KMMS

Community and Primary Care in Practice Year 1 and 2 (CPCP1 & 2)

General Practice and Public Health Medicine (GPPH)

Senior Rotations (SNR)

GP Educational Supervisor Module Handbook Academic Year 2024/25

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Glossary of terms

<u>People and organisations in the community</u>

Lead PCN practice	This is a practice within the Primary Care Network (PCN) which has an agreement with KMMS for delivery of the GP and community placement and is responsible for co-ordinating the placement arrangements including funding
Host practice	This is a practice within the PCN which has an agreement with KMMS for the delivery of the GP and community placement
Lead Educational Supervisor	A recognised GP Educator with responsibility for overseeing the learning and assessment of the student across the Placement Modules for a defined period of time
Deputy Educational Supervisor	A GP or registered healthcare professional educator, deputising for the Lead Educational Supervisor (ES) regarding delivery of the KMMS GP and community placement
PCN Administrative contact	Nominated by the PCN to be a single point of contact for both KMMS and KMMS students
Year 5 Placement Providers	Primary Care placement providers for Year 5. East Kent & West Kent Urgent Treatment Centres, MedOCC, KCHFT Frailty Team

<u>Academic</u>

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Modules	Community and Primary Care in Practice 1 & 2 (CPCP1, CPCP2) General Practice and Public Health Medicine (GPPH) Senior Rotations (SNR)
Vertical themes	Nine themes of curriculum content delivered over the five-year KMMS programme
Fundamental tracks	Ten areas of learning on essential content knowledge, skills and behaviours occurs across multiple modules. These are derived from GMC's Outcomes for Graduates (2018)
E-portfolio	A personal collection of electronic evidence to record and reflect upon learning or competences (in this case 'Pebble Pad'. Pebble Pocket is a linked app which can be installed upon a smart device)
Virtual Learning Environment (VLE)	Web based platform for digital aspects of course study - (in this case Blackboard Collaborate / KMMS Learn)

Welcome

Dear Colleague,

On behalf of Kent and Medway Medical School, we would like to thank you for your help in educating our students in preparation for professional practice. We hope that you will enjoy this process and provide an excellent insight into primary care.

Students will be placed in PCNs from early on in both Year 1 (CPCP1) and Year 2 (CPCP2). Students will continue to be in placement within PCNs in Year 4 to complete the module General Practice and Public Health Medicine (GPPH). In Year 5 students will be placed with Primary Care providers for a three-week block as part of their Senior Rotations (SNR).

The quality of these placements is vital to KMMS's mission to be: "A beacon for first-class medical education and research, and the first choice for all those aspiring to achieve excellence in person-centred medical care in the UK."

Students will normally be in a different PCN for their first and second-year placement to maximise the learning opportunities across Kent and Medway. The allocated PCN for Year 4 students will typically be in the same area as their secondary care placement, and in a different PCN from their CPCP1 & CPCP2 placements. For Year 5, where possible, students will be placed with Primary Care providers in the same area as their secondary care placements.

This handbook, as well as providing an overview of the curriculum and assessment, will provide some of the fundamentals of teaching undergraduates in clinical practice. The hope is that this will provide a positive experience for you and the student.

Once again, we would like to express our gratitude for the highly important role you are playing in educating our students!
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The KMMS Primary Care Team

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Contact details

KMMS Primary Care Team Contacts

Dr Kate Neden – Reader in GP and Community Education, Lead for GP and Community Education, Module Lead for GPPH.

Dr Adetutu Popoola – Module Lead for CPCP1 and Senior Lecturer in GP and Community Education

Dr Cathy Bruce– Module Lead for CPCP2 and Senior Lecturer in GP and Community Education

Dr Katie Stone – Module Lead for GPPH and Senior Lecture in GP and Community Education

Dr Elliot Crampton-Bisset – Rotation Lead for Year 5 Primary Care and Senior Lecturer in GP and Community Education

Dr James Curtis – GP Fellow in Primary Care Education

Dr Hannah Bryant – GP Fellow in Primary Care Education

Dr Daniel Wheeler – GP Fellow in Primary Care Education

For concerns or questions about placements, please email:
placements@kmms.ac.uk

For enquiries relating to the module, please, contact the GP team at:
communityeducation@kmms.ac.uk

Student Life and Wellbeing Team
Email: Studentsupport@kmms.ac.uk

IT Support Desk
Email: It-service@canterbury.ac.uk

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Course structure

Year 1	Welcome Week	Community and Primary Care in Practice 1		
		Professional Development and Person-Centred Practice 1		
		Skills for Clinical Practice 1		
		Foundations of Health and Disease	Heart, Lungs and Blood	Nutrition, Metabolism and Excretion

Year 2	Community and Primary Care in Practice 2		
	Professional Development and Person-Centred Practice 2		
	Skills for Clinical Practice 2		
	Neuroscience and Behaviour	Reproduction and Endocrinology	Musculoskeletal and Immune Systems

Year 3	Medicine	Surgery and Perioperative Care	Integrated Practice 1
	Clinical Foundations course		
	Clinical Pharmacology and Therapeutics		
	Scientific Basis of Medicine		
	Elderly Medicine and Psychiatry		

Year 4	Specialist Rotations	Integrated Practice 2
	General Practice and Public Health	
	Individual Research Project	

Year 5	Senior Rotations (Emergency Medicine; General Practice; Psychiatry; Medicine; Surgery)	Finals (Electives; Preparation for Practice; Assessments)

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Community and Primary Care in Practice Modules

Introduction to CPCP Modules
The two Community and Primary Care in Practice (CPCP) modules run throughout the academic years. The modules are centred on Immersion Weeks in PCNs.

