



Core GP Teaching

Tutors' Guide 2020-21

UCL Medical School
Community Based Teaching

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1 Useful Information

1.1 Contact Details

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1.2 Teaching dates for the year 2020-21

Core GP1 teaching takes place over 18 days of the six-week attachment

Block 1 - September to November 2020

Attachment 1
Mon 7 th September - Fri 16 th October 2020

Attachment 2
19th Oct- 27th Nov 2020

Block 2 - December 2020 to March 2021

Attachment 3
7th Dec 2020- 29th Jan 2021
<i>Holidays: Mon 21 Dec '20 - Friday 1 Jan '21</i>

Attachment 4
1st Feb 2021- 12th Mar 2021

Block 3 - March to June 2021

Attachment 5
22nd Mar – 7th May 2021
<i>Holidays: Thurs 1 Apr - Weds 7 Apr '21 Monday 3 May - Bank Holiday</i>

Attachment 6
10th May – 18th Jun 2021
<i>Monday 31 May - Bank Holiday</i>

2 Welcome and introduction

We are very grateful to you for agreeing to teach on the UCL Core General Practice Course. We hope you will find this guide useful in making this teaching a rewarding experience for you and your students.

By the end of reading this guide we hope that:

- You will have knowledge of the practical arrangements and structure of the attachment.
- You will be aware of other resources to help develop your teaching.

A note on clinical teaching during Covid

In line with guidance from [Medical Schools Council and Health Education England](#) all medical students will be returning to clinical placements at the beginning of September 2020. Medical students have now been designated as essential workers and their return to studies is being planned with patient and student safety as priorities. This means we would like you still to host students in your practice, though inevitably some things will be different.

Just like other clinical staff, where patients have been triaged as low Covid risk, students can interact with them (e.g. take histories, physically examine (except ENT or any aerosol risk) with appropriate provision of PPE. Since students are regarded as front line clinical workers you should be able to request the small amount of extra PPE required from your usual NHS supplier for students. Students should not currently be seeing any patients at high risk of Covid (even in Hot hubs etc).

Students may be an extra risk to your patients and so you should consider this. Our students will be screened by occupational health for their own risk and they will be expected to follow professional guidance about isolation if they have been exposed or put at risk of Covid. Their risk to patients should therefore not be any different to any other staff member. However, students should not be seeing patients who are shielding, nor accompanying colleagues on home visits to frail patients or those in nursing homes.

Any small group teaching that is not clinical (tutorials, assessments etc) is recommended to be delivered remotely, so you may wish to conduct some of your discussions using online platforms.

Clinical teaching opportunities will change in response to Covid. It is understood that most practices are seeing a lot less patients face to face. It is however, still essential for students to be learning in clinical settings, to see other members of the team and understand the new ways of consulting online and by phone. We hope that students will be encouraged to take histories remotely and to undertake any clinical observations/examinations which can be gained online eg pulse rates, respiratory rates, photographs of rashes etc.

The other risk is travel. Travelling for clinical teaching is regarded as an acceptable risk but some flexibility may be allowed for example around timing to allow travel at less busy times on public transport.

The medical school has introduced the concept of "student bubbles" which means students will be kept together in pre-designated work groups throughout the year so we will be doing our best when we allocate students to practices to minimise mixing across these "bubbles".

Students will inevitably get less face to face patient experience in all settings as a result of Covid, but much of what students learn is from spending time with clinicians picking up the clinical process and being in the clinical environment. We know that general practice is an ideal setting for such learning for students to gain this valuable experience. Clinical medicine will inevitably be different even once Covid has gone away and there is a really valuable learning opportunity here to think how we may be learning and practising medicine in the future.

2.1 How to use this guide

This guide was primarily developed with new tutors in mind. However, we hope that experienced tutors will be able to use it as a reference and contribute any resources they find valuable.

The first part of the guide addresses the practicalities of the placement and where it fits in with the MBBS curriculum as a whole. The later part provides resources that you may find useful.

We recommend using the guide in conjunction with the Society for Academic Primary Care/Royal College of General Practitioners national guidance on undergraduate GP teaching available for download at:

<https://www.rcgp.org.uk/training-exams/discover-general-practice/inspiring-future-gps/undergraduate-general-practice.aspx>

2.2 Overall structure of Year 5

The theme of Year 5 of the MBBS curriculum is “the life cycle” - students will encounter patients with medical conditions from across the “seven ages” of man. A large part of the year is dedicated to beginnings of life, through women’s and men’s health, sexual health and child health. In addition students will learn about family and adult health and behaviour through general practice, breast services, urology, psychiatry, dermatology, ophthalmology and ENT. The latter parts of the life cycle will be explored in health of the older person, oncology and palliative care.

The year begins with a five-day Introduction and Orientation Module (IOM) where students are introduced to important details of the year, some core lectures covering key concepts for the year and information regarding careers. Foundation School application and elective planning. The rest of year 5 consists of a Taught Revision week, and three modules; each module comprising a core introductory teaching week, and then 12 weeks of clinical placement.

The three Year 5 modules are:


Module 5A (CFH)	Module 5B (WHMHD)	Module 5C (HOPE)
Child and Family Health Paediatrics, General Practice, Child & Adolescent Mental Health (CAMH is also part of Module C)	Women and Men’s Health with Dermatology Obstetrics, Gynaecology, Breast disease, Urology, Genito-urinary medicine, Contraception & HIV medicine	Health of the Older Person Health of the older person, Ophthalmology, Oncology, Palliative Care, Psychiatry and ENT

Clinical & Professional Practice (CPP) teaching occurs at different points through year 5:

- i. integrated and embedded within the clinical teaching weeks of each module
- ii. specific CPP teaching sessions on some specific Fridays during the year
- iii. the person-centred pathway
- iv. during the IOM week

The specific CPP teaching sessions are deliberately coordinated with the modules so that learning is integrated with each particular module. In Modules A and B all students are expected to return for these Friday specific CPP teaching sessions, regardless of whether they are at a central placement, DGH or GP attachments

An important point is that students' ability will depend on how far the year has progressed and how much of their hospital-based attachment they have completed. In September students will have little clinical experience except that of general medicine and general surgery, but as the year progresses they will have completed other blocks many of which have a general practice component.

