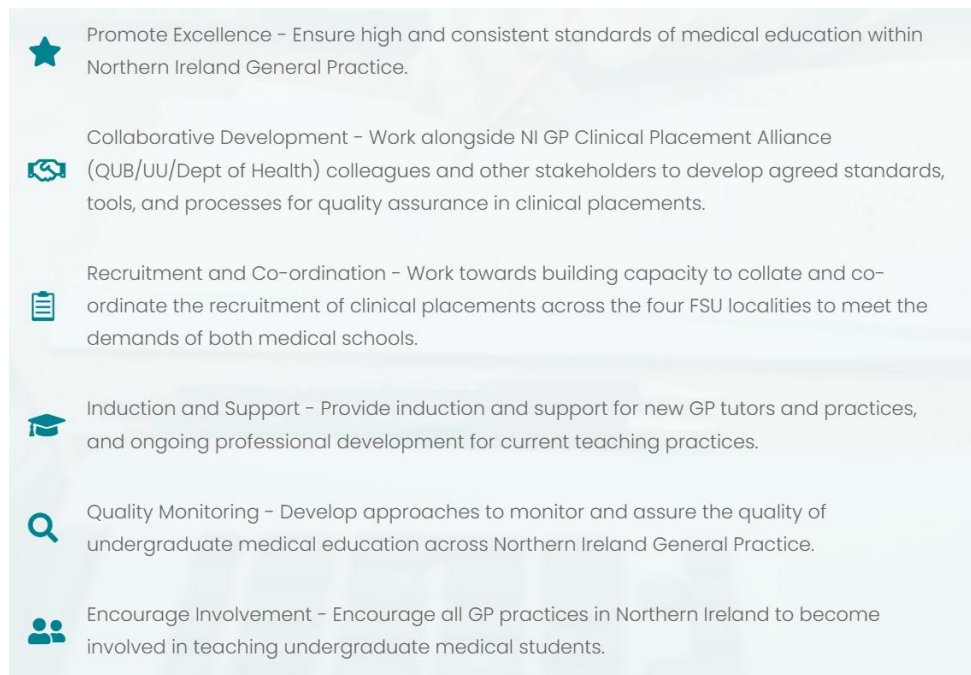
The GP subdeanery (GPSD) is a new and essential partner to General Practice teams and the two universities in Northern Ireland. They state that -

The GP Sub Deanery launched in December 2024. We are committed to supporting and developing General Practitioners through strategic leadership, robust governance, and continuous improvement and innovation. Establishment of the Sub Deanery represents a tangible opportunity to support primary care undergraduate education and on an equal footing with the Sub Deaneries in HSC Trusts.

GPSD website, 2025.

The goals and resources of the [Home - GP Sub Deanery](#) are available here:

GP Practices, please see [QUBGP website](#) for further updates and information.



GPSD website, 2025.

Community Module Leads, who work as part of the GPSD team are General Practitioners with a range of clinical and educational expertise. They currently support the general practice learning of medical students through the co-facilitation of small group learning in Y4 Case Based Learning (CBL) and Y5 Team Based Learning (TBL) and MyProgress review across Y3-5.

If you have any queries about how to best support the GP learning of medical students in general [Contact - GP Sub Deanery](#). For concerns relating to an individual learner, please contact the QUB Year Lead and [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk).

### And finally...

Please don't hesitate to contact us (at [gpadmin@qub.ac.uk](mailto:gpadmin@qub.ac.uk) or [n.gardner@qub.ac.uk](mailto:n.gardner@qub.ac.uk)) if you encounter any challenges or with any suggestions for developing and improving the course.

Many thanks again for helping to nurture and shape tomorrow's doctors and our future colleagues.

Dr Nick Gardner  
GP Lead for Y3

GP Practices, please see [QUBGP website](#) for further updates and information.

## Appendix 1: Home visit guidance for practices and students

It is recognised that practices have differing patient populations and as a result differing policies for home visiting. It is also important to note that students may not have cars and so will need to walk or take public transport to a home visit, so travel arrangements need to be considered. However, feedback from students shows they find home visits very rewarding, and it is an experience that they can only access while on GP placement.