> CPCP1 has 6 immersion weeks
> CPCP2 has 6 immersion weeks

The aim of the modules is to integrate clinical learning in the community with theory learnt on campus.
The modules in year 1 are:

- Foundations of Health and Disease (FHD)
- Heart, Lungs and Blood (HLB)
- Nutrition, Metabolism and Excretion (NME)
- Skills for Clinical Practice 1 (SCP1)
- Professional Development and Person-Centred Practice 1 (PDPCP1)

The modules in year 2 are:

- Neuroscience and Behaviour (NSB)
- Reproduction and Endocrinology (RE)
- Musculoskeletal and Immune Systems (MIS)
- Skills for Clinical Practice 2 (SCP2)
- Professional Development and Person-Centred Practice 2 (PDPCP2)

CPCP1 aims to give students an overview of a range of healthcare professionals, services, and care pathways outside hospital care, that supports patients and their careers in the community.

CPCP2 expands on this and aims to engage students in the integrated care of patients who have long term health conditions.
Students are normally placed in PCNs in groups of 6-8 students.

Readiness for Practice
Before starting on their placements, students must be issued a 'Readiness for Practice' certificate each year. Students must have completed mandatory training and activities, including Occupational Health clearance, DBS, evidence of student indemnity, and appropriate mandatory training as well as a statement of fitness to practice.

Structure of a typical immersion week for CPCP modules

Prior to the first immersion week, PCNs need to provide a placement profile that will give students initial information about the PCN and practices in that PCN. The placement profile will include placement/practice location, placement contact person and contact details, public transport information, parking information and available on or off-site facilities. The Lead Educational Supervisor will be responsible (with colleagues) for arranging the timetable to deliver the learning outcomes for the placement.

Arrangements will need to be made by the PCN for appropriate access to each of the practices hosting placements. This will include both physical access to the building and arrangements for use of IT systems. Induction including health and safety information and the use of IT systems will need to be repeated in each of the practices where a student is hosted. Practices should inform patients that they will be teaching medical students and ensure that verbal consent for their involvement in teaching is obtained.

The Monday of an immersion week will be delivered on campus, co-ordinated by the KMMS GP team. The Monday morning session will normally be a symposium for the whole cohort of students and will introduce the theme of the week. The afternoon will normally comprise asynchronous and case-based learning. The remainder of the week (Tuesday – Friday) will take place in the PCN.

There are two tutorials per immersion week. For the first immersion week, there needs to be a general induction to the PCN and the local area. After this there is flexibility around the timetabling of the first tutorial on a Tuesday or Wednesday. The second tutorial should be the final session of the week.

Wednesday afternoon is protected for self-directed study and or co-curricular activities. Under exceptional circumstances, such as student illness, and with explicit prior agreement with the PCN and KMMS, placement activities may take place on a Wednesday afternoon to enable a student to catch up on missed learning and complete the assessment requirements of the module.

The Lead Educational Supervisor will be responsible (with colleagues) for arranging the timetable to deliver the learning outcomes for the placement.

Students will usually attend practice and multidisciplinary clinical sessions in pairs or alone. These sessions may be held in other PCN practices (or with third-party providers) with appropriate arrangements for supervision in place (please see Appendix 18 for details of the requirements). Please ensure that clinicians leading sessions with the students are aware of the session learning outcomes for that week. Each Immersion Week has a theme which is linked to the students' campus teaching. There is material related to this theme for discussion in the tutorials which will be shared with supervisors via KMMS Learn. We would hope that PCNs would try to match the students' experiences to this theme where possible.

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The structure of the weeks is broadly similar across the two modules (but please see the sections on each module for specific information). Each week will include <u>nine</u> timetabled sessions – seven within the PCN and two on-campus (see diagram below).

Each session will normally be of three hours duration. The sequence of the sessions over the course of each week and the details of how these are arranged will be organised by the PCN. These will depend upon the scheduling of services in your area.

Where sessions take place at different sites within the PCN it is the responsibility of the PCN to provide transport for students.

Placement activities are delivered in person. Online 'virtual placements' are not planned for the 2024/25 academic year. Students unable to attend their placement in person will be counted as absent and should follow normal absence procedures, including notifying their PCN. Only in exceptional circumstances should students join sessions remotely; this must be agreed in advance with both the Educational Supervisor and the Community Education team. Students who are absent from placement will still have access to teaching material from the week, including the material from the asynchronous learning session.