 **KEY TIP:** Students' experience and knowledge will vary depending upon their position during the Year 5 course. It is always worthwhile, therefore, discussing with the students where they are in the year and what firms they have already done. It is not safe to assume that having done a firm they are competent in specific tasks, ask them and check in your sessions.

Spiral learning – checking and then building on students' knowledge and skills. We would encourage tutors to think about this. Learning during an attachment is much more meaningful for students if they can relate this to previous learning and experience. This might, for example, involve discussing with students existing knowledge about history and examination, then extending this knowledge to include e.g. more detail about aspects of Hx and Ex; psycho-social aspects; or management.

2.3 General aims and objectives of the attachment:

Overall aims of the Core GP Programme

- To enable students to experience and understand the provision of care to individuals and families in general practice and become aware of the nature, scope and limitations of the discipline.
- To provide an opportunity for students to practise and integrate their clinical skills in terms of history taking, physical examination, and patient management.
- To encourage students to reflect on their experiences in medical education and develop an integrated and holistic approach to patient care
- To provide experience in a wide range of consultation methods including face to face, telephone, video and eConsulting
- To address the principles outlined in the SAPC/RCGP guidance [“Teaching General Practice”](#)

More detailed learning objectives

Students often ask us for detailed “lists” of the clinical knowledge expected by the end of the Core GP course, not least in order to help them focus their preparation for the end of year written and OSCE exams. Clearly the “curriculum” for general practice is difficult to pin down by virtue of the very generality which defines the discipline. Students’ clinical knowledge in areas such as general medicine, ENT, rheumatology, cardiology etc. is tested in other parts of the medical course and our main concern during the Core GP attachment is therefore that they should focus their learning around the general principles of medicine in general practice and the broad aims of the course stated above. We also stress that most of their important learning in this course will come not from textbooks but from observing and undertaking consultations with patients, participating in the everyday work of the practice, discussions with GP tutors and seminars on campus or on-line.

We do, however, recognise the need for some direction to their learning and so we provide them with the list below of areas in which we do expect them to be able to demonstrate knowledge by the end of the course as follows.

Core GP placement - detailed Learning Outcomes

By the end of the Core GP attachment students should be equipped to:

- Engage critically with the complex and dynamic infrastructure, organisation and provision of primary healthcare for individuals & families
- Understand how primary care interfaces with other services and responds to policy, sustainability and patient needs
- Recognise the features which distinguish NHS primary care from other healthcare systems
- Engage critically with the nature, scope, strengths and limitations of the general practice discipline, including how and when to support collaboration with other disciplines (e.g. pharmacy, legal & financial support).
- Practise and integrate clinical skills, including history taking, physical examination, and patient management.
- Reflect critically on workplace-based interactions and implications for patient care and professional development.
- Discuss, with examples, a range of presentation; differential diagnosis; investigation; and management of common types of acute, chronic, psycho-social and multi-morbidity problems encountered in general practice & primary care settings. Alongside health promotion and disease prevention primary care strategies.
- Describe the basic organisation of NHS Primary Care and some features that distinguish it from health care systems in most other countries.
- Interact with patients and / or care-networks, to elicit a focused history about any presenting symptoms or problem.
- Perform brief focused clinical examinations relating all systems and problems (including those not easily attributed to any one body system).
- Present findings from history and examination in a concise manner with basic suggested management plan included in formulation.

- Describe basic theory relating to the GP consultation and discuss how this can be applied in practice.
- Describe and understand the roles of other health care professionals in Primary Care and General Practice.
- Recognise problems that more commonly affect deprived and inner city populations.
- Recognise the importance and application of evidence and research in Primary Health Care.
- Identify approaches used in General Practice to inform decision-making and practice including health economics, experiential knowledge (of patient and professional), and a variety of research and policy evidence.
- Work collaboratively in problem-framing with patients; acknowledging stressful life experience, illness and disease as legitimate patient presentations.

The SAPC/RCGP document “[Teaching General Practice](#)” also provides general guidance on the design, development and delivery of general practice learning and teaching in the undergraduate curriculum for UK medical schools. The resource set “[Learning General Practice](#)” provides a useful set of short documents providing background on the key principles medical students would be expected to learn over the course of their undergraduate GP placements.

2.4 Core General Practice Checklist

It may not always be possible to achieve all the items in this list but you could use it as a guide to discuss progress with your student around the mid-point of the attachment. (It is understood that some of these activities may be limited following Covid)

During the placement so far — have you:

	Tick
1. Observed and discussed tutor’s consultations and those of at least one other practitioner?	
2. Conducted at least twelve consultations before the tutor interviews the patient?	
3. Observed during consultations whether:- a diagnostic label is achieved? the physical, psychological or social aspects predominates? the problem is urgent or not?	
4. Identified three examples of the influence of social and psychological factors on the presentation, management and outcome of illness?	
5. Described the management of at least three common acute conditions and discussed these in the practice?	
6. Described the management of at least three chronic conditions and discussed these in the practice?	
7. Identified at least one patient with a chronic condition and interviewed	

them to gather information for your complex care essay	
8. Identified three examples of hospital referral (including one urgent one) and the factors which affected the decision and discussed these in the practice?	
9. Observed the work of receptionists?	
10. Observed the work of a practice nurse?	
11. Discussed a patient with a social worker?	
12. Been on visits with a district nurse?	
13. Been on visits with a health visitor?	
14. Identified at least four examples of opportunities for health promotion and disease prevention?	
15. Had some experience of out-of-hours general practice?	
16. Received feedback from the tutor and offered it in return?	

2.5 Course content

When the student is in the practice they should ideally have a named clinical supervisor (the GP Tutor) who is the main point of contact for the Medical School. The GP Tutor will be responsible for the student's overall timetable but it is recognised that day to day supervision may be shared between different doctors and other clinicians in the practice. These may include Foundation and GP trainees who can also benefit from the opportunity to take part in near peer teaching.

The attachment is designed to help the student learn about the whole range of problems presenting to GPs and the variety of services provided in primary health care.

The six core GP weeks are made up as follows:

- One day introduction to primary care in the NHS (first Monday at Royal Free Campus).
- The equivalent of 18 days core GP experience in an allocated practice.
- Four (Weds) mornings for campus-based seminar programme. (Topics include: multimorbidity and chronic disease management, occupational medicine, evidence based general practice, prescribing in primary care and health justice)
- One day culinary medicine workshop
- Six self-directed learning sessions

Please note that ALL of these components are considered core teaching and students are expected to attend them all. Their attendance will be taken into account in the end of course assessment. No teaching is scheduled for Wednesday afternoons. These are free for sport or self-directed learning.