You can find guidance at the links below: -

[QUB Home visit guidance 2425](#)  
[home visit student introduction24-25](#)

## Appendix 2: Access to Virtual Primary Care (VPC)

GP Tutors have been given a QUB email address and can use this to access to this web resource <https://vpc.medicalschoollscouncil.org.uk/>. They should login as a “staff member.” Students should follow the instruction at the link below.

[Virtual Primary Care \(VPC\) login information](#)

## Appendix 3: Access to Wi-Fi in GP Practice

Students should be able to access free Wi-Fi from any GP practice in NI. Information on how to access is available below

[Accessing Free Government Wi-Fi in General Practice](#)

## Appendix 4: Student Code of Conduct: Remote Medical Consultations

As a QUB medical student, you may be asked to participate in a supervised remote GP consultation during a GP placement. You may also be asked to interview a patient or family unsupervised. When speaking to a patient or family remotely you are expected to:

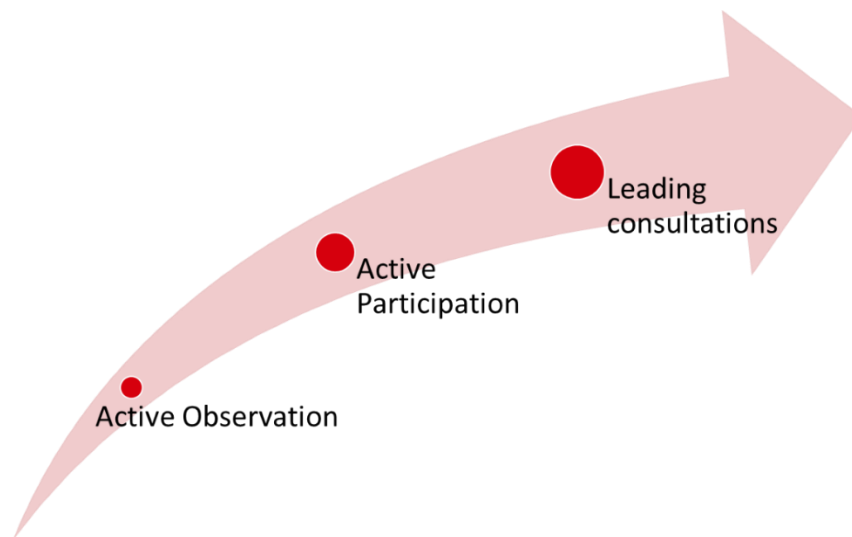
1. Follow joining instructions from your GP practice tutor or QUB tutor. This may include supplying a mobile phone number in addition to your email address so they can contact you and send details to enable you to connect. You should only contact the patient using the methods agreed by the supervising GP. Under no circumstances should you use any unapproved apps or software to contact the patient.
2. Ensure that you are alone in a room where you can remain undisturbed during the consultation. To ensure patient confidentiality, it is important that no-one is able to overhear the conversation in an adjoining room or outside.
3. Ensure any device you are using has all available security settings activated. Close any unnecessary software / apps that are running in the background.
4. Ensure any notes taken during the consultation are anonymised and discarded appropriately.

GP Practices, please see [QUBGP website](#) for further updates and information.



- 5.Delete any patient data such as phone numbers or email addresses are disposed of upon completion of the consultation.
- 6.Not make any recording (audio or visual) of the consultation.
- 7.Always appear and sound professional. This includes your background if participating in a video consultation as well as complying with the medical school's dress code.
- 8.Explain your role as a medical student and confirm the patient's consent to participate in the remote consultation.
- 9.Mute your microphone when only observing the consultation and if you are observing a video consultation keep your camera turned on.
- 10.Refrain from trying to examine any patient during a video consultation without the Supervising GP present.
- 11.Non-adherence to these rules may result in exclusion from further supervised remote GP consultations.

## Appendix 5: Understanding Consultations



**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 e.g. discussing physical activity, suggesting practical sleep hygiene strategies, drafting a referral letter, arranging and conducting a review etc.