A typical week may look like this:

Monday	Tuesday	Wednesday	Thursday	Friday
GP Placement Symposium Session on Campus	TUTORIAL: Induction and introduction to the theme of the week & facilitated small group work	Professionals working togther	Teaching Clinic GP	Clinical Session (other HCP)
Asynchronous Learning Session	Teaching Clinic GP	Free	Clinical Session (Other HCP)	TUTORIAL: End of week seminar (cased based)

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Two sessions: Group tutorials and facilitated small group work	
Typically Tuesday morning and Friday afternoon	Each week should begin with a session geared towards the discussion of the week, suggestions of clinical activities for the immersion week and workshop material relating to the themes being taught concurrently on campus. There will be a debrief session at the end of the week. Each of these sessions will be led by the lead Educational Supervisor (or deputy). Within these tutorials, time should be allocated for facilitated small group work – activities linked to the module and preparing for relevant assessments. CPCP1 – this will be preparation for the small group assignment and QI project CPCP2 – this will be preparation for the Time for Chronic Illness project, including protected time for students to visit selected and consented patients with chronic illnesses and for a debrief session with their Educational Supervisors after this. Specifically, there will be three pre-arranged visits during the immersion weeks one, three and five for longitudinal follow-up of a patient with a chronic debilitating illness in preparation for the 'Time for Chronic Illness' assignment. These visits will be arranged in accordance with the KMMS guidance on home visits (Appendix 16).
Two sessions: Teaching clinics with a GP	
	These may include routine clinics and urgent care clinics. These clinics should include opportunities for supervised clinical practice including history taking and basic clinical skills (from those which have been taught in the classroom setting). Booking of these clinics should include 10 patients booked at 15-20-minute intervals. There should be allocated time for debriefing either during or at the end of the session. This allows time for the students to reflect upon the clinical encounters during that session. Whilst most of the patients seen will be unselected, these clinics may also include one or more patients linked specifically to the theme of the week.
Two sessions: Clinical sessions with a member of the practice team	
	These sessions will be with a non-GP member of the practice team such as a practice nurse. As with the GP sessions, these should be booked to allow time for discussion of cases and the opportunity to undertake basic clinical skills (under observation). These may be structured to support either the theme of the week and/or taught campus work.

One session: Multi-professional working	
Professionals working together	One session should be spent observing how professionals interact to provide care around the patient, with the aim of understanding how teams work with each other to provide coordinated care to patients. These activities should include preparatory discussion and a debrief of learning after the session. Activities for this session could include: • Observing a multi-disciplinary meeting focussed on particular patient groups such as the frail, those with palliative care needs, safeguarding concerns • Observing professionals meeting to discuss significant events • Supportive meeting for professionals such as a Schwartz round. • Visiting a care home or hospice • Attending group education sessions for patients with particular needs such as cardiac rehabilitation, diabetes, or breathlessness • A supervised session with a patient with complex care needs about the services they engage with • Attending a specialist clinic in the community (e.g., physiotherapy, audiology, ultrasound, ENT, social prescribing, dermatology)

Overview of Assessments for CPCP Modules

Students will have several assessments linked to the module each year.

1. Reflective entries

In each year, students must complete a minimum of **five** reflective entries in their e-portfolio, using the KMMS template.

Reflections can be reviewed and signed off by any healthcare professional during Immersion Weeks 1-6. They should be submitted prior to the tutorial with the Lead Educational Supervisor at the end of each immersion week. However, all reflective entries will need to be read and checked for completion by Lead or Deputy Educational Supervisor before the end of year sign off.

These should be based upon 5 separate primary care learning experiences during their primary care immersion week placement. These entries should demonstrate personal insight into how the students are learning from their primary care placement experiences. Professional reflections should avoid patient identifiable information, not be overly sensitive and should be based on the modified Driscoll's (2007) 'What' model. Students should focus on these areas:

- What happened?
- What is the issue you reflected on? What made you stop and think?
- What went well?

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- What could be approached differently?
- How did this affect you? How will this encounter influence your future learning and practice?

2. Applied Knowledge Test (AKT)

The end of year AKT includes questions related to the CPCP modules. The AKT is synoptic and teaching materials covered in previous CPCP modules may be tested in future CPCP AKTs.

3. Module Assignments

In each year, there are assignments for students to complete on placement. The small group facilitated workshop in the timetable is time to prepare for these assignments. These are described in more detail under each module:
- CPCP1 Small group presentation
- CPCP1 QI project
- CPCP2 Time for Chronic Illness Project

For further support with Harvard referencing, please refer to the guide on KMMS Learn in your GP Educational Supervisor Resources under the section 'Assessments'.

4. Direct Observation of Procedures (DOPs)

There are a number of procedures that students should be signed off as having performed under observation on their placement. In CPCP1 these are formative, however students should be encouraged to complete these. In CPCP2 these are summative; all the mandatory DOPs must be completed during the immersion weeks.
- DOPs can only be completed by registered professionals (e.g., doctors, registered nurses. However, there is a facility for countersigning DOPS undertaken with a Health Care Assistant where appropriate).
- It is important that students do not perform intimate or invasive examinations or procedures on placement until they have been taught on campus (see below).

Examination Skills Teaching

This document summarises the examination skills taught at KMMS and when in the curriculum they are introduced.

Please note: Intimate examinations may be observed on clinical placements; however, students should not perform these examinations until they have achieved simulation competency (see table below). For vaginal and speculum examination, students must have achieved Simulation Level Competency AND completed 5 observations on clinical placement before performing these examinations under supervision on placement.

Please note that skills practised on placements must only be on adults. Paediatric competencies will be taught in Year 4, and students may undertake these on placement once these have been completed on campus.

