



Community-Based Medical Education, MBBS 2026 - 2027

GP2 Handbook for Year 2 Tutors/students

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Introduction

Overview of GP2

GP2 is a practice-based placement for all Year 2 students at Barts and The London School of Medicine and Dentistry.

This year, the emphasis will be on the fundamentals of general practice (generalism) which will help you understand the principles of general practice as you progress through medical school and afterwards.

GP2 will introduce you to the broader context and key components of General Practice as a specialty and give you an understanding of professional knowledge.

Contacts

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Module Administrator for GP1 and GP2:

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Placement overview

Mapping of themes

The themes of GP2 and learning outcomes are mapped to:

GMC outcomes for graduates: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/outcomes-for-graduates/outcomes-for-graduates>

Teaching GP from RCGP: <https://www.rcgp.org.uk/getmedia/bd108a4b-50ce-42f0-9de4-c3083a2c8586/teaching-general-practice.pdf>

GMC Capabilities Framework: <https://www.gmc-uk.org/education/standards-guidance-and-curricula/standards-and-outcomes/generic-professional-capabilities-framework>

GMC MLA: <https://www.gmc-uk.org/education/medical-licensing-assessment/uk-medical-schools-guide-to-the-mla/mla-content-map>

Structure

Each student will have 6 days of GP2 in practice with 6 themes (see below).

****Changes from last year [2025-2026]**:**

1. Students will now be in practice for 6 days [last years was 3 days]
2. Day 6 theme is now Beyond the Consultation: Care, Collaboration and Professionalism in Practice [last year 'Professionalism and Burnout']
3. Assessment: There are two parts 1. Reflective discussion 2. Reflective piece [last year 1 reflective piece].

Remediation

In order for the GP2 block to be passed successfully, students will need to attend the necessary number of days of GP2 and pass the reflective essay. If this is not accomplished, there will be an opportunity to remediate. The date of this is yet to be confirmed but will be after the GP2 block is completed.

There will also be an opportunity to resubmit the essay if the student was unsuccessful.

Please note that remediation is intended as a form of catch-up rather than a punitive measure. Therefore, students may be required to attend remediation sessions for any missed teaching sessions, regardless of the reason for the absence, whether authorised or unauthorised, and whether an absence form has been submitted.

Feedback on module

All students are expected to provide feedback on the module (mid-point and end of module) individually and as a group respectively. This feedback is essential in providing essential changes to the teaching by giving the students a voice. Any urgent matters of concern, should be discussed with the module lead (Dr Leila Saeed).

The **mid-term feedback** session has been incorporated into the structure of Day 3. The feedback form will be provided by the medical school via Microsoft Forms.

Please ensure:

1. Students are provided with protected time during the day to complete this
2. The feedback is completed as a group.

All feedback will be reviewed by the Medical School and shared with the relevant surgeries. Common themes may be disseminated more widely, in an anonymised format, as learning points for other surgeries. Any quality assurance concerns identified will also be communicated in a timely manner.

Checklists

To ensure that students/tutors are ready to start the placement and access all the resources they may need, please review the relevant checklist.

Student Checklist

Before placement starts

- Join a medical defence union, e.g., MPS or MDU, Student membership is free. See the links below.
- You are familiar with safety on placement. Please see Appendix 6 for further information 'Staying safe in and around placement'.

www.medicalprotection.org/uk/join/medical-student

www.themdu.com/join-mdu/medical-student

- Familiarise yourself with the GP2 Handbook 2026/27 and review the pre-reading and resources for Day 1.
- Read introductory email from your GP tutor with details of Day 1
- Review QMUL raising concerns policy for students and tutors via this [link](#)

On Day 1

- Read and sign the student learning agreement 2026-27 (Appendix 1)
- Agree group ground rules, routes for contact (email, WhatsApp etc) and reporting absences (any absences must be reported to your GP tutor, more information about this is available on the Attendance section of Assessment.

If you have any queries, or difficulty in accessing any specific resources, please ask your peers, GP tutor or email cbme-earlyyears@qmul.ac.uk as appropriate.

Tutor Checklist

Before placement starts

- Review the GP2 2026-27 module guide on CBME tutor website - please ensure you are using this year's guide. [CBME_home: Tutor guides & Resources | MyQMUL](#)
- Attend GP2 induction training on Tuesday 15th September 2026 2-5pm
- Review our raising concerns policy for students and tutors via this [link](#)
- Email students introducing yourself, who will welcome them, time, and place.

On Day 1

- Share student learning agreement with students. Collect signed student learning agreement (SLA) from students, countersign and return copies to students. This can be found in the GP2 section on QMPlus.
- Agree group ground rules, routes for contact (email, WhatsApp etc) and reporting absences.
- Provide an inclusive induction [see Appendix 5 for further information].

If you have any queries, or difficulty in accessing any specific resources, please contact the module administrator or module lead via email cbme-earlyyears@qmul.ac.uk

GP2 Placement Overview

ACTION REQUIRED AFTER EVERY GP2 PLACEMENT DAY

- Complete and submit student attendance register on the Microsoft Forms
- Report unexplained absences or professionalism concerns to the CBME team

Placement Dates

Day	Theme	AB Groups	CD Groups	Register Due
1	Promoting Health & Preventing Disease	13 Oct 2026	20 Oct 2026	Same Day
2	Social Determinants of Health	10 Nov 2026	17 Nov 2026	Same Day
3	Long Term Conditions	12 Jan 2027	19 Jan 2027	Same Day + Mid-Block Feedback
4	Multi-morbidity & Medical Complexity	9 Feb 2027	16 Feb 2027	Same Day
5	Medical Ethics in Clinical Encounters	9 Mar 2027	16 Mar 2027	Same Day + provide reflective task marks
6	Professionalism & Burnout	13 Apr 2027	20 Apr 2027	Same Day + Professionalism Form + End of Placement Feedback Form

Assessments

- 1) Attendance is MANDATORY for ALL sessions, regardless of the reason for any absence, whether authorised or unauthorised, and whether an absence form has been completed.
- 2) Completion of reflective task
- 3) Satisfactory professionalism outcome

GP2 Reflective Statement Deadlines

Group	Student Submission Deadline	Tutor Marks Due
AB	9 Mar 2027	23 Mar 2027
CD	16 Mar 2027	30 Mar 2027

- Mark reflective statement / creative enquiry
- Provide written feedback PLUS grades to students
- Submit marks to CBME via online register form

End of Placement Requirements

- Submit final register
- Complete Professionalism Assessment form for every student
- Ensure reflective assignment marks have been submitted
- Report any professionalism concerns
- Provide final feedback where appropriate

Quality Assurance

For further information, please refer to QA handbook: <https://www.qmul.ac.uk/community-based-medical-education/useful-info/quality-assurance/>

An important aspect of training to become a doctor is professionalism. Understanding what this means to you, along with identifying your values and beliefs, is crucial and develops over time. While this is evolving, it is essential to consider some fundamental principles and guidelines that must be followed, especially during placements, as they are particularly important.