Year 5 Core General Practice Clinical Attachment – Provisional timetable

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Mon am	Introduction Organisation of general practice in the NHS	GP	GP	GP	GP	GP
Mon pm	The GP Consultation	GP	GP	GP	GP	GP
Tue am	GP	GP	GP	GP	GP	GP
Tue pm	GP	GP	GP	GP	GP	GP
Wed am	Self-Directed Learning	Multimorbidity and chronic disease management Occupational Medicine	Evidence based general practice	Prescribing in primary care workshop	Health justice workshop	Self-Directed Learning
Wed pm	Half day	Half day	Half day	Half day	Half day	Half day
Thu am	GP	Students 1-20: Culinary Medicine day Students 21-60: Self-Directed learning	GP	Students 21-40: Culinary Medicine day Students 1-20 & 41-60: Self-Directed Learning	GP	Students 41-60: Culinary Medicine Day Students 1-40: Self-Directed Learning
Thu pm	GP		GP		GP	

Fri am	GP	GP	CPP on campus	GP	GP	CPP on campus
Fri pm	GP	GP	CPP on campus	GP	GP	CPP on campus

Most of the students' time in the practice will be spent with a GP tutor in the surgery. They may also accompany primary care team members on home visits if feasible. Teaching in general practice is one of the few occasions during the medical course where students benefit from one-to-one teaching. It also provides a chance to gain lots of practice assessing patients before they have been seen by the responsible doctor. Try and discuss any personal learning objectives with your student in the first two days. Students usually report that the most valuable and enjoyable aspect of this course is the chance to see and assess patients on their own. This is a golden opportunity to practise making initial assessments and concisely presenting their findings. In some practices they may have gaps in the middle of the day when there is no formal learning activity arranged. This will give them time to meet other members of the primary health care team and understand their roles (e.g. receptionists, practice nurse, district nurse, health visitor, midwife) to read up on conditions they may have seen in the surgery, work through some of the online interactive cases or to visit/interview patients for their multi-morbidity/chronic care essay.

Students will value the opportunity to see that most medical problems do not need referral to hospital. Since most of their training is secondary care based they may now be learning for the first time about "minor" illnesses, chronic diseases, undifferentiated problems, multiple pathologies and the early stages and less severe forms of diseases. You are also likely to focus more on the impact of social and psychological factors on illness, the patient's perspective and how these affect medical management. It is important for all undergraduates to have this experience as we hope that around half will become GPs and those who do not clearly still need to know the scope and limitations of this discipline and how it relates to secondary care.

2.6 Your role in student assessment

Your role in student assessment is important. Working with the students on a one-to-one basis can allow you to develop an accurate opinion on their skills, knowledge and attitude and enables you to give them useful information about their performance.

All of us learn differently. Honey and Mumford (Manual of Learning Styles 1982) categorised learners into '**activists**' who typically enjoy discussion and participation in activities; '**reflectors**' who appreciate preparation for sessions, reading and learning through observation; '**pragmatists**' who like to understand the utility of tasks before engaging in learning; and '**theorists**' who like to understand the theoretical underpinnings and evidence forms and types for particular topics. In order to provide a suitable variety of teaching activities you might like to consider how you yourself prefer to learn (and how this might shape your own preferred teaching styles) and the learning styles of your students.

Verbal feedback – Students really appreciate feedback so please do provide praise and/or constructive criticism as appropriate throughout the attachment. Try to identify specific things that the student could do to improve. Remember to talk about the behaviour not the person. You should try to be as specific and detailed as possible and avoid generalisations.

Towards the end of the 6 weeks you should discuss your overall grade and comments with the student. They rarely have the opportunity to receive feedback and advice from someone who has been able to observe them so closely and this is often reported by students as one of the most valuable aspects of the Core GP placement.

Portfolios – signing off – students use e-portfolios to record their learning and achievements. They will at appropriate times ask you to sign off various short sections of their “*Report of Procedures & Multi- Supervisor Report Card*”. This includes MSRs, SLEs and Creds (see below).

MSRs, SLEs and CreDs!

As part of their overall assessment in year 5 students are required during their Core GP attachment:

- 2 X Multi-Supervisor Reports (MSRs) - one by their main supervising GP and another by any health professional who has supervised one session or more
- 1 x Mini Clinical Evaluation Exercise (Mini-CEX) GP focused clinical examination of one or more systems
- 1 x Case Based Discussion (CBD) - GP focused history, exam & presentation
- 1 x Clinical Reasoning Discussion (CReD)
- 1 x Student prescription in GP

MSRs (Multi Supervisor Reports) are short structured feedback reports for students on their progress. One of the two MSRs should be completed by the lead supervising GP. The second by any other clinical health professional in general practice who has observed the student’s practice for one clinical session or longer.

SLEs (Supervised Learning Events) include Case Based Discussions (CBDs) and Mini Clinical Examinations (Mini-CEX). The Two SLEs can be completed by any clinician although students are advised to limit SLEs by Foundation trainees to one per module. Students should flag a request for an SLE to clinicians at the beginning of a clinical session. *It is the student’s responsibility to make sure that the clinician has completed the SLE and to send out reminder e-mails if required.*

CReDs (Clinical Reasoning Discussions) are rather similar to a CBDs but focused around diagnostic reasoning and management planning. It can be completed by any doctor in the practice.

End of Module Assessment for students on Attachments 2,4 and 6 only

Firstly just to clarify, the 6 week Core GP **Attachment** is one of two attachments which make up the 13 week Child and Family Health **Module**. The other attachment is 6 weeks in paediatrics and the extra week is a teaching week at the start of the Module. Now for those GP attachments ending in December, March and June (ie when GP the final attachment of the 13 week Module) students will ask you to complete their End of Module (EoM) Review and provide an overall grade for the whole Module. This will be based on your own assessment and also written feedback collected by the students during their paediatrics placements during this same Module.

The student should take responsibility for completing most of the EoM report but will request a short meeting in their final week with you in order to review their Module Report Card and their End of Module feedback form. As their Core GP Tutor you are probably the teacher who has seen most of the student over the previous term so we believe you will be well placed to provide constructive feedback in this way. If however you don’t feel able to undertake this review for any reason then please just advise the student to email

pcpmeded@ucl.ac.uk and we will make other arrangements for their end of Module sign off. We will send you a reminder and further guidance on End of Module grading during the week before the sign off is needed.