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Systems examinations are taught by peer physical examinations through years 1 and 2 in alignment with the system specific modules: Heart, Lungs, and Blood; Nutrition, Metabolism and Excretion; Neuroscience and Behaviour; Reproduction and Endocrinology; and Musculoskeletal and Immune Systems.

These skills should be consolidated and practised in clinical placements from year 1 onwards.

Intimate examinations must be initially taught and practised in simulation using appropriate simulation models and trainers.

GMC Practical Skills and Procedures

This document summarises the procedural skills which newly qualified doctors must learn by the point of qualification. They will be taught these skills in simulation.

Examination	Year Taught	Clinical Placement Practice
Respiratory	1	Can be performed under supervision on clinical placement
Cardiovascular	1	Can be performed under supervision on clinical placement
Peripheral Vascular System	1	Can be performed under supervision on clinical placement
Abdominal (including BMI)	1	Can be performed under supervision on clinical placement
Digital Rectal Examination (Simulation)	1	**Certificate of Simulation Competency is mandatory** before this procedure can be performed under supervision whilst on clinical placement
Cranial Nerves	2	Can be performed under supervision on clinical placement
Peripheral Nervous system	2	Can be performed under supervision on clinical placement
Thyroid	2	Can be performed under supervision on clinical placement
Pelvic and Speculum Examination (Simulation)	2	**Certificate of Simulation Competency and observation of 5 procedures is mandatory** prior to performingunder supervision whilst on clinical placement.
Breast (Simulation)	2	**Certificate of Simulation Competency is mandatory** before this procedure can be performed under supervision whilst on clinical placement
Musculoskeletal	2	Can be performed under supervision on clinical placement
Male External Genitalia	3	**Certificate of Simulation Competency is mandatory** before this procedure can be performed under supervision whilst on clinical placement
Vaginal Examination and Speculum insertion 'Simulated patients' GTA	4	**Certificate of Simulation Competency and is mandatory** before this procedure can be performed under supervision whilst on clinical placement

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- **Non-invasive skills** may also be learnt under supervision whilst on clinical placements
- **All other skills** must <u>first</u> be learnt in simulated teaching with evidence of simulation competency before they can be performed on clinical placements.

On clinical placements students must not perform invasive procedures for which they have not received simulation teaching and achieved a **Certificate of Simulation Competency**. **Please note that skills practised on placements must only be on adults. Paediatric competencies will be taught in Year 4, and students may undertake these on placement once these have been completed on campus.**

Occupational Health clearance is mandatory before performing invasive or exposure prone procedures.
They should engage in supervised practice in procedural skills for which they have received simulation teaching. This should be recorded in their e-portfolio in the Directly Observed Procedures (DOPs).

Key:

	Can be performed under supervision on clinical placement
	Certificate of Simulation Competency is mandatory before this procedure can be performed under supervision whilst on clinical placement

Years 1 and 2

Procedure	Mapping to GMC Practical Skills and Procedures 2019	When Taught	Clinical Placement Practice
Hand washing		SCP1	Can be performed under supervision on clinical placement
Temperature: Tympanic/ Tempadot/Infra-red thermometer	1	SCP1	Can be performed under supervision on clinical placement
Measure Pulse Rate	1	SCP1	Can be performed under supervision on clinical placement
Measure Oxygen Saturations	1	SCP1	Can be performed under supervision on clinical placement
Measure Respiratory Rate	1	SCP1	Can be performed under supervision on clinical placement

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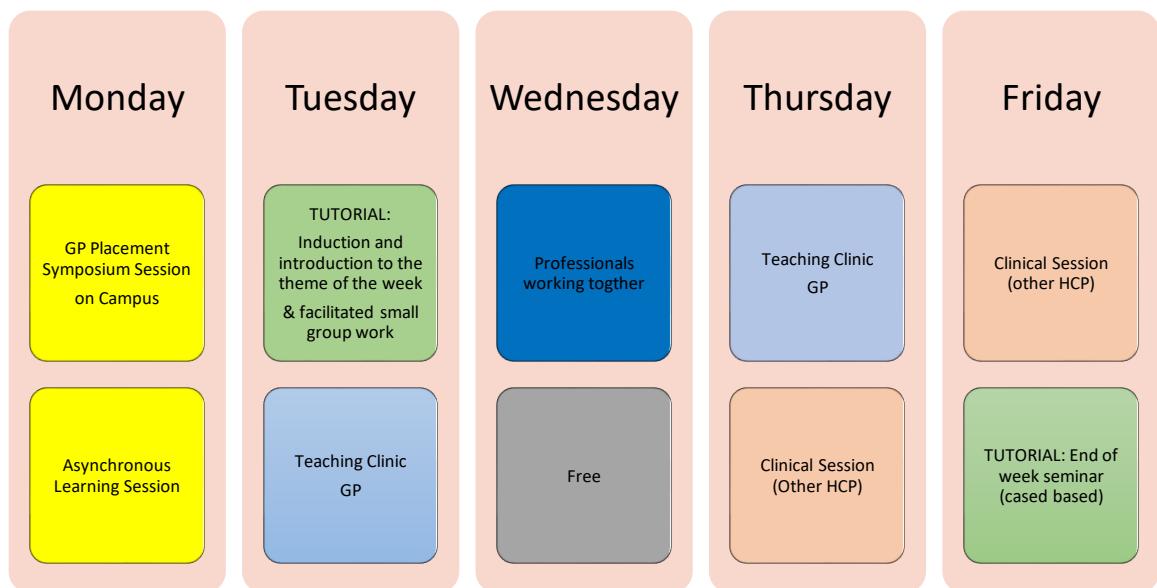|			
Measure Blood pressure	1	SCP1	Can be performed under supervision on clinical placement
Measure/Calculate BMI	1	SCP1	Can be performed under supervision on clinical placement
Explain and Carry out Peak Expiratory Flow Rate	2	SCP1	Can be performed under supervision on clinical placement
Venepuncture	7	SCP1	**Certificate of Simulation Competency is mandatory** before this procedure can be performed under supervision whilst on clinical placement
Carry out a urine multi dipstick test	9	SCP1	Can be performed under supervision on clinical placement
Carry out a 12-lead ECG	10	SCP1	Can be performed under supervision on clinical placement
Instruct patient in the use of devices for inhaled medication	15	SCP1	Can be performed under supervision on clinical placement
Perform Direct Ophthalmoscopy	3	SCP2	Can be performed under supervision on clinical placement
Perform Otoscopy	4	SCP2	Can be performed under supervision on clinical placement
Measure capillary blood glucose	8	SCP2	**Certificate of Simulation Competency is mandatory** before this procedure can be performed under supervision whilst on clinical placement
Prepare and administer injectable drugs, IM, SC	17	SCP2	**Certificate of Simulation Competency is mandatory** before this procedure can be performed under supervision whilst on clinical placement