I have highlighted some key areas below but please see [GMC Achieving Good Medical Practice](#) for more information.

Probity

It is important to prioritise your health and well-being. Asking for help will not result in any penalties; in fact, it is considered a sign of professionalism. Please reach out to your GP Supervisor or Academic Advisor or Year Lead, or [Student Support](#) for assistance as soon as possible. The latter can also guide you on how to submit a request for "Extenuating Circumstances" if needed.

Patient Interactions

When on placement, please be aware of the consent procedures, understand your limitations, and know the appropriate supervisor requirements. Be familiar with the [GMC Intimate Examination and Chaperoning policies](#).

Please be aware that patient confidentiality is paramount and extends to any identifiable features, not just names and faces. Do not take any patient documentation or records out of the patient environment.

It is important that you are not or ever have been registered at the GP practice you have been allocated to. If this is the case please let us know asap.

Access to patient records are for learning purposes only. Do not feel tempted to review your own records, family or friends or people in public eye, this is a serious breach of professionalism and local policy.

Be aware of [GMC Social Media](#) Guidance Policies. See this [Video](#) to explain more.
NHS.net emails

In North East London Primary Care, the IT has recently been updated to permit access only via NHS.net emails. We have instructed practices involved with Y3/4/5 to either set up this system or activate existing emails for local network access before placement begins. Please respond promptly to any practice requests to ensure that placements run smoothly and efficiently

Data Protection

Never use your own device for patient data, even if anonymised, when conducting an audit or quality improvement project. Please speak to staff at practice on providing time and resource with NHS computer for this work.

How to Raise a Concern

If you observe anything concerning (especially if in regards to patient safety or lack of safe supervision). Please inform your GP Supervisor or Module Lead (Dr Leila Saeed) or Head of Year or use the [QMUL Report and Support link](#).

If you have concerns around quality of learning environment, please in first instance discuss with Lead GP Tutor or Practice Co-ordinator. If this is not possible, discuss with module lead. Your signoff will not be compromised, and we will seek to resolve matters swiftly and as diplomatically as possible.

Evasys Feedback

Please fill in the feedback constructively. We take all feedback seriously and act on all concerns. It helps to provide detail in a professional manner.

Please refer to Appendix 3 for Quality Assurance check list

Content

GP2 Days in More Detail

Below are the 6 themes of GP2, which coincides with each of the GP2 days. These themes are taken from the RCGP/SAPC document '[Learning General Practice](#)': a digital textbook for clinical students.

The themes are also mapped across 'GMC Outcomes for graduates', MLA and Generic professional capabilities framework (GMC).

Each day has its own learning objectives which are covered in more detail within this handbook.

GROUP A AND B:

	Dates	Theme of the Day
Day 1	13.10.2026	Topic 1 Promoting Health and Preventing Disease
Day 2	10.11.2026	Topic 2 Social Determinants of Health
Day 3	12.01.2027	Topic 3 Long Term conditions
Day 4	09.02.2027	Topic 4: Multi morbidity and Medical Complexity
Day 5	09.03.2027	Topic 5: Medical Ethics in Clinical Encounters
Day 6	13.04.2027	Topic 6: Beyond the Consultation: Care, Collaboration and Professionalism in Practice

GROUP C and D:

	Dates	Theme of the Day
Day 1	20.10.2026	Topic 1 Promoting Health and Preventing Disease
Day 2	17.11.2026	Topic 2 Social Determinants of Health
Day 3	19.01.2027	Topic 3 Long Term conditions
Day 4	16.02.2027	Topic 4: Multi morbidity and Medical Complexity
Day 5	16.03.2027	Topic 5: Medical Ethics in Clinical Encounters
Day 6	20.04.2027	Topic 6: Beyond the Consultation: Care, Collaboration and Professionalism in Practice

Module Aims:

1. Introduction to General Practice Principles:

- Understand the foundational concepts and principles that guide General Practice as a primary healthcare discipline.
- Explore the role of General Practitioners (GPs) and allied health care professionals in delivering comprehensive and patient-centered care.

2. Developing knowledge in key themes in GP

- Gain a deeper insight into important elements of GP including: holistic care, long term conditions, multi morbidity, social determinants of health, promoting health and preventing disease and medical ethics.

3. Clinical Skills:

- Develop practical communication and clinical skills through patient interviews and interactions.
- Practice effective communication, discussion, and debate with fellow colleagues.

4. Patient-Centered Communication:

- Enhance patient communication skills through patient interviews and role plays, focusing on empathy, active listening, and clear information sharing.

5. Professional Development and Reflective Practice:

- Engage in reflective writing to develop skills such as reflection and an understanding of the importance of continuous learning and growth as a future doctor.

6. Integration of Theory and Practical Experience:

- Apply theoretical knowledge gained from pre-reading material, patient interviews and discussions with GP tutors - fostering a deeper understanding of General Practice principles.

Practice based teaching

Over the next section, we have given a timetable example of how to run the day for each 6 days. This is only meant as a suggested template for a day and tutors are of course free to design and run their placement days however they wish to [as long as fits the theme of the day].

Here are some alternative/additional activities:

Patient encounters:

- Observing GPs and other healthcare professionals with guided observations
- Observe and participate in different modes of consultation – telemedicine as well as F2F
- Student-led patient interviews and clinical examinations - including opportunity for observation and GP tutor/patient feedback; patients do not need to have symptoms/signs, practicing taking consent for examinations and conducting “normal” examinations is very valuable
- Student-led or supported clinics e.g., students take lead for new patient checks or LTC checks, do initial assessment including height/weight/BMI, urine dip, BP check and checking patient's agenda/understanding of conditions. (Some practices have set up student-led BP checks alongside their flu clinics or in the quieter lunchtime period)
- Home visits – in pairs or accompanied by GPs and other healthcare professionals e.g., visiting housebound patients for flu jabs/long term condition/palliative reviews
- Expert patients - students interview patients in pairs/small groups, promote opportunity for patient to teach as well.