The multi-morbidity/ chronic care essay

As part of their in-course assessment all students are required to complete a short essay/case study based on a patient they have met in general practice who has complex or multiple chronic medical problems.

From the student's perspective this will involve:

- Interviewing the patient +/- a major carer in their own home, at the practice or remotely
- Discussing the management with the GP Tutor
- Preparing a written essay (1500 words +/- 250 words in length) for marking by the GP Tutor
- Submitting their assignment via Turn it in on UCL Moodle website

The tutor's role in this exercise is as follows:

- To introduce student to a person with complex or multiple chronic medical problems who is willing to talk with them at home, remotely or in the practice. Patients with a wide range of conditions may be suitable e.g. arthritis, disabling heart disease, asthma, diabetes, epilepsy, stroke, MS and other chronic neurological conditions, chronic bowel disorders etc. The student should have the opportunity to meet in person or remotely family members and other lay and professional carers. More than one meeting may be required.
- To allow the student access to the person's notes where possible, and set aside time to discuss points raised by the student.
- To assess the student's written report before it is handed in at the end of the course. Tutors will be asked to grade from A – E as described on the assessment form. Please follow the marking guidelines and please note the requirements that the students have been given for the style and content of this essay.

The essay should:

- be related to a patient with 2 or more long term conditions.
- include the patient's story written preferably in the first person. This is to demonstrate their perception and understanding of the patient's view of the progression of the illness, its impact on their life, current situation and how they cope and the future outlook. This is not meant to be a medical case history but is written from the patient's own viewpoint and should demonstrate their own character in the writing.
- include a view written similarly from a carer's point of view (where a carer is available)
- be longitudinal, including the history, present situation and future outlook
- be comprehensive and highlight the social and psychological consequences for the person and his/her family and carers.

- Demonstrate direct knowledge of the services and resources contributing or potentially contributing to the care of people with multi-morbidity or complex health needs in the community.
- Draw some general conclusions from what has been observed in relation to at least one of the other core GP seminars (eg. Health justice, prescribing, the consultation, nutritional medicine).
- Relevant evidence (policy/research) in relation to the patients' problems will be expected.
- Conclude with a summary of the case from the student's point of view, discussing what has been observed, learnt and including any improvements and changes to the patients care as a result of your assignment or suggested improvements/changes. The role of the GP should be included in this summary.

Multi-morbidity/chronic care essay – Tutor's Assessment

Your student should give you a copy of their essay by the end of the fifth week of the attachment. Having discussed the work with your student, please assess and grade the essay using the guidelines below and the marking table. Students are required to submit their assignments via UCL moodle turn it in once completed.

The essay should be 1500 words +/- 250 words long. The good student will have made an effort to carry out this work with enthusiasm and initiative and this should be reflected in the finished essay. The essay should draw out the physical, psychological and social aspects of the story, the caring arrangements and an understanding of how the Primary Care Team, social services and involved others interact. Ideally part of the essay should be written in the first person voicing the views of both the patient and a main carer. The student should be critical and sensitive and should draw out some original observations of their own.

Although the essay may not be written under these headings, the following elements should be present and some general pointers are given as to how to mark under each area. It may be helpful to tick the boxes below and give an overall grade over the page reflecting the majority of ticks.

Elements of the essay	E = Fail	D = Borderline	C = At level expected	B = Above expected level	A = Well above level expected
The patient's story	Scanty, or inaccurate. Maybe obviously taken from patient notes.	Accurate, complete. Maybe dry and matter-of-fact or written in voice unlikely to be that of the subject.	Fleshed out with empathy – clearly different from a medical "clerking". Recognisably the patient's voice.	Detailed and well written demonstrating student's ability to "get under the skin" of the subject.	Unusually sensitively written and perceptive.
The Carer's story (Not applicable if no relative/carer)	Absent: no obvious effort made.	Present but not particularly illuminating.	Adds real substance to the overall story.	Showing empathic understanding of issues of caring.	Empathic, detailed exploration of role and views of this carer.

Role of Primary Care Team	Little or no reference to any members	At least two PHCT members mentioned appropriately-maybe some confusion over roles.	PHCT members mentioned with their roles reasonably described.	Demonstrating a good sound understanding of the individual roles and how they work together (or not).	A detailed discussion of the roles, boundaries, organisational and practical issues relating to the PHCT team showing real understanding.
Student's assessment of role of GP	Absent or scanty.	Superficial or obvious.	Showing fair understanding.	Good practical understanding showing perspective.	Critically appraised.
Student's assessment of the complexity and patients problems and the caring situation	Scanty- no real effort made to show much thought applied.	Has attempted, though may be immature or show misunderstanding	A good overview showing a clear understanding.	Some opinions voiced and a reasonable judgement formed on this situation.	An in depth critical appraisal of this situation drawing many specific points to illustrate general principles.
Suggestions for improvements to current care and future possibilities	None or something impractical or irrelevant.	At least one sensible suggestion.	Several suggested improvements to care. Future view may be limited.	Useful and practical suggestions and evidence of student looking into the future and evidence of implementing suggestions with tutor support	Mature and sensible discussion of possibilities now and contingencies for future needs. Evidence of implementing suggestions
Reference to sociological concepts of chronic illness discussed in seminar	No reference to theoretical concepts.	At least one mention of theoretical concepts.	One or two references to theoretical concepts in correct context.	Several relevant references to theoretical concepts showing understanding of their significance.	Frequent, relevant and critical reference to theoretical concepts which illuminate the story.
Reference to Core GP campus based seminars (nutritional medicine, prescribing, health justice)	No reference to core GP seminars	Mentions one of the campus based seminars	Mentions campus based seminar and its relevance to the patient	Makes reference to campus based session, goes into detail about its application to the patient and how it has or can influence patient care and refers to relevant literature	Makes reference to campus based session, goes into detail about its application to the patient and how it has influenced patient care referring to the relevant literature and critique of the evidence

2.7 Student examinations and final grades

NB. The following arrangements, particularly in relation to OSCE plans, are provisional and may be subject to change in relation to Covid developments during 2020-21.