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CPCP1 Module Specific Information

Placement based learning: the structure of the immersion weeks

Each week will include <u>nine</u> timetabled sessions – of which two are delivered by KMMS faculty on campus and seven are delivered in the PCN. Each session will normally be of three hours duration. The sequence of the sessions over the course of each week will be organised by your specific PCN individually, and the details of how these are arranged will depend upon the scheduling of services in the area you have been allocated to, but the overall content will be equivalent. A typical week might look like this:

Monday	Tuesday	Wednesday	Thursday	Friday
GP Placement Symposium Session on Campus	TUTORIAL: Induction and introduction to the theme of the week & facilitated small group work	Professionals working togther	Teaching Clinic GP	Clinical Session (other HCP)
Asynchronous Learning Session	Teaching Clinic GP	Free	Clinical Session (Other HCP)	TUTORIAL: End of week seminar (cased based)

Summary of teaching sessions

Over the six immersion weeks there are a total of 54 sessions (9 sessions per week) delivered within the PCN. These should be broken down as:

GP Placement Symposium Sessions and Asynchronous Learning Sessions	12	2 per immersion week
Group Tutorials including facilitated group work	12	2 per immersion week
GP Teaching Clinic	12	2 per immersion week
Clinical Session (other HCP)	12	2 per immersion week
Professionals Working Together	6	1 per immersion week

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CPCP1 2024/25 Immersion Week Dates

Immersion week	Dates	Assessment timeline
Week 1	4th – 8th November	NA
Week 2	25th – 29th November	NA
Week 3	20th – 24th January	Oral small group assignment presentation
Week 4	24th – 28th February	NA
Week 5	12th to 16th May	Feedback on draft Quality Improvement (QI) project. Submission day: 7th May 2025 Marking to be completed by 16th May 2025
Week 6	9th – 13th June	Marking of final submission of QI project report. Submission day: 4th June 2025 Marking to be completed by 20th June 2025

Assessment for CPCP1

The assessments in this module are designed to help students develop and display their understanding and skills relating to the primary care environment, including professional and clinical skills, team working, principles of patient safety, population-level healthcare, management, and systems.

The table below outlines the formal formative and summative assessments within this module:

Assessment	Formative	Summative	Pass Method
Small Group Assignment		Y	Numerical Pass Mark
Individual Quality Improvement Project Draft Submission	Y		
Individual Quality Improvement Project Final Submission		Y	Numerical Pass Mark
End of Year AKT		Y	Numerical Pass Mark
E-Portfolio		Y	Pass/fail

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Summative Assessments

1. Criterion 1: Small group Assignment

This is a small group assignment completed by the end of immersion week 3 relating to experiences in the primary care environment. Assessment will be in the form of an oral presentation made to colleagues within the PCN in pairs (or in a group of 3 if a pair cannot be created). This assessment will contribute 35% of the mark for this module.

The oral presentation should be for 10 minutes (+/- 10%) with questions and feedback for up to 10 minutes after the presentation. The presentation will be video recorded in accordance with KMMS guidance. The recording should capture both the presentation and the questions with feedback. Students will submit their recordings alongside their slides. There is a single opportunity for submission. A penalty will be applied where the presentation is outside the allocate timeframe.

Electronic marking will be completed independently (double marked) by two GP educators in the PCN. The two markers will assess the work against the assessment criteria, coming to an independent conclusion, before together agreeing a single set of marks and feedback comments.

Each student in the group will be given the same mark. Only one marking form needs to be submitted by the markers per group. If the marking supervisors are unable to agree a single mark this should be flagged to the community education team for a final decision. Further details of the small group assignment submission are in Appendix 2. Marking is based on an oral assessment marking schedule in Appendix 2.

There will be a moderation undertaken by the KMMS GP and Community Education team.