Other activities:

- Tutorials for group debriefing and discussions
- Student research and presentations - perhaps around specific knowledge gaps identified
- Reviewing recent journal articles and media publications, especially to discuss current 'hot topics'
- Any near-peer teaching opportunities if other medical students/junior doctors on site
- Role-plays – assign roles and consider specific observation tasks for feedback and discussion
- Case-based presentations & discussions - could include navigating electronic patient records
- Interviewing members of primary care team
- OSCE-style clinical skills practice – students can practice with each other as well as patients
- Joining practice team, or wider MDT, meetings

- Community-based activities –encourage students to walk around local area to build their understanding of the local community, attend local community group meeting, any opportunities to go out with allied health professionals e.g., local district nursing team or other MDT members

Please note this list is not exhaustive. Ideally each day would include mix of activities, prioritising any patient encounters. There may be times when the not all students from the group are completing the same activity, for example if 2 students are meeting a patient onsite and another 2 students are going on a home visit.

A note about tutorials:

The PowerPoint presentations are intended as a recap of the pre-reading that students will have completed before the session. They also provide tutors with a concise summary of the key content and can be used to facilitate a short tutorial at the start of each day.

Please use the PowerPoint slides provided for each day (Days 4 and 5 include additional tutorial material).

Feedback from last year indicated that students found the tutorials too time-consuming/repetitive. Therefore, please limit this part of the session to a maximum of 45 minutes.

Day 1: Promoting Health and Preventing Disease

Summary of session:

This week's topic for practice-based teaching will be on Promoting health and Preventing Disease [PHPD]. This is a key element of medicine and in particular general practice and primary care, where 90% of clinical contacts take place. Medicine is rapidly shifting towards a preventative approach at local, national, and global level, and our learning should reflect this.

Pre-session reading:

Students should familiarise themselves with the pre reading before attending the session: <https://qmplus.qmul.ac.uk/course/view.php?id=32618>

Learning objectives:

By the end of this session, you should be able to:

- Understand the benefits of health promotion and disease prevention in the context of the specific patient population
- Describe methods by which we can prevent disease and promote health
- Describe and explain benefits of specific public health interventions such as targeting smoking cessation, reducing obesity and the harm caused by alcohol abuse, dietary interventions and increased physical activity
- Apply public health principles to a local population and their specific needs
- Have gained greater awareness of the global and multicultural aspects of delivering evidence-based, sustainable healthcare.

Example structure of the day:

9:30-10:30 [60 minutes]: intro/ getting to know each other/ show around surgery

***Mandatory*: Learning needs assessment for all students**

10:30-10:45 [15 min] tea break

10:45-11:30 [45 minutes]: Introduction to topic/discussion- tutors to use PowerPoint [provided] as guidance-based on pre-reading.

11:30-11:45 [15 mins] Think of Qs to ask patients + introduce group task

11:45-12:45 [1-hour]: ½ group patient/s interview – observing + ½ group activity based on PH and PD

12:45-13:45 [1 hour] Lunch

13:45-14:45 [1 hour] swap patient/s interview + ½ group activity based on PH and PD

14:45-15:00 [15 min] tea break

15:00-15:30 [30 min] Debrief of patient interviews and task

15:30-16:15 [45 min] See patients/sit in with GP

16:15-16:30 [15 min] any concerns/ debrief, reminder of next session and do pre reading

Group activity:

- Set students a task i.e. think of as many promoting health campaigns in surgery
- GP can divide up - ie. Students to look into public health activities
- 2 students look at screening up take in surgery
- 2 think about DM
- 2 students think about activities happening locally to help with PH and PD

Day 2: The social determinants of health

Summary of session:

This session will allow us to explore the social determinants of health, a large factor wherever you decide to work, but especially within deprived areas.

Pre-sessional reading:

Students should familiarise themselves with the pre reading material before attending the session: <https://qmplus.qmul.ac.uk/course/view.php?id=32618>

Learning objectives:

By the end of this session, you should be able to:

- Start to evaluate the environmental, social, behavioural and cultural factors which influence health and disease in different populations
- Start to assess, by taking a history, the environmental, social, psychological, behavioural and cultural factors influencing a patient's presentation, and identify options to address these, including advocacy for those who are disempowered
- Start to evaluate the determinants of health and disease and variations in healthcare delivery and medical practice from a global perspective and explain the impact that global changes may have on local health and wellbeing.

Example structure of day:

9:30-10:15 [45 min] Introduction to topic/discussion- tutors to use PowerPoint [provided] as a guidance-based on pre reading

10:15-10:30 [15 min] tea break

10:30-10:45 [15 min] Think of Qs to ask patients + introduce group task

10:45-11:45 [1-hour] ½ group patient/s interview as a group – ½ group activity based on SDH

11:45-12:00 buffer/break

12:00-13:00 [1 hour] Lunch

13:00-14:00 [1 hour] swap patient/s interview + ½ group activity based on SDH

14:00-14:15 [15 min] tea break

14:15-15:00 [45 min] debrief of patient/s interviews and Task

15:00-16:00 [1 hour] see patients/sit in with GP

16:00-16:30 [30 min] any concerns/ debrief, reminder of next session and do pre reading

Group Activity:

- GP to identify 3 appropriate patients from pool of patients i.e. patients requiring home visits or patients identified as being disadvantaged due to social determinants of health e.g. homeless, unable to find a job, housing issues, drug abuse etc.
- 2 students each to look at one patients records (or alternatively If data protection is a concern, phone call to patient with a relevant history and identify where the GP practice could help/signpost the patient to in working towards health equity.
- Each group presents back to peers and GP

Day 3: Long term conditions

Summary of session:

Long-term conditions can significantly affect patients — impacting not only their physical and mental health, but also their work and family life. In this session, we will explore the full impact these conditions have on our patients.

Pre-session reading:

Students should familiarise themselves with the pre -reading before attending the session: <https://qmplus.qmul.ac.uk/course/view.php?id=32618>

Learning objectives:

By the end of this session, you should be able to;

- Students' awareness of LTC
- Debate the impact of LTC on patients' life
- Students to think about different LTC within the community
- Students to look at different roles of HCP involved in patients with LTC

Example structure of the day:

9:30-10:15 [45 min] Introduction to topic/discussion- tutors to use PowerPoint [provided] as a guidance- based on pre reading

10:15-10:30 [15 min] tea break

10:30-10:45 [15 min] Think of Qs to ask patients + introduce group task

10:45-11:45 [1-hour] ½ group patient/s interview as a group – ½ group activity based on LTC

11:45-12:00 buffer

12:00-13:00 [1 hour] Lunch

13:00-14:00 [1 hour] swap patient/s interview + ½ group activity based on LTC

14:00-14:15 [15 min] tea break

14:15-15:00 [45 min] debrief of patient/s interviews and Task

15:00-16:00: 1-hour Reflective discussion [1 to 1]. Other students could be sitting in with MDT members in surgery.