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. This includes moving beyond history and examination to 'the second part of the consultation' and considering management approaches.

*Active observation*

Initially students are likely to be observing – there is lots to learn from the different ways different GPs adapt their consulting, and their potentially contrasting approaches to the same patient(s). Observing other members of GP Practice and multidisciplinary teams also offers rich learning. Observation is not necessarily a passive process - it offers opportunities for active learning: what could a symptom mean? What is prompting the person to contact the GP Practice with this issue at this time? If there are any relevant management/referral guidelines – look them up! Someone's thyroid function test results are abnormal... what does this mean, and would the student be confident interpreting them? Students could consider taking note of all the different presentations/issues/conditions encountered through observing a surgery or time observing the work of a member of the Practice team – what would terrify them most if they had to deal with it themselves either in a patient or on an exam?

### Active participation

Initially students might 'hotseat' an element of a consultation – 'information gathering', or an aspect of a focused examination. This might include, for example, checking a patient's blood pressure or other clinical observations, or being invited to make a closer examination of a rash or a skin lesion alongside a clinician. Where a pair of students might be sitting in with the same clinician, consider the different students participating in a different part of the encounter. It is also possible to consider student 'delegation' of elements of management in order that they are actively participating in patient care. Examples might include encouraging physical activity, suggesting practical sleep hygiene strategies, drafting referral letters, talking patients through or signposting to options around contraception/HRT. Students could call patients back or potentially bring them in to Practice if they would benefit from some time to read up on/prepare resources around any of these aspects.

### Leading consultations

This may be with a GP in the room or in another consulting room (space dependent) – we consider a student to be leading a consultation (which can of course be a phone consultation; it doesn't have to be face to face) if they are working through from initial information gathering/examination to formulating some kind of 'next steps' as to how the consultation might conclude. Obviously, students can't independently prescribe nor refer but by the end of Y3 we encourage them to move beyond history and examination to 'the second part of the consultation' and consider management approaches. 'Pre-prescribing' experience can be achieved through encouraging students to generate a prescription for a dummy patient within the Practice's computer system – this experience can be incredibly valuable. As students' progress to year 4 (obviously contingent on physical capacity), Practices might consider pre-selecting several patients for students to consult with, either remotely or face to face in student clinics.