The topic for the oral assessment will be based on a model of 'patient-centred' care.
> *'NHS patient-centred care through the eyes of a future doctor! What does this look like?' Identify a patient you have recently come across and discuss their care using this as an example.*

Students will be expected to:
- Describe what is meant by patient-centred care.
- Outline pathways of care and access to care.
- Recognise how care has been delivered to this patient.
- Describe the highlights of this patient's care and what may need to change.
- Discuss how the described changes can be made for this patient.
- Discuss how this might appear for the patient in the future.
- Analyse the challenges and benefits.

2. Criterion 2: Individual Quality Improvement Project

This is an individual Student Selected Component (SSC) Quality Improvement project relating to the primary care environment. This SSC will be assessed by the Lead Educational Supervisor and deputy of a neighbouring PCN, with moderation by the KMMS GP and Community Education team. This project will contribute 40% of the mark for this module. There will be a variety of academic prizes in relation to exceptional SSC project work. There is a single opportunity for submission.

As part of being a doctor, we are continually trying to improve care for our patients. Within the first few immersion weeks, students will identify, with the Lead Educational Supervisor, a suitable and relevant project which should be based upon an aspect of patient care in primary care.

Students will:
- Select a topic of interest from those offered in their PCN.
- Consider how the quality of patient care may be improved in that area.
- Review the underpinning evidence base for best practice.
- Collect data of current practice in the practice setting.
- Present their findings as an academic report using the guidance below.
- Submit a written report via KMMS Learn before immersion week 6.

Students are NOT EXPECTED to:
- Review patients independently without close supervision.
- Complete a full audit cycle as part of this Quality Improvement Project.
- Achieve the measured outcome indicated by the Quality Improvement Project.
- Provide any statistical analysis that is beyond the scope of your experience.

Suggested areas of quality improvement to consider could include:

Areas of interest	Ideas
Administration and Records	- Efficacy of systems for medication reviews e.g., Methotrexate monitoring. - Efficacy of systems for contacting patient – by text, letter, or phone.
Patient Experience	- Ease of booking an appointment – telephone, online. - Telephone system – how long it took to get through. - Average length of time appointments compared to the allocated appointment slot.
Health Promotion and Prevention	- Smoking cessation advice to particular groups of patients. - Uptake of screening (for cervix, breast, or bowel cancer). - Immunisation uptake.

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Chronic Disease Management	• Hypertension e.g., smoking status, BP checks, lifestyle advice.
	• Asthma e.g., inhaler technique checks, PEFR documentation, compliance with medications.

The project should be written up using the template provided in no more than 1500 words +/- 10%. The key to this is keeping it simple and completing the template provided. It should be written in the third person.

Students may request feedback on one draft version of this assignment. The draft copy should be submitted with a cover sheet and will be available on Turnitin for marking and feedback.

A penalty will be applied where the submission is outside the word count +/- 10%.
There will be a penalty for late submission. This penalty will be 5% of eligible marks per working day, up to seven days after which a mark of 0% will be recorded. This penalty will be applied after moderation when the final mark is known.

For more information, please see Appendix 3.

The report should be structured using the following headings:

Template headings	Recommended word count
Introduction • <u>Title</u> • <u>Rationale for the choice of topic</u> *Why do you think that this topic is important.* • <u>Background</u> *Briefly summarise the key factors in the current literature about this problem*	300 words
Results *Here you should present the data you have collected, including tables and figures as appropriate, summarising the findings*	200 words
Discussion including analysis of the results *Here you should discuss the results in line with the underpinning literature you have identified in the earlier section*	500 words
Conclusion *Here you should summarise your findings and consider how quality improvements may be implemented in practice*	500 words

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References	At least 6- 8 current academic references

The Lead Educational Supervisors (or deputy) will:

- Suggest suitable topics of interest available within the PCN.
- Supervise the project plan and provide guidance.
- **Regarding Marking:**
  - The reports for **both the draft and final** submissions will be allocated by KMMS staff to the Educator Supervisors in another PCN to allow for independent marking.
  - Please review the marking schedule in Appendix 3
  - Please provide constructive feedback, as well as feedforward points
  - **For the draft submission**, both supervisors are required to review the essays and provide feedback and feedforward. The PCN can decide how they wish to distribute the draft submissions. Rubric scores should not be included in the draft feedback.
  - **For the final submission,** both supervisors are required to mark the submissions with rubric scores and final feedback in the comment section.
  - Consideration should be given when providing feedback for the draft submission so that this is in keeping with final scores and feedback after final essay submission

Further details of the Quality Improvement assignment submission are in Appendix 3. There will be a moderation undertaken by the KMMS GP and Community Education team.

3. Criterion 3: End of Year Applied Knowledge Test (AKT)

This will be taken at the end of year 1 to assess knowledge of core material in this module and the application of clinical knowledge derived from the integration of learning from vertical themes and adjacent modules. The core knowledge includes pre-reading material and other CPCP1 module preparatory materials.

This will be a maximum of 20 questions comprising of single best answer and short answer questions. These will contribute 25% of the mark for this module.
There are specified reading materials/resources for each immersion week as outlined in the 'student guide for immersion weeks' on KMMS Learn. Students are encouraged to read these before or during the immersion weeks to consolidate learning on placements. These contain the underpinning knowledge which will be assessed in this module.

4. Criterion 4: E-Portfolio

Students must achieve a successful sign-off in their e-portfolio section related to this module.