16:00-16:30 30 minutes Protected time: Mid module feedback

Group activity:

- Focus on COPD, hypertension and Osteoarthritis (or any of the other LTCs mentioned in powerpoint)
- 2 students each to look at COPD, HTN and OA respectively
- Answer Helmans six questions for each condition and consider what difficulties these patients may face long term and how you might intervene- you can use NICE CKS to facilitate this
- Each group presents back to peers and GP

Day 4: Multi morbidity and medical complexity

Summary of session:

Multimorbidity is now the norm in many GP consultations, reflecting the growing proportion of older patients who are living longer with multiple long-term conditions. The prevalence of multimorbidity continues to increase and is closely associated with both health inequalities and socioeconomic deprivation.

The learning from this session can be applied in GP practice, during discussions with peers and GP tutors, and, importantly, in consultations with patients as we explore the impact of living with multiple conditions on individuals and their healthcare needs.

Pre-session reading:

Students should familiarise themselves with the pre reading material before attending the session: <https://qmplus.qmul.ac.uk/course/view.php?id=32618>

Learning Objectives:

1. Understand the concept of multi-morbidity:
2. Recognise medical complexity:
 - Define medical complexity and its various dimensions (e.g., medical, social, psychological).
 - Identify factors that contribute to medical complexity, such as age, socioeconomic status, and healthcare access.
3. Comprehend the challenges in managing multi-morbid patients:
 - Identify the potential complications and interactions between co-existing medical conditions.
 - Describe the impact of polypharmacy in multi-morbidity management.
 - Understand the role of healthcare system and provider factors in managing medical complexity.
4. Strengthen communication and teamwork skills:
 - Understand the importance of interdisciplinary teamwork in managing medical complexity.

Example structure of the day:

9:30-10:15 [45 mins] Introduction to topic/discussion-

- 1 hour introduction split:
 - 20 mins didactic-style summary of pre-reading tutors to use PowerPoint [provided] as a guidance

- 25 mins interactive application exercise, to foster discussion of key concepts

10:15-10:45 [30 min] prep for speaking to patient [discuss possible questions to ask] + introduce 'Task'

10:45-11:00 [15 min] tea break

11:00-12:00 [1-hour] ½ group patient/s interview as a group – ½ group activity based on polypharmacy in multi-morbidity and multi-complexity

12:00-13:00 Lunch

13:00-14:00 [1 hour] hour swap patient/s interview + ½ group activity based on polypharmacy

14:00-14:15 [15 mins] tea break

14:15-15:00 [45 mins] debrief of patient/s interviews and Task

15:00-16:00 [1 hour] sit in GP / see patients

16:00-16:30 [30 mins] discuss any concerns/ remind to prep for next week

Group activity: [tutors will be provided with material to share with students].

- Medication review exercise on a fictional polypharmacy case with deliberate prescribing problems embedded throughout
 - Using the BNF, students identify each medication's drug class, mechanism, and indication — building core drug knowledge.

Day 5: Ethical dilemmas in clinical encounters and

Summary of session:

This week's topic offers an opportunity to explore the many ethical decisions GPs face in daily practice. You'll take part in case-based discussions and have the chance to explore challenging scenarios with your peers, all supported by dedicated GP tutors.

Pre-session reading:

Students should familiarise themselves with the pre reading material before attending the session: <https://qmulplus.qmul.ac.uk/course/view.php?id=32618>

Learning objectives:

- Define the four fundamental principles of medical ethics: non-maleficence, beneficence, autonomy and justice.
- Describe the four fundamental principles of medical ethics: non-maleficence, beneficence, autonomy and justice.
- Define the following terms: Capacity, Consent and Confidentiality.
- Engage in groups to analyse ethical cases to develop ethical reasoning skills.
- Discuss strategies for resolving ethical conflicts in a collaborative manner.
- Emphasise the role of effective communication in addressing ethical issues with patients, families, and colleagues.

Example structure of the day:

9:30-10:15 [45 mins] Introduction to topic/discussion-

45 min introduction split:

- 15 mins didactic-style summary of pre-reading tutors to use PowerPoint [provided] as a guidance
- 30 mins interactive application exercise and MCQs, to foster discussion of key concepts

10:15-10:45 [30 mins] prep for speaking to patient [discuss possible questions to ask] + introduce 'Task'

10:45-11:00 [15-mins] tea break

11:00-12:00 [1-hour] ½ group patient/s interview as a group – ½ group activity "Scripting difficult ethical conversations"

12:00-13:00 Lunch

13:00-14:00 [1 hour] swap patient/s interview + ½ group activity "Scripting difficult ethical conversations"

14:00-14:15 [15 mins] tea break

14:15-15:00 [45 mins] debrief of patient/s interviews and Task

15:00-16:00 [1 hour] Sit in with GP consulting/ see patients

16:00-16:30 [30 mins] any concerns/ debrief/prep for next session

Group activity: [tutors will be provided with material to share with students].

- "Scripting difficult ethical conversations" - There is often a gap between students knowing the right ethical answer and being able to communicate it to a patient. This exercise bridges that gap by shifting from theoretical reasoning to practical delivery.
- For each scenario, students come up with key phrases they would actually use — not a full script, but practical language for:
 - opening the conversation
 - delivering the difficult message
 - responding to pushback.
- Students can choose to work through a few or all of the cases – aim for quality, not quantity

Debrief of activity:

- Discuss the phrases students have come up with; appropriate vs inappropriate ways of communication.
- This is a good opportunity to explain how you would approach this case in real life.
- Ethical cases often arise in OSCES – students love learning skills they can take into OSCES.

Day 6: Beyond the Consultation: Care, Collaboration and Professionalism in Practice

Session summary:

General practitioners occupy a central position within the NHS and play a key role in coordinating patient care across the healthcare system. As the healthcare professionals who often have the most continuous contact with patients, GPs act as a bridge between primary care, secondary care, community services, and other healthcare providers.

Pre-session reading:

Students should familiarise themselves with the pre reading material before attending the session: <https://qmplus.qmul.ac.uk/course/view.php?id=32618>

Learning objectives for session:

By the end of the session students will be able to:

1. Describe the role of general practice within the wider healthcare system, including relationships with secondary care, community services and other professionals.
2. Explore how information sharing, records and communication support continuity and coordination of patient care.
3. Identify situations where patients may need additional support navigating healthcare systems and recognise the GP's role in advocacy.
4. Explain the purpose of significant event analysis and learning events in improving patient safety and quality of care.
5. Reflect on how professional behaviours influence teamwork, patient experience and learning.