Assessment in Year 5 comprises in-course assessments in the form of portfolio requirements, module assessments, and a summative examination at the end of the year. The exam will cover child and family health, women's and men's health, dermatology care of older people, psychiatry, ENT, Ophthalmology and Palliative care. Questions appear in approximate proportion to the curriculum time dedicated to each subject.

For the academic year 2020-21 the provisional exam timetable is as follows:

Clinical (OSCE) Assessments: Tuesday 13th July and Thursday 15th July 2021
Written Assessments: Friday 23rd July 2021

There are 2 written papers, each lasting 2 hours and consisting of 100 Single best answer questions, each with 5 items.

Written questions are all standard set by a panel of examiners, and overseen by external examiners from each module, to obtain an overall pass mark.

GP Tutors and OSCE examinations

We very much encourage GP tutors to take part as OSCE examiners. This helps you to see how the exam works and demonstrates to students that GP teachers are an integral part of the medical school.

The provisional dates for the OSCE exams for 2019-20 are Tuesday 14th and Thursday 16th July 2020 and will take place at 4 campuses between 9.00am and 5.00pm, so there will be a substantial requirement for examiners on these 2 days. Please do try and keep one of these days free to examine. You will be invited to offer your availability to examine in the second half of the academic year. You will also be asked to indicate which subject you would like to examine in, but we hope that as GPs you will feel able to examine across a range of subjects.

Payment for GP Tutors examining in the OSCE is £320 (i.e. 2 sessions) for the day.

2.8 Student absences and general student concerns

Attendance

If a student fails to attend without prior warning, please inform the Course Administrator as soon as possible via pcphmeded@ucl.ac.uk. Attendance is compulsory. Students are informed that should exceptional circumstances arise and they are unable to attend a placement they should immediately inform Medical School Administration and the practice which is expecting them. We do not usually consider it appropriate for students who are suddenly unwell, or unfit to attend, to inform you of this via another student. If this happens, please let us know by contacting our administrator.

Concerns about students

If you have any concerns of a pastoral or educational nature about any students, please contact the teaching team via pcphmeded@ucl.ac.uk or telephone 020 8016 8276

Student safety

Regularly updated advice on coronavirus for all UCL students and teachers is available at: <https://www.ucl.ac.uk/coronavirus/>

Students are provided with the following advice by the medical school:

Whilst out on placements in the community you may visit areas you do not know and experience new situations. It is important that you apply common sense during your placements to minimise any risk of attack so:

- Make sure you are absolutely clear where you are going before you set out and plan your journey to try and avoid any 'risky' areas.
- Always ensure that someone knows where you are going and when to expect you back – especially if you are visiting a patient in their home.
- If you have any concerns try to speak to someone who has been to the place you are visiting to clarify the instructions.
- Do not take shortcuts, stick to main roads and the directions you have been given.
- If travelling on public transport don't wait at deserted stations or stops, and know the times of your trains or buses to avoid waiting. Sit in a compartment with other people or near the driver.
- Be alert. Look confident without appearing arrogant.
- Don't carry valuables or any more money than you need to.
- It is not advisable to wear a personal stereo in an unfamiliar area.
- If you have a mobile phone keep it out of sight as much as possible
- Remember to carry some form of identity — other people are entitled to know you are a genuine medical student, especially if you are visiting a patient at home.

If you experience any form of attack — verbal or physical — or feel threatened at any point during your placement make sure you **inform the practice and the Department of PCPH**. This will protect students in the future and alert the department to possible dangers.

2.9 Medico-legal issues relating to teaching in general practice

The context in which students see patients has been changing in recent years. Students expect to be more actively engaged and patients expect more information and exert their right to decline to see students more often. Students have had more tests of competence than their predecessors and have greater experience of primary care. All these factors influence activities such as consent, supervision and delegation. Any advice must be seen within this changing context and does not replace your own judgements about good practice.

Your Clinical Negligence Cover

Please be reassured that as of April 2019 medical student teaching in NHS general practice is covered by the Clinical Negligence Scheme for General Practitioners (CNSGP). The CNSGP Scheme Scope Document states that:

“you will be covered under CNSGP in your role as a GP educator. The scheme will cover any activity that consists of, or is in connection with, the provision of NHS services (primary medical services under a GMS, PMS or APMS contract or sub-contract). This would include clinical supervision of GP trainees If a clinical negligence claim were to be brought in connection with the diagnosis, care or treatment of a patient, undertaken by a GP trainee under your supervision as a GP educator within an NHS setting, then both you and the GP”
See: <https://resolution.nhs.uk/scheme-documents/scheme-scope/>

SAPC and RCGP have also received further clarification from CNSGP that the term trainees includes undergraduate students, and also confirmation in writing that “as long as a practice is covered by CNSGP all staff at the practice will be covered including practice nurses, healthcare assistants and medical students and GPs will be covered for any supervision they provide.”

CNSGP have also confirmed that you do not need to inform that you teach medical students since this cover is automatically provided.

Please note that you must however also ensure that your general insurance including public liability is in order.

Students

1. Please remind students that patient autonomy and expectations in general practice may be different to those observed in hospital
2. Students should wear their medical school name badges at all times in the practice
3. All UCL medical students must have Criminal Records Bureau clearance – this is required and checked by the medical school.

Patients

1. Please advise patients that students visit the practice eg via your practice website, your practice leaflet. We also suggest placing posters in your waiting room.
2. Please inform patients that a student is currently in the practice ideally with a sign with their name and gender (Miss/Ms/Mr)

Patient consent to student involvement

1. You must ensure patient consent to have students involved in any clinical contact is informed.
2. Verbal consent is sufficient unless video recording is taking place, in which case written consent is required (pre and post recording) and should be retained in the patient record
3. You may wish to consider noting the presence of students in the consultation notes . It is certainly advisable if an intimate examination was performed.
4. If initial consent was freely given then consent can also be assumed for appropriate general examination eg. chest exam for a cough, abdominal exam for vomiting.

Supervision

1. There should be a period of **direct** supervision in the initial stages of an attachment to gauge student competence and confidence
2. Clear ground rules should be provided when students are consulting with patients alone (and supervision is therefore **indirect**) e.g.
 - Do not go beyond your level of competence
 - Do not give diagnostic information without prior discussion with tutor
 - Do not undertake any intimate examination alone (including remote examination)
 - Never let a patient leave the practice without seeing a registered practitioner

Delegation

After assessment and, where appropriate, supervised training clinical tasks can be delegated to students as deemed appropriate (e.g. venepuncture, urinalysis, chasing results etc.)