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This will include aspects of professional behaviour and satisfactory attendance and engagement with the learning activities of this module. All sessions on placements are compulsory and must be attended with a minimum of 80% of all learning activities.

Reflections can be reviewed and signed off by any healthcare professional and should be submitted prior to the tutorial with your Lead Educational Supervisor at the end of each Week. The final sign off at the end of week 6 must be completed by the Lead or Deputy Educational supervisor, and not by any other healthcare professional.

Formative Workplace Directly Observed Procedures (DOPs)

The Workplace-based DOPS for year 1 as listed below are formative. Students are however encouraged to use opportunities that arise to observe and practise their skills whilst on placement under supervision. Their observation and feedback will be recorded in their e-portfolio. Evidence of simulation competency is needed to undertake venepuncture. Please note that clinical skills must only be completed on adults.

Directly Observed Procedures for Year 1

Clinical Skills and Procedures

- Handwashing
- Temperature Check
- Measure Pulse Rate
- Measure Oxygen Saturations
- Measure Respiratory Rate
- Measure Blood Pressure
- Measure/Calculate Body Mass Index (BMI)
- Explain and carry out Peak Expiratory Flow Rate (PEFR)
- Venepuncture – *evidence of simulation competency is needed to undertake venepuncture in practice*
- Carry out a urine multi-dipstick test
- Carry out a 12-lead ECG
- Instruct patients in the use of devices for inhaled medication

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CPCP2 Module Specific Information

Placement based learning: the structure of the immersion weeks

Monday	Tuesday	Wednesday	Thursday	Friday
GP Placement Symposium Session on Campus	TUTORIAL: Induction and introduction to the theme of the week & facilitated small group work	Professionals working togther	Teaching Clinic GP	Clinical Session (other HCP)
Asynchronous Learning Session	Teaching Clinic GP	Free	Clinical Session (Other HCP)	TUTORIAL: End of week seminar (cased based)
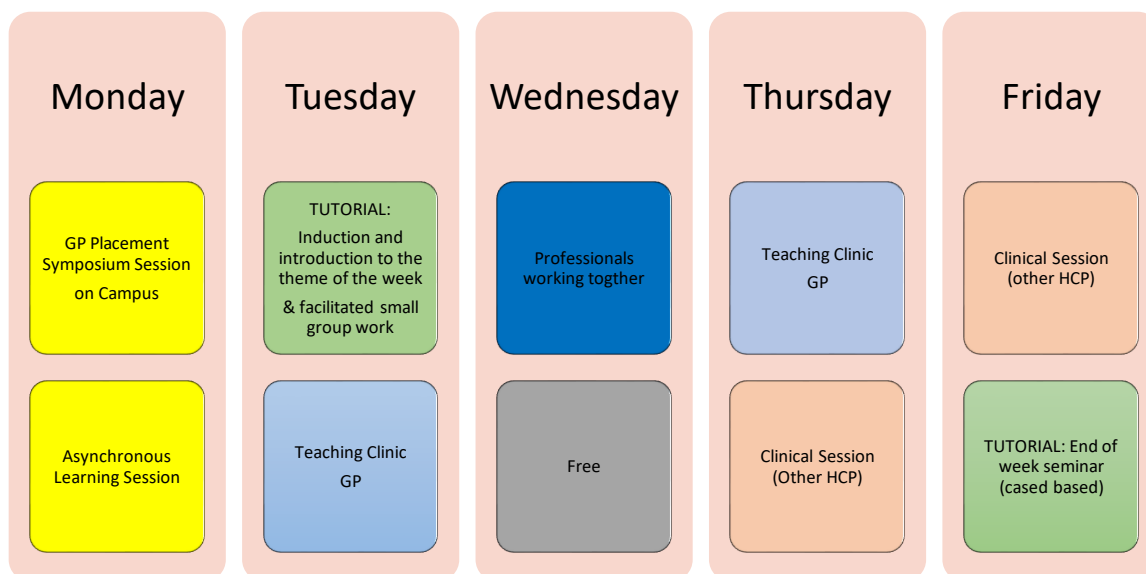
Integrated Care 24 (IC24)

In CPCP2 students will also be spending one day with IC24: the purpose of this day will be to give students an introduction into how the integrated urgent care system operates, and how to manage risk on patients' journey through this system. This day with IC24 will be centrally timetabled with each PCN being allocated a day for their students. During that immersion week, we would recommend that this takes the place of both MDT sessions (although this is again flexible and at the discretion of the PCN).

Further details of this are in Appendix 6.

Summary of weekly sessions:

Over the six immersion weeks there are a total of 54 sessions (9 sessions per week) delivered within the PCN. These should be broken down as:

GP Placement Symposium Sessions and Asynchronous Learning Sessions	12	2 per immersion week	
Group Tutorials	12	2 per immersion week	
GP Teaching Clinic	12	2 per immersion week	

Clinical Session (other HCP)	12	2 per immersion week	
Professionals working together	4	1 per immersion week	Except in IC24 week
IC24	2	1 day	

CPCP2 2024/25 Immersion Week Dates & Assessment Timeline

Immersion week	Dates	Assessment timeline
Week 1	7th – 11th October	NA
Week 2	11th – 15th November	NA
Week 3	27th – 31st January	NA
Week 4	3rd – 7th March	Feedback on draft Time for Chronic Illness report. Submission date: 26th February 2025 Marking to be completed by 7th March 2025
Week 5	6th – 9th May Monday Bank Holiday	Marking of final submission of Time for Chronic Illness report. Submission date: 30th April 2025 Marking to be completed by 16th May 2025
Week 6	2nd – 6th June	NA

Assessments

The assessments in this module are designed to help students develop and display their understanding and skills relating to the primary care environment, including professional and clinical skills, team working, principles of patient safety, population-level healthcare, management, and systems.