Session aims:

By the end of the session students should begin to appreciate:

- How patients move through the NHS and the role of primary care in coordinating care.
- How GPs work with wider healthcare teams to support continuity and safe care.
- How professionalism involves advocacy, communication, teamwork and reflection.
- How learning from clinical events are structures and can improve future patient care.

Example structure of Day:

9:30-10:15 [45 min] Opening discussion: "What happens after the consultation?" Tutors to use PowerPoint provided as a guidance to briefly recap pre reading

10:15-10:45 [30 min] prep for speaking to a patient [discuss possible questions] and introduce task for other half of students.

10:45-11:00 [15 min] tea break

11:00-12:00 [1-hour] ½ group patient interviews as a group / pair – ½ group activity based on topic of day.

12:00-13:00 [1 hour] Lunch

13:00- 14:00 [1-hour] ½ group patient interviews as a group / pair – ½ group activity based on topic of day.

14:00-14:15 [15 min] tea break

14:15-14:45 [45 min] Debrief of patient interviews and Group Task

14:45-15:45 [1 hour]: see patients/sit in with GP

15:45-16:30 [45 min] protected time: End of block feedback as a group

Students see 2-3 patients in pairs (ideally those with some complexity or multimorbidity) to explore with them how:

- multiple healthcare professionals are involved
- Process of referrals or follow-up
- Impact of chronic illness / complexity
- The impact of communication challenges in patient care and what role can primary care MDT play in supporting
- What could the social factors affecting access to care?
- Additional barriers to accessing care

Questions for the students to explore with the patient:

The patient journey:

- Where did the patient enter the system?
- What happened next?
- Who was involved?
- Who had responsibility at each stage?

The GP role:

- What did the GP or practice coordinate?
- Where did the GP or practice advocate for the patient?
- What could have been missed?

Group activity: Mapping the patient journey

Each pair works together to choose one patient case from the day to create a “patient journey map”, which is then presented to the group.

Consider:

- Why did the patient come to primary care?
- What were the key issues?
- What was the journey of the patient through the healthcare system?
- Who were the professionals involved in their care and their roles?
- Was there anything that didn't work and why?
- Was there an impact of: delays, fragmented care, access barriers, patient understanding?
- What could the role of primary care be in addressing these?

Assessment Requirements (including Sign Off)

GP2 assessment is based on 3 components:

- 1) Attendance is MANDATORY for ALL sessions, regardless of the reason for any absence, whether authorised or unauthorised, and whether an absence form has been completed.
- 2) Completion of reflective task
- 3) Satisfactory professionalism outcome

Assessment 1: Attendance

The medical school is aware that students and GP tutors can become unwell.

The process for students to notify absence is as follows:

- 1) Send an email to your tutor explaining your absence
- 2) Copy in early years cbme-earlyyears@qmul.ac.uk

Tutors: If you cannot do a session for the students, please arrange cover as soon as possible. If this is not possible, please let the students know (this may be via messaging or email) as soon as **possible as well as the GP2 team on** cbme-earlyyears@qmul.ac.uk.

Assessment 2: Reflection on Team-working [more detail in section ‘Reflective Task’]

Purpose of the task:

This is an opportunity for you to reflect during GP2 on how effective teamwork contributes to safe and efficient patient care.

Components of this task:

1. Reflective discussion with tutor [day 3 or 4]
2. Reflective written summary/creative enquiry based on discussion – deadline day 5

The reflective discussion will occur roughly 3-4 weeks prior to the deadline for reflective summary, giving student time to reflect on discussion.

Assessment 3: Professionalism assessment

At the end of the GP2 block, all practice tutors will be asked to complete a 'professionalism' form which captures any concerns. Professionalism is a very broad topic, but the general themes that the central tutors will be asked to comment on include:

1. Knowledge, Skills and Development
2. Patients, Partnership and Communication
3. Colleagues, Culture and Safety
4. Trust and Professionalism

This form will be provided before Day 6 via a Microsoft Forms link. Please refer to Appendix 2 for more information.

Reflective Task

Part 1 - Reflective discussion:

Why is teamwork important?

So far in your GP2 block, you have witnessed team working skills amongst yourselves and health care professionals.

These team working skills are essential for when you are a junior doctor working on the wards or GP practice, both directly and indirectly affecting patients. These benefits include (however not exhaustive):

- To allow effective and safe management of patients: working together with colleagues and patients for the best patient care i.e. Calling the cardiologist for advice regarding a patient's ECG.
- Conflict resolution: having the skills to work with others to resolve conflict in an effective manner, i.e. You are the GP in an MDT meeting and one of the allied health professionals disagrees with your plan.
- To reduce medical errors: working together to ask questions and clarify i.e. You have been asked to prescribe a medication you are not familiar with, leading to asking the pharmacist for advice.
- Better communication in emergencies, i.e. you are a medical student taking part in a cardiac arrest and have been asked to perform CPR. This involves following instructions from the 'cardiac arrest team'.
- Better communication amongst team members means reduced stress and improved job satisfaction.

The GMC highlights the importance of communication partnership and teamwork in its Good Medical Practice document. Alongside this, Royal College of Physicians also highlight the importance of teamwork, in the follow document: [Improving teams in healthcare.](#)

The task

This part of the assessment will take the form of a reflective discussion with your tutor about a patients journey through the healthcare system. You should focus on a patient whose care highlighted the importance of teamwork and collaboration between healthcare professionals. For example, you may have observed effective teamwork within the GP practice, between community services or across primary / secondary care interface – resulting in a positive experience or outcome for the patient.

During your time in the GP practice, you will see that effective teamwork is essential for delivering safe, co-ordinated, and patient- centred care. Patients often interact with a range of health care professionals and good communication and collaboration between team members are vital in ensuring a smooth and effective patient journey.

What will we discuss with your tutor?

In your discussion you will be encouraged to reflect on:

1. The patient scenario (brief overview): Who was the patient and what was their healthcare journey or key health care needs?
2. The professionals involved: Which healthcare professionals, services, or teams contributed to the patient care?
3. Collaborative working: How did these professionals communicate, co-ordinate, and work together to support the patient?
4. Impact on the patient: How did this teamwork influence the patient's care and experience?

5. Learning for future practice: What you learned from this example of teamwork, and how might this influence your future role as a doctor?

When will I need to have this discussion?

We suggest you complete this on Day 3 [or 4 if absent on day 3].

If you are absent on day 3 and 4, it will be your responsibility to arrange a date convenient with yourself and your tutor. This can be done via Teams if more appropriate. Ensure that the date allows time for you to submit your reflective statement by the deadline.

This discussion is reflective of a 'cased based discussion' which will be an assessment type that you will be asked to complete as a future doctor.