## Appendix 6: Directly Observed Procedural Skills (DOPS)

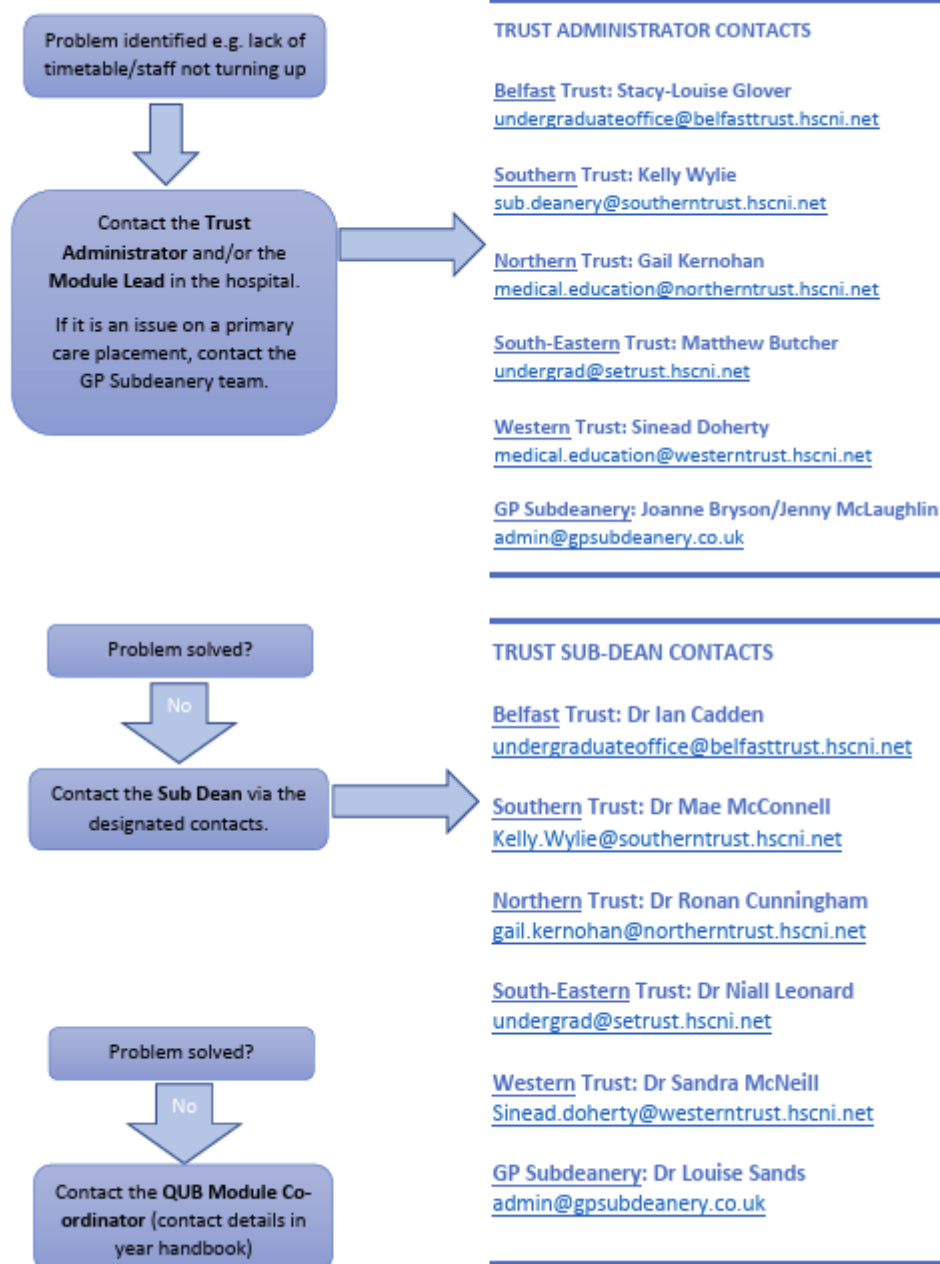
1. **Take baseline physiological observations and record appropriately.** Measure temperature, respiratory rate, pulse rate, blood pressure, oxygen saturations and urine output.
2. **Carry out peak expiratory flow respiratory function test.** Explain to a patient how to perform a peak expiratory flow, assess that it is performed adequately and interpret results.
3. **Perform direct ophthalmoscopy. (If already completed ophthalmology specialty)** Perform basic ophthalmoscopy and identify common abnormalities.
4. **Perform an otoscopy. (If already completed ENT specialty)** Perform basic otoscopy and identify common abnormalities.

5. **Carry out venipuncture.** Insert a needle into a patient's vein to take a sample of blood for testing. Make sure that blood samples are taken in the correct order, placed in the correct containers, that these are labelled correctly and sent to the laboratory promptly.
6. **Measure capillary blood glucose.** Measure the concentration of glucose in the patient's blood at the bedside using appropriate equipment. Record and interpret the results.
7. **Carry out a urine multi- dipstick test.** Explain to the patient how to collect a midstream urine sample. Test a sample of urine to detect abnormalities. Perform a pregnancy test where appropriate.
8. **Carry out a 3- and 12- lead electrocardiogram.** Set up a continuous recording of the electrical activity of the heart, ensuring that all leads are correctly placed.
9. **Take and/or instruct patients how to take a swab.** Use the correct technique to apply sterile swabs to the nose, throat, skin, and wounds. Make sure that samples are placed in the correct containers, that these are labelled correctly and sent to the laboratory promptly and in the correct way.
10. **Instruct patients in the use of devices for inhaled medication.** Explain to a patient how to use an inhaler correctly, including spacers, and check that their technique is correct.

## Appendix 7: How to resolve student issues on placement

Please see the information below, which is available at  
<https://www.med.qub.ac.uk/Portal/core/attachment.aspx>

## How to resolve student experience issues on a clinical placement



Quality Assurance Team, updated June 2025