The table below outlines the formal formative and summative assessments within this module:

Assessment	Formative	Summative	Pass Method
Time for Chronic Illness Project Draft Submission	Y		
Time for Chronic Illness Project Final Submission		Y	Numerical Pass Mark
End of Year AKT		Y	Numerical Pass Mark
E-Portfolio		Y	Pass/Fail
Workplace-Based Assessments		Y	Pass/Fail

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Summative Assessments

1. Criterion 1: Workplace-Based Assessments

Each student will be evaluated across the mandatory DOPS which are the Workplace-Based assessments (WBAs) for the year. The completion of these WBAs will contribute 20% of the mark for this module. The WBAs are formative. Students should ensure that they have completed each of these clinical procedures at least once (as outlined in the Skills for Clinical Practice Module 2 - SCP2 handbook) to achieve the 20% assessment component of the module. Please note that all clinical skills must be completed on adult patients.

The mandatory DOPs to be completed by the end of CPCP2 are:
- Handwashing
- Temperature Check
- Measure Pulse Rate
- Measure Oxygen Saturations
- Measure Respiratory Rate
- Measure Blood Pressure
- Measure/Calculate Body Mass Index (BMI)
- Explain and carry out Peak Expiratory Flow Rate (PEFR)
- Venepuncture
- Carry out a urine multi-dipstick test
- Carry out a 12-lead ECG
- Instruct patients in the use of devices for inhaled medication
- Perform Direct Ophthalmoscopy
- Perform Otoscopy
- Prepare and administer injectable drugs Intramuscular and Subcutaneous

2. Criterion 2: Time for Chronic Illness Project

This is an SSC project relating to Time for Chronic Illness. Students will be asked to write a patient case report relating to long-term illness management of a particular condition or problem in the general practice or primary care environment. Where possible, students will be able to exercise choice in which chronic illness is studied. However, this will depend upon identification of suitable patients and as such cannot be guaranteed.

This project will contribute 50% of the mark for this module. The pass mark for this criterion will be determined via a modified Angoff method. This SSC will be assessed by the Lead Educational Supervisor and deputy of a neighbouring PCN, with moderation by the KMMS GP and Community Education team.

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There may be a variety of academic prizes in relation to exceptional SSC project work. With the Lead Educational Supervisor's guidance, students will arrange to meet and visit a patient living with a chronic debilitating illness. Students should aim to follow this patient up on at least three occasions over the course of the year. Where this is not possible, for example if the patient dies, then the focus of the assignment may change to focus upon aspects of bereavement. For this assignment, students will write a case report which discusses an aspect of living with chronic illness and the support services available in the community which includes a critical review of the literature.

Students will be expected to analyse and evaluate the support available to that patient and their family.

Students will:
- Identify a patient living with a chronic condition (clinical case)
- Summarise the salient features of their chosen clinical case (this must be anonymised)
- Talk to their patient about their condition to ascertain their own lived experiences. This should include consideration about whether they have felt involved in their own care and have been able to make decisions about their own care
- Focus their discussion on 'shared decision making', and not focus solely on the medical model of care
- Critically review the literature in the specific area of the lived experience of the chronic illness they are focussing on, for example
    - Lived experience of Multiple Sclerosis
    - Lived experience of Chronic Obstructive Pulmonary Disease
    - Lived experience of Motor Neurone Disease
    - Lived experience of bereavement
- Summarise current guidance and/or best practice for the management of the chronic condition they are focussing on
- Discuss their patients existing care, how it fits with current guidance and whether the patients' needs are being met and if there are any areas for potential improvements for future care
- Submit a written report via Turnitin

The case report should be written up using the template provided in no more than 2500 words +/- 10%. It should be written in the third person. Further guidance on this assessment is available on KMMS Learn in the module assessment submission information section. Students may request feedback on one draft version of this assignment. The draft copy should be available on Turnitin for marking and feedback.

A penalty will be applied where the submission is outside the word count by +/-10%

There will be a penalty for late submission (after the two-hour grace period). This penalty will be 5% of eligible marks per working day, up to seven days after which a mark of 0% will be recorded. This penalty will be applied after moderation when the final mark is known.

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The case report should be structured using the following headings:

Template headings	Recommended word count
Title of the case study	
<u>Case Presentation:</u> • Give an account of the presenting features of your patient, including medical/social/family history plus an overview of the care package in place. • Summarise this section by describing why you chose this patient?	200 words
<u>Patient's Perspective:</u> • Describe the patient's perspective. **Please maintain their anonymity at all times.** Ascertaining the patients lived-experiences is an important element of any case-report and should be explored at the initial meeting with the patient. This should include consideration about whether they have felt involved and have been able to make decisions about their own care. • As you write this section, please focus on describing 'shared decision making', rather than solely on the medical model of care