This should last 10 minutes and will be 1 to 1.

Please prepare your main discussion points beforehand.

Is this connected to the reflective statement/creative enquiry?

This is a reflective discussion allowing you to have a professional and supportive discussion with your tutor regarding 'teamwork'. From this discussion you will gain areas to concentrate on when writing up your reflective statement.

Part 2- Reflective piece [statement or creative enquiry]

You will then be asked to complete a reflective piece based on the reflective discussion later.

You have the following two options:

1. Produce a 750-word reflective statement based on your experience of teamwork during the GP2 block. Use the discussion with your tutor as a basis for the write up.

OR

2. Creative enquiry – produce a creative piece (poem, drawing, painting etc) + 250-word piece on your experience of teamwork during the GP2 block. Use the discussion with your tutor as a basis for the write up.

Leniency is +/- 10% of the word count.

***Important*: DO NOT USE ANY PATIENT IDENTIFIABLE INFORMATION**

How students submit reflective task:

1. Send reflective statement to your GP tutor
2. Upload reflective statement into QM Plus [exact upload information will be sent out nearer to date]

How will students receive their marks

1. Tutor to provide written feedback PLUS grades to students via email
2. Tutor to send marks to medical school [as part of Day 5 register].

How to anonymise your reflective accounts:

As a medical student, you are learning not only the scientific and clinical knowledge you need to become a doctor, but also the professional skills and identity that will help you to provide a high standard of care to your patients. The practice of reflection is central to this learning process. Reflection can help to consolidate learning and identify opportunities to improve patient care or address patient safety concerns. Formal reflective writing is an increasingly important aspect of medical training and professional development. If what you are reflecting on relates to a patient you have seen or any other specific individual, you must take steps to anonymise the details.

The GMC has helpful guidance on what it means to be a reflective practitioner [If you want to explore this further the link is here: [The reflective practitioner - a guide for medical students - GMC](#)]. But for this activity, please just read this part about how to anonymise your reflective notes: [Anonymising reflective notes](#).

Mark Schemes

Tutors will provide one overall mark for both the reflective discussion and the reflective written piece. This is 'merit' 'pass' 'fail'.

Mark scheme for reflective discussion and **written** pieces:

MARKSCHEME	Merit	Pass	Deferred
Impact	The discussion engages you. It stays with you/ opens new doors & new perspectives	The student had some interesting insights and perspectives that made you think but could have been explored further.	Reflective discussion addressed superficially.
Reflection	Insightful reflection - focussed on 'key issues/ideas,' related to their personal context, with emotional insight, explored from different perspectives, and considered how the impact of the experience may change things for the future.	Mix of descriptive account with some reflection e.g., the student considers their emotions, looks at the perspective of others, identifies 'key issues/ideas,' or considers how it is relevant for their future but this could be expanded.	Descriptive account – narrative account of what happened, with little or no reflection.
Clarity of expression	Excellent presentation skills, clearly articulating the case and their own personal reflections	Able to convey their experiences and reflections with a reasonable degree of fluency.	Difficult to follow the narrative of the case; student not able to clearly convey their reflective process

Mark scheme for reflective discussion and **creative** pieces:

	Merit	Pass	Deferred
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Impact	The work moves/engages you. It stays with you/ opens new doors & new perspectives	There were some interesting insights and perspectives that made you think but could have been explored further.	Themes/ideas addressed superficially.
Reflection	Insightful reflection - focussed on 'key issues/ideas,' related to their personal context, with emotional insight, explored from different perspectives, and considered how the impact of the experience may change things for the future.	Mix of descriptive account with some reflection e.g., the student considers their emotions, looks at the perspective of others, identifies 'key issues/ideas,' or considers how it is relevant for their future but this could be expanded.	The creative piece is purely a description of what happened, with little or no reflection.
Aesthetics	Excellent use of chosen medium powerfully conveying the content, assisting the audience in engaging with the message.	Some originality. Reasonable effort and use of chosen medium.	Little original thought, little effort, not effective use of medium chosen, not conveying the content well.

Reflective Task Timeline

Timelines:

Introduce Task to student	Day 2 [10/11/2026 and 17/11/2026 respectively]
Reflective discussion	Day 3 [or Day 4 if students miss Day 3]
Deadline to submit reflective statement/creative enquiry	Day 5 [9/3/2027 and 16/03/2027 respectively]
Deadline to provide marks for reflective discussion + reflective statement/creative enquiry	2 weeks post Day 5 [23/3/2027 and 30/3/2027 respectively]

If you cannot complete the task within the deadline, please complete an Exceptional Circumstances [EC], let your GP tutor know via email and copy in Dr Leila Saeed.

Remediation:

If you do not pass this task, there will be an opportunity to remediate centrally within the medical school – this will include both a reflective discussion and a reflective statement. The date and exact details will be shared with those who require remediation.

What is reflective writing?

Reflection is a key skill for all healthcare professionals and learning how to develop reflective practice is an essential part of medical education. Creative enquiry has been found to extend reflection and understanding and engage the student voice and perspective [see Appendix 4].

Reflective writing holds significant importance for second-year medical students as it serves as a valuable tool for enhancing their learning, self-awareness, and professional development. This form of writing involves the exploration of personal experiences, thoughts, emotions, and insights related to clinical encounters, patient interactions, and medical practice. Below we have summarised some areas that it incorporates:

Critical Thinking and Decision-Making: Reflective writing encourages students to analyse and evaluate their experiences. This process cultivates critical thinking skills, enabling students to assess the effectiveness of their decisions and discussions. By reflecting on cases and interactions, medical students can identify areas for improvement and make more informed decisions in future situations.

Clinical Skill Development: Through reflection, students can identify gaps in their clinical skills and knowledge. By examining their experiences, they can recognise which skills were effectively applied and which need further development. This self-awareness allows students to focus their learning efforts on specific areas that require improvement, leading to enhanced clinical competence.

Empathy and Patient-Centered Care: Reflective writing encourages students to delve into their emotions and perspectives during patient interactions. This introspection fosters empathy and a deeper understanding of the patient's experience, leading to more patient-centered care. Developing strong interpersonal skills is essential for effective communication and building trust with patients.

Ethical and Moral Development: Medical practice often involves complex ethical dilemmas. Reflective writing provides a platform for students to explore and dissect these ethical challenges, helping them develop a strong moral compass. Engaging in thoughtful reflection can aid in making ethically sound decisions while considering the best interests of the patient.

Self-Assessment and Self-Regulation: Writing reflections allows students to assess their progress and growth over time. They can track their learning journey, identify areas of strength, and set goals for improvement. Regular reflection promotes self-regulation, motivating students to take proactive steps to enhance their knowledge and skills.