Consent A Complete Guide for Students

What do you need consent for?

It's often assumed the need for consent is limited to the treatment of patients. In fact, consent extends to all aspects of the relationship between doctor and patient. So the following area also requires consent:

Studying and teaching

Patients need to consent to their involvement in any part of the teaching process. This might include, for example, if you are sitting in on a GP's consultation or using the case study of a particular patient for a dissertation. Consent should be taken at the outset. Ideally, if you are sitting in on a discussion, the patient should be asked **before** you enter the room. If you are already there it makes it more difficult for the patient to say 'no', since they may feel under pressure. Patients should also expect honesty from the relationship – so describe yourself as a '**medical student**' or '**student doctor**' and not, for example, as a 'young doctor', 'colleague' or 'assistant'.

Who can get consent?

It is the responsibility of the doctor giving the treatment or doing the investigation to ensure that consent is valid. They can delegate the process of taking consent, but it is still their responsibility to ensure it was taken properly. If you are asked to take consent you must be certain that you understand the procedure thoroughly enough to do so. For example, you should respond to any questions fully and, of course, they must be answered honestly. If you are unsure of the answers, you should admit this, and find out, rather than try and bluff your way through it.

2.10 Evaluation of the course

We ask the students to evaluate their primary care based attachments via a web page at the end of each block of teaching. **Please remind students to complete their feedback questionnaire at the end of your attachment.** We will forward information from your students on to you. We hope that you find this information useful in developing your own teaching and welcome any suggestions and comments you have.

Feedback at the end of the attachment includes the following. We ask students to evaluate:

1. Which practice did you attend for your core GP placement?
2. How would you rate this attachment overall? (1 poor -5 Excellent)
3. To what extent do you agree with the following statements: (table: 1 strongly disagree – 5 strongly agree)
 - The placement was well organised
 - I saw a range of patients with varied presentations and conditions
 - I was actively encouraged to see patients on my own
 - I felt able to ask questions
 - I was actively encouraged to participate in GP practice activities eg. meetings
 - The feedback I received was constructive
 - I feel this attachment helped prepare me for my future as a doctor

Open questions:

What did you find most valuable about your GP placement?

What did you not find valuable about your GP placement?

What changes might you recommend to improve this placement for future students?

We hope that students will be able to enjoy a patient-based teaching programme within the practice, which addresses (where possible) their learning needs and facilitates provision of supportive and relevant feedback from peers and tutors.

3 Planning for teaching

The following pages show examples of the sort of poster some practices place in their waiting room:

(Name of Practice)

Training Tomorrow's Doctors

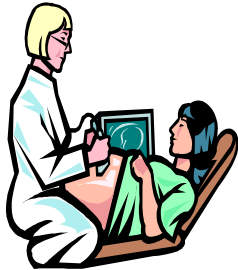
This practice from time to time provides training for medical students from UCL Medical School. We believe general practice has much to offer doctors in training. During their placements with us students may be working with the doctors and nurses during clinics. We may on occasion ask if you would be happy to talk to a student before consulting with your doctor or nurse.

Students are bound by the same rules of confidentiality as all other practice staff. You will always be told if the student will be present prior to your consultation and given the opportunity to decline.

Many thanks for your help

(Name of Practice)

Can you help us to train the doctors of the future?



We are a teaching practice for UCL Medical School. Medical students join us at various stages of their training in order to learn about the everyday health problems which they see little of in their teaching hospital wards and clinics.

We are looking for patients who would be willing to help us from time to time by talking to students about their medical problems. Teaching is always supervised by one of the doctors in the practice.

Teaching clinics are run in the following areas (delete as applicable):

- **General Practice**
- **Medicine in the Community**
- **Care of the Older Person**
- **Mental Health**
- **Dermatology**

If you think you might be interested in taking part please let the receptionists know and we will contact you with further details

4 Reference material

4.1 Suggested reading



Students recommended texts are currently as follows:

- General Practice at a Glance - At a Glance; Booton P, Cooper C, Easton G, Harper M. Wiley, 2012
- A Textbook of General Practice; Stephenson A. Arnold, 2011.
- Communication Skills for Medicine; Lloyd M and Bor R. Churchill Livingstone, 2004.
- *Oxford Handbook of General Practice*; Simon C, Everitt H, Van Dorp F & Burkes M. Oxford University Press, 2014.
- Symptom Sorter; Hopcroft K and Forte V. Radcliffe Medical Press, 2014.
- A Text Book of Family Medicine; McWhinney I R. Oxford University Press, 2004.

4.2 Useful websites



GP Websites

There are numerous websites related to general practice and quality is variable occasionally with commercial interests affecting content. Students are skilled at accessing information on-line but may benefit from some pointers as to more or less valuable resources. It is also important that they are aware of the sort of information which patients may be accessing themselves. They should all be aware of the following sites as a minimum:

- ❖ <https://www.gpnotebook.co.uk/homepage.cfm>
- ❖ <https://www.nhs.uk/>
- ❖ <https://patient.info/>
- ❖ <https://www.gov.uk/government/organisations/department-of-health-and-social-care>
- ❖ <https://cks.nice.org.uk/clinicalspeciality>
- ❖ <http://www.nice.org.uk>
- ❖ <https://www.bnf.org/>
- ❖ <https://www.rcgp.org.uk/>

Additional online resources for medical students

We are very grateful to Dr Hugh Alberti at Newcastle Medical School for the following list of on-line resources. This document is not exhaustive but is an attempt to include most of the resources currently available for UK medical students and teachers.

Contents

- 1. MSC-released resources**
- 2. Generic online resource websites**
- 3. Clinical examination resources**
- 4. Covid-19 educational resources**
- 5. Primary care based resources**
- 6. Speciality based resources**
- 7. Individual medical school resources**

1. MSC released resources

Capsule

Recently released by the MSC. Online educational resource designed by BSMS for 4th/5th year medical students including 650 case studies with questions and then feedback. It covers medicine, surgery, specialities and therapeutics. Access granted for all medical schools for 6 months from May 1st 2020.

Speaking clinically

Recently released by the MSC. A video archive of 900 clips of patients talking openly about their medical conditions, predominantly acute illnesses and presentations rather than patients' journeys or LTCs. Access granted to all medical schools.

