Teaching on the UCL Medicine in the Community course

Over half of medical student graduates will be working in the community, and even those that won’t, they really need to know how health care happens outside of hospitals. That’s why we are looking for GP tutors for the UCL Medicine in the Community course.

We need general practitioners to teach and act as guides for students to this increasingly complex health care environment. To do this teaching, we need local GPs willing to share their experience with our students. You will be joining a team of around 40 community tutors, who help us to deliver this programme. We are in a world where GP is facing a recruitment crisis, morale in our profession is low, and many medical students’ perspective of our jobs is being influenced by an increasing negative media. This is a chance for us to show our job in a positive light, and there will be benefits for you, the students, and our patients. We are sure you will find this an enriching and fun experience.

How is teaching structured?

Teaching will be for 10 days across the whole academic year (September 19 – July 20). During this time you will see your group of 2-6 students every four weeks. Teaching can be on Monday, Tuesday or Friday, but must be on the same day throughout the year. The students will be in their first proper clinical year, so will be very inexperienced to start with.

If you want to, you can take more than one group of students. If you take three groups, you will see students approximately every week, with the same student group coming approximately every four weeks.

If you are unable to take the group for one or two of the days, there will be some flexibility for you to arrange this teaching at another time.

Topics

The focus is on providing small group, tailored teaching to students and giving them feedback on their clinical skills. We will ask you to cover a range of subjects e.g. cardiology, respiratory, endocrine, rheumatology, neurology, ideally matching this to the module the students are currently undertaking.

However, there is some flexibility in exactly what is covered. For example, when the students are doing module C, we will ask you to discuss topics relevant to diabetes/endocrine, orthopaedics/rheumatology such managing type 2 diabetes or OA, but the exact topics you cover can be decided by you, dependent on the patients you have available to help, and ideally based on students’ learning needs.

Mental health is now going to be taught throughout all years, so we will ask you to incorporate this into your teaching e.g. discussing depression or somatisation where appropriate. However, focused mental health in the community teaching will remain in the subsequent year (year 5).

Block and link to GP teaching below (suggestions are indented)

Block A: Acute medicine, cardio respiratory medicine/mental health
   • COPD/ IHD/ stroke/ asthma/ mental health of chronic disease and vice versa.

Block B: Movement & digestive health (GI & hepato-biliary medicine, ortho and rheumatology, surgery)
   • OA /RA, dyspepsia, GI cancer, etc.

Block C: Haematology, infection, diabetes, endocrine, renal
   • Diabetes/ antibiotic prescribing/ investigating anaemia.
We are also being asked to consider if we can help students develop a greater student understanding of NHS health care IT, good prescribing, patient safety, health care cost and effectiveness.

**Nature of teaching**

There is no one set template for how you deliver your sessions.

One session (half a day) should be in protected time, and based around tutorials or learning basic examination skills. This should involve clinical contact, and a priority is to invite selected patients especially for the students to meet. You could base this around the **core components** for the current module.

The best feedback students receive is when they approach a problem with a real patient, with the opportunity to take a history, examine and present their findings. Whilst this could be onerous in large groups, you can get them to work in pairs or small groups. Other ideas are tasks around writing referral letters, prescribing or managing medically unexplained symptoms.

The other session can involve some service provision e.g.: you could set up a teaching surgery with longer appointment times and perhaps students seeing the patients first, then presenting to you. Ideal examples would be a full Diabetic review, looking at a post-operative patient or doing an annual review for someone with learning disability. You could use this as an opportunity to do an over-75s health check, or to complete any of the care plans that still need doing.

If you wish you can make use of local services (GPswi, outreach) and staff members e.g.: students could do a session on asthma management and then spend some time with the practice nurse doing asthma checks (in module A). GP Registrars or F2s can teach the students for one or two sessions if you wish.

**Specific topics** that we would advise you to focus on are listed above because they are common, important and also come up in their formal assessments.

**Assessment**

You will be asked to grade the students using work place based assessment (CEX/ CBDs), and at the end of the year – their progression will be contingent on them passing this firm. During the year we will ask you to give them formative feedback after each module.

Their OSCEs and written exams will have a strong GP input (and we would be delighted if you would examine too). GP tutors have traditionally had an important role in identifying and supporting struggling students.

**Payment**

This will be £165 per session with 4 students plus £7 per session per student admin fee (£386 per day). There are reduced and increased rates for taking fewer or more students.

By recognising the need to preserve some clinical commitment during teaching sessions, we hope this teaching will be more viable for practices too.

**What are the advantages of teaching on the MIC course?**

We believe this includes:

- The chance to follow a group of students and their development throughout the whole year at regular intervals
- The opportunity to cover a broader range of topics based on your patient population and more representative of primary care health care delivery
- The ability for some service provision to occur during the teaching day
• The opportunity for the students to follow up patients over a longer time period if you wish
• The opportunity to positively influence the perspective of the next generation of doctors about general practice

If you are interested in teaching MiC, or have further questions please contact Dr Melvyn Jones – melvyn.jones@ucl.ac.uk