Professional Identity: Medical education is not only about acquiring medical knowledge but also about developing a professional identity. Reflective writing enables students to explore their evolving roles as medical practitioners, helping them understand the responsibilities, values, and expectations associated with the profession.

Communication Skills: Effective communication is integral to medical practice. Reflective writing hones students' ability to articulate their thoughts and experiences clearly and concisely. This skill is transferable to patient communication, interprofessional collaboration, and academic discussions.

Resilience and Coping Strategies: Medical training can be emotionally demanding. Reflective writing provides an outlet for processing challenging experiences, managing stress, and building resilience. By acknowledging and addressing emotions through writing, students can develop healthy coping mechanisms and maintain their well-being.

Lifelong Learning: Reflective writing cultivates a habit of lifelong learning. As medical knowledge and practices evolve, physicians must adapt and update their skills. The practice of reflection fosters a mindset of continuous improvement and learning throughout a medical career.

Incorporating reflective writing into your learning as a second year medical student can significantly contribute to your holistic development as future healthcare professionals. By engaging in this introspective process, students not only enhance their clinical competencies but also develop the emotional intelligence and professionalism necessary for a successful and fulfilling medical career.

Plagiarism and use of Generative AI

Taken from MedSoc/GP1 handbook produced by Dr Shabana Bharmal

Plagiarism is the use or presentation of the work of another person, including another student, as your own work [or as part of your own work] without acknowledging the source. This includes submitting the work of someone's else's as your own work, re-submitting your own previously submitted work, and extensive copying from someone's else's work without proper referencing.

Copying from the internet without acknowledging the source is also plagiarism. You may use brief quotes from the published or unpublished work of other persons, but you must show that they are quotations by putting them inside quotation marks, giving the source [for example, in a footnote] , and listing the work in the bibliography at the end of your own piece of work.

It is also plagiarism to summarise someone's else's ideas or judgements without references to the source. Following investigation if work is deemed to be plagiarised, the student will automatically incur an outright fail. Depending on the nature and scale of the offence, more severe penalties may be incurred in line with existing College policies. For full details on the School's Plagiarism Policy, please refer to the MBBS Assessment and Progression Handbook.

You are able to use AI technology to support your written work, however you must ensure that it is used in a way that does not constitute plagiarism. All work submitted must be your own.

AI can provide support in terms of prompting deeper reflection, structuring work, making suggestions for topics to include within a body of text, finding relevant literature etc., but should not be used to write the assignment.

QMUL have some [guidance on the use of AI](#) and there is a [module on QMPlus](#) with practice support on how and when to use AI, we recommended working through.

In 2023 the academic misconduct policy was updated to include the following text under the definition of plagiarism: "unauthorised or unacknowledged text manipulation which undermines the integrity of an assessment [including the use of paraphrasing software, generative artificial intelligence or machine translation such that the work submitted cannot be considered wholly the student's own]"

Students will be asked to complete a probity statement written below prior to submission of work:

'I certify that this assignment represents my own work. I have not used any unauthorised or unacknowledged assistance or sources in completing it including free to commercial systems or services offered on the internet'

Appendix 1: SLA agreement

GP and Student Learning Agreement 2026-2027

To be signed by **each student and GP Tutor** at the start of the placement and copy to be retained by both parties. Student may wish to upload this onto their PebblePad.

Purpose:

The Learning Agreement lays out the responsibilities that students, their supervisors, host GP practices and the medical school have to each other. It emphasises the mutual roles of learners and teachers for a successful clinical placement; that maintains safety for all.

The **Supervising GP Tutor** will have overall responsibility for the quality and organisation of the placement ensuring the student (s), have:

A **Timetable** and **Induction**

A named supervising **GP Tutor** for each day

Emergency contact at the practice in case of problems

Access to the **internet**

Appropriate access to **patient records**, including any **local IT Governance policies**

In **brief local policies** – eg Health & Safety, Fire, Infection control (including COVID Policy, PPE Policy and [Needle Stick Policy](#)) and Social media policy

An **initial 1:1 learning needs assessment** and a **final meeting** where we will discuss performance and feedback from others and plan for further development

Awareness of **how to consult** eg adequate supervision including remotely, consent, chaperone, documentation, emergency alarms and home visit policy.

A **safe, inclusive and open learning environment** with the opportunity to discuss any problems.

As a Medical Student my responsibilities are to:

Adhere to student **professionalism** guidance, importantly the [GMC Achieving Good Medical Practice](#)

Respect **confidentiality**, dignity and the patient's right to decline or withdraw consent to be seen by a Medical Student. **Never personally record/take photo/videos/screenshots** of any patient teaching or consultations.

Adhering to the [GMC Social Media Policy](#).

Prioritise **patient safety** by assessing and **minimising any risk** to patients and staff

Follow national and local guidance on **infectious disease**

Be **honest and open** with my supervisors about my prior performance, strengths and areas to improve and any special requirements.

Seek and **respond to my feedback** to hone capabilities

Cease clinical work if I am at my limits clinically and have no adequate supervision

Always **identify myself** to patients, relatives, and staff and in medical records as a Medical Student

Advise my **GP Tutor** of any absences as soon as possible and agree on how my duties will be carried out in my absence.

Complete feedback and Student Evaluation Questions (**EvaSys**) at the end of the placement.

I confirm that I:

am a member of a defence organisation

understand that if I fail to comply with any of the above or act unprofessionally this may result in referral to a Senior Tutor or the Professional Capability Committee.

I have completed the statutory e-modules below as set out by the medical school (Student Yr 3 and above)

BLS Training

Data security and awareness: Level 1

Equality, diversity and human rights: Level 1

Conflict resolution: Level 1

Infection prevention and control: Levels 1 and 2

Safeguarding adults: Levels 1 and 2

Safeguarding children: Levels 1 and 2

If I have **concerns** over my placement or supervision I will try to discuss with my Supervising GP Tutor in the first instance, or the CBME academic leads. I may also seek advice directly from the Head of Year or BLSA student representative at any time.

Student Name :

Student (e) Signature :

Date

GP Tutor Name :

GP Tutor (e) Signature:

Practice :

Date

Appendix 2 : Professionalism Form

Module Professionalism Sign off

Assessing a student's professionalism is vital during their clinical placement. Refer to the GMC's [Good Medical Practice](#) and the specific [Achieving Good Medical Practice](#) framework for medical students.

If concerns arise, discuss them promptly with the student in a private, open, and non-judgmental manner, then inform the GPX team. Reporting concerns allows us to implement support and monitoring measures effectively and gather comprehensive information.