British Pharmacological Society

has released new e-Learning resources in prescribing containing:

- 27 eLearning sessions in Prescribing
- 1 x 'Case Studies in Prescribing' 15 item knowledge check
- 1 x 'Return to Hospital Practice' 15 item prescribing knowledge check

Link: <https://www.bpsassessment.com/free-learning-materials-during-covid-19/>

Very good for returning doctors and could be good revision for PSA
Newcastle: to offer to end of year 4 students now for PSA revision?

2. Generic online resource websites

Healthtalk.org - Thousands of people have shared their experiences on film covering a wide variety of conditions from a patient's perspective. Patient-centred and varied and would work well with written cases/vignettes.

Medskl (US) - good basic knowledge of medical conditions presented well in courses, modules and lectures.

Geekymedics.com – wide range of resources for medicals students including quizzes, exam questions, flashcards, etc.

Patient.info – thousands of expert health Articles, tips and information on conditions and medications for patients and health professionals.

Medisense.org.uk - has lots of cases for role plays and practising clinical encounters and a podcast called 'MOSLERcast' which goes through a clinical scenario in 20 minutes using the mosler structure. Includes medical and osmosis videos.

Zero to finals- concise summaries for core conditions (presentation, investigations and management), also in written, video and podcast format for which you prefer, focus on MCQ finals knowledge.

Speciality websites: Teachmesurgery.com, Teachmeobgyn.com, Teachmepaediatrics.com

Chunkncheck.com – a new collection of online resources including videos, documents and blogs designed by medical students for medical students.

Video resources

Armando Hasudungan (YouTube videos)

Osmosis videos (on YouTube) - core presentations and conditions

OSCE Revision

For banks of questions:

<https://geekyquiz.com/>

<https://passmedicine.com/>*

<https://www.onexamination.com/>

For educators:

Pivotmed.com is *Partners In Virtual and On-Line Teaching in Medical Education*, a Canadian resource website of a community of educators intending to create and curate resources to help each other during a pandemic, such as COVID-19.

3. Clinical examination resources

Macleod's Clinical Examination.

It comes in an e-book as well as paper. This is the core text for Clinical Skills for many programmes and has a wealth of information appropriately pitched for students entering final year. I would encourage them to read it from cover to cover. The latest edition has a Section 3 on applying clinical skills in different situations (babies and children, the deteriorating patient, frail elderly, EoL, etc). Accompanying videos available on youtube.

Vesrusarthritis.org

Has a range of resources on MSK including examination videos

Geeky Medics

Examination videos available on youtube: exam focused but helpful especially for early years OSCEs.

4. Covid-19 educational resources

Health Education England e-Learning for Healthcare

Health Education England e-Learning for Healthcare (HEE e-LfH) provides free access to e-learning content for the health and care workforce.

All medical students have access to the full e-learning catalogue on the e-LfH Hub by using their university email address to register. Visit www.e-lfh.org.uk for more details.

In light of the recent pandemic HEE e-LfH has developed a COVID-19 e-learning programme that is free to access, with no requirement to log in*, for the entire UK health and care workforce, including the NHS, independent sector and social care. The COVID-19 programme now includes:

- Essential Guidance from the NHS, UK Government, WHO and BMJ
- Public Health England - Personal Protective Equipment (PPE)
- Infection Prevention and Control
- Resources for Staff Working in Critical Care Setting
- Resources for Staff Working in Acute Setting
- Resources for Staff Working in Primary Care and Community Setting
- Resources for Return to Work Healthcare Staff
- Resources for Pharmacy Staff
- End of Life Care COVID-19

New content will continue to be added.

*Please note that if you do not log in, then your activity will not be tracked and you will not create a learning record. For example, if you are returning to work and need to complete your Statutory and Mandatory training, then you will need to be logged in so that the system knows who you are.

So if you need to create a learning record but don't have an account, then you will need to register.

For more information and to access the COVID-19 programme select [here](#).

5. Primary care based resources

Thanks to Lindsey Pope, Glasgow University, for some of these resources

Bradfordvts – 25 short videos on explanation giving.

- 50+ full 10minute consultations, good and nor so good, with a focus on passing the CSA
- A series of recorded telephone consultations
- Links to lots of other GP-related videos such as examinations, Motivational interviewing

DFCMOpen (Canadian) - is predominantly a primary care resource website but has some interesting resources for things like advanced care planning – you sign in for resources but its free.

Redwhale is a resource for GPs which has given access to some of its digital content during the COVID-19 pandemic to students. Although written mainly with postgraduate training/CPD in mind there is no doubt that there is a wealth of learning available here for undergraduates. Please contact your head of GP teaching at your university for details.

Telephone and video consultation training for students is not just for primary care but clearly is now an essential for any student placed in GP:

Both nbmedical (<https://www.nbmedical.com/>) and redwhale (<https://www.gp-update.co.uk/webinars>) have free webinars on remote (video and telephone) consulting) – both are predominantly focused for GPs working in the covid context but in my view the latter, though longer is broader, and more suitable for students.

[There is also a recent guide on video consulting by Trish Greenhalgh](https://bjgplife.com/2020/03/18/video-consultations-guide-for-practice/) (<https://bjgplife.com/2020/03/18/video-consultations-guide-for-practice/>)

And a short video on undertaking video consultations by Roger Neighbour: <https://www.youtube.com/watch?v=W5zsEpka2HE>

Also Bradford vts youtube has a series of telephone consultations including feedback and comments.

Clinical skills In General Practice

Many of you will have used the Geeky Medics Clinical Examination resources before. <https://geekymedics.com/category/osce/clinical-examination/>

GPs need to be able to perform targeted and efficient clinical examination in the context of GP consultation. This is a useful resource for focused clinical examination:

https://www.pennine-gp-training.co.uk/Physical_Examination_YouTube_clips.html

Pennine GP training - this postgraduate GP training resource has some example consultations of varying quality.

https://www.pennine-gp-training.co.uk/Common_Medical_Conditions_Explained.html

Bradford VTS Although this site is geared up for GP trainees, it has a whole range of resources that might be useful for students

<https://www.bradfordvts.co.uk/clinical-knowledge/common-problems-gp/>

GP Notebook A useful website for accessing quick up to date information on common primary care presentations for free

<https://gpnotebook.com/homepage.cfm>

GP Behind Closed Doors provides the opportunity to observe real life consultations. Although the consultations have been edited for television, they give an opportunity to reflect on consulting skills being used.