If there is an immediate patient safety or serious professionalism concern, please contact the GPX/module lead ideally same day.

Please complete the form below, including any positive remarks. For concerns, provide detailed information, click defer (referral), and notify us via email. Note that deferring does not necessarily mean a failure; it indicates we will reassess the information and provide additional support.

A helpful video on our [website](#) explains the MBBS curriculum, managing professionalism issues during primary care placements, and the institute's support efforts for student professionalism.

- **Knowledge, Skills and Development**

Eg being competent; approach to learning; reliability and responsibility, accepts and acts on feedback appropriately and demonstrates insight etc.

Satisfactory

Concern for Student

Not observed / insufficient opportunity

- **Patients, Partnership and Communication**

e.g. treating patients fairly, with respect and compassion and providing good communication and collaboration with patients, etc.

Satisfactory

Concern for Student

Not observed / insufficient opportunity

- **Colleagues, Culture and Safety**

Eg keeping patients safe, patient advocacy and maintaining appropriate personal wellbeing to practice safely etc.

Satisfactory

Concern for Student

Not observed / insufficient opportunity

- **Trust and Professionalism**

Eg acting with honesty and integrity; working within limitations; digital professionalism; confidentiality and punctuality etc

Satisfactory

Concern for Student

Not observed / insufficient opportunity

- **Overall**

Satisfactory

Defer, i.e., referral due to a student concern (if you have raised any concern for a student in the above categories, we would strongly recommend this option). Note that deferring does not necessarily mean a failure; it indicates that we will reassess the information and provide additional support.

- **Please provide further information if you have decided to defer**
- **If concerns (such as the examples given above) were identified, was the student receptive to feedback and reflective regarding the issue?**
- **Action plan discussed with the student (if appropriate)**
- **Exceptional Student Professional behaviour**

Eg raising a patient safety concern; supporting/advocating for a vulnerable patient; demonstrating honesty after a mistake and taking initiative etc

Appendix 3: QA checklist

CBME Template for GP Practice Induction Check List – Quality Assurance

We have created this template to assist with the induction of medical students at GP practices from a Quality Assurance (QA) perspective. We recommend adapting this template to include any local specifics that are appropriate for your organisation.

Lead Administrator induction		
Name and Contact of Lead Admin and Lead and Deputy GP Tutor (including best communication including for any sickness/absence etc)		
		Please Tick
Student	A review of any specific requirements/needs including any Health Passports	
Organisation	Context, patient demographics and other things to note	
	Code of Conduct eg dress code, time-keeping, chaperones, social media policy etc	
Fire	Extinguishers, Exits and Safety point	
	Fire Alarm test (day and time)	
Infection control	Needle stick policy	
	PPE Policy	
	COVID Policy (see above)	
Governance	IT systems access and training, Computer Logins, (including NHS.net emails if needed), and passwords security	
	Confidentiality Policy	
	Local raising concerns policy e.g. patient care and supervision	
Health and Safety	Staff area including storage of bags, parking etc	
	Tour of building including disabled access, toilets, quiet/prayer area, details of local amenities etc	
	Location of Emergency Equipment inc first aid	
Lead GP Tutor induction first day		

Introduction including fostering a sense of student belonging	Mandatory Individual Learning Needs (1:1), Learning Objectives and Assessment	
	Inclusive introduction noting any increased needs eg health Passport	
	How to raise concerns within the organisation including safeguarding process	
Consulting with Patients	Consent Process inc. remote consultations and home visits	
	Documentation in patients notes including naming of supervising clinician/consent obtained etc	
	Chaperone Policy	
	How to keep safe - Emergency alarm (e.g. on EMIS/in consultation room)	
	How to contact tutors mid session/home visit if urgent	

Appendix 4: Learning through reflection and creative enquiry

Reflection is a key skill for all healthcare professionals and learning how to develop reflective practice is an essential part of medical education. The GMC (General Medical Council), in collaboration with the Academy of Medical Royal Colleges, the UK Conference of Postgraduate Medical Deans (COPMeD), and the Medical Schools Council (MSC), recently published a [guide for medical students](#) on how to reflect as part of their practice.

The key idea of reflective work is to promote self-awareness. It enables students to explore their understanding of themselves as medical professionals and how they relate to patients. It also provides a space where students can consider and challenge their own attitudes and perceptions, including highlighting learning points for themselves and others.

There are many formats that can be used for reflection, including verbal, written and art. Creative enquiry is an educational approach that invites learners to engage with their lived experience through the arts. Using multiple languages of expression, arts-based and prose reflective writing, has been found to extend reflection and understanding and engage the student voice and perspective.

Resources for reflections:

Here are some resources for reflection that you may find helpful:

From QM Plus:

<https://www.qmul.ac.uk/queenmaryacademy/educators/resources/education-practice/reflecting-on-practice/>

The websites, [Human Flourishing](#) and [Out of Our Heads](#), have more information about creative enquiry and lots of examples.

Appendix 5 : Inclusive Induction

Please see below for the insightful information based on how to give an 'inclusive induction' to students alongside tutor training information. All materials is produced by our fellow colleagues Dr Safiya Virji: [Link](#)

If you would like to read further about Inclusive Induction, please see resources below:

Virji S. Reverse mentoring enhances learner integration in general practice placements. *_BJGP Life_*. 2024. Available from: <https://bjgplife.com/reverse-mentoring-enhances-learner-integration-in-general-practice-placements>

Virji S. 12 tips for integrating the 12 Practitioner Values to improve clinical supervision for neurodivergent learners. *_MedEdPublish_* 202;14:214. Available from: <https://doi.org/10.12688/mep.20693.2>

Virji S. Introduction of an Inclusive Induction approach to support learner belonging in clinical settings. *_InnovAiT: Education and inspiration for general practice_*. 2025;19(6). <https://doi.org/10.1177/17557380251389894>

Galvis, V & Virji, S. *_Neurodivergence in primary care_*. [Book] 2026
<https://www.amazon.co.uk/Neurodivergence-Primary-Care-Professionals-Neurodivergent/dp/B0GN8S4KSN>

Appendix 6: Staying Safe on placement

Your safety whilst on clinical placement is our utmost priority. Whilst on placement you might come or leave placement outside of core hours.

Please see the QMUL guidance about safety in and around campus [here](#), personal safety and security [here](#) and the QMUL Personal Safety Guide [here](#). This information with links has been added to the GP5 26/27 handbook.

Please familiarise yourself with all these resources to ensure you have a safe and enjoyable placement.

Community-Based Medical Education, MBBS Programme

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Turner Street, Whitechapel, London, E1 2AD