6. Other speciality resources

Thanks to colleagues from Southampton University for listing some of these resources

Radiology

Thanks to RCR for their free radiology webinars available online for students and foundation doctors:

- Part 1, led by Dr John Curtis and Dr Radhika Prasad = <https://attendeegototraining.com/77621/recording/876189128003950081>
- Part 2, led by Dr Maria Tsakok and Dr David Grant = <https://attendeegototraining.com/77621/recording/52614237092347905>
- Part 3: Basics of brain imaging, led by Dr Rebecca Wiles <https://attendeegototraining.com/r/435136531485710337>
- Part 4: Common fractures, imaging of pulmonary embolisms and miscellaneous, led by Dr John Curtis and Dr Radhika Prasad
- <https://attendeegototraining.com/r/7354578709359171329>

Royal College of Surgeons

Link to e-learning platform: <https://covid-19.vle.rcseng.ac.uk/>

The elements that medical students might find particularly useful will be:

- General assessment of a patient, including START and CCrISP courses: <https://covid-19.vle.rcseng.ac.uk/course/index.php?categoryid=1>
- Technical skills section, including Surgical Skills for Students and Health Professionals course: <https://covid-19.vle.rcseng.ac.uk/course/index.php?categoryid=2>
- Sections on Human Factors and upcoming sections on leadership may be of interest to students too.

ENT UK

ENT UK have made their e-book on the day-to-day management of common ENT available for free. They also have a virtual platform that may be of use to MBBS students and junior doctors.

Free e-book for students: <https://www.entuk.org/sfo-e-book>

Virtual ENT platform:

https://elefant.matrixlms.eu/visitor_class_catalog/category/8083

Movement for Movement

Resources include those on physical activity, noncommunicable diseases, pregnancy and surgery. Please do not share these resources outside of your medical school.

- Movement for Movement resources are available at: <https://app.box.com/s/nqv03d8l27rn9sexqitz4obyd3mlpnqn>
- T&Cs of use: <https://councilofdeans.org.uk/wp-content/uploads/2019/12/2020-VERSION-HOW-TO-USE-THE-MOVEMENT-FOR-MOVEMENT-RESOURCES-GUIDE-and-terms-and-conditions.pdf>

- Guide on physical activity for health practitioners:
<https://drive.google.com/file/d/1jeX3L8eEJCueMHjObLZSDI29tPYgMBHB/view>
- Blog post on Movement to Movement:
<https://councilofdeans.org.uk/2019/12/the-2020-movementformovement-physical-activity-exercise-and-noncommunicable-diseases-pregnancy-and-perioperative-care-resource-update/>

E-ICM resources

E-ICM is available to medical students via eLfH or free via www.ficmlearning.org. Please note that this has only recently launched so it has limited content at present.

Royal College of Psychiatrists

This eLearning hub has been developed to support psychiatrists and other clinicians working in mental health settings in gaining or refreshing knowledge and skills to support patients and staff during the COVID-19 outbreak.

Resources include a selection of RCPsych CPD Online modules/podcasts, webinars and external resources, which are free to access during a set period of time. This hub will be regularly updated with new resources.

<https://www.rcpsych.ac.uk/about-us/responding-to-covid-19/responding-to-covid-19-guidance-for-clinicians/elearning-covid-19-guidance-for-clinicians>

Royal College of Physicians

Please note that student membership is free.

The Royal College of Physicians and the University of Edinburgh have developed a course on Future Learn that will be a helpful introduction to critical care for final year students: <https://www.futurelearn.com/courses/covid-19-critical-care-education-resource>

The Faculty of Sexual and Reproductive Healthcare

FSRH have notified MSC of e-learning materials that may be of use to medical students:

Contraceptive Counselling – a free online MOOC which takes about 2 hours to complete and covers effective contraceptive care. To access the learning, students would need to click the register button and set themselves up with an account to gain access.

eSRH – a range of modules covering various aspects of sexual and reproductive health. Medical students have free access if their organisation is signed up to Open Athens. This learning is on the e-Integrity/eLfH platform so should be accessible.

Royal College of Physicians and Surgeons of Glasgow

The College has run 'Critical Care Updates' for trainee physicians for several years, in conjunction with the West of Scotland Critical Care Society. All of the learning from these sessions can be accessed free of charge on their elearning site. Anyone wishing to access simply has to register with an email address. The material can be accessed using <http://rcp.sg/criticalcareupdates>

Child care and psychiatry resources, University of Southampton

The Psychiatry Portal: <https://www.med.soton.ac.uk/mentalhealth/bmyr3yr5/>

Daisy and Bronchiolitis	https://med-lamp-prd.soton.ac.uk/public/childhealth1/
Oli and Vomiting	https://med-lamp-prd.soton.ac.uk/public/childhealth2/
Charlotte and Cystic fibrosis	https://med-lamp-prd.soton.ac.uk/public/childhealth3/
Alfie and IBD	https://med-lamp-prd.soton.ac.uk/public/childhealth4/
Kyle and Leukaemia	https://med-lamp-prd.soton.ac.uk/public/childhealth5/
Jennie and Spina Bifida	https://med-lamp-prd.soton.ac.uk/public/childhealth6/
Freya and Lymphadenopathy	https://med-lamp-prd.soton.ac.uk/public/childhealth7/
Sam and the Heart Murmur	https://med-lamp-prd.soton.ac.uk/public/childhealth8/
Harry and Swollen Eyes	https://med-lamp-prd.soton.ac.uk/public/childhealth9/
Jackson and Sleep Disturbance	https://med-lamp-prd.soton.ac.uk/public/childhealth10/
Fits, faints and funny turns	https://med-lamp-prd.soton.ac.uk/public/fitsfaints/index.html
Neonatal medicine workbook	https://med-lamp-prd.soton.ac.uk/public/neonatal/index.html
Diabetes workbook	https://med-lamp-prd.soton.ac.uk/public/paediatricdiabetes/index.html
Paediatric growth workbook	https://med-lamp-prd.soton.ac.uk/public/paediatricgrowth/index.html
Immunisation eLearning	https://med-lamp-prd.soton.ac.uk/public/immunisation/index.html

7. Individual medical school resources

Many medical schools have very generously made their own materials available for others to use (such as the Child Health resources from Southampton above).

These have been circulated via the Medical Schools Council or via the Head of GPs teachers group and please contact your University representatives at these groups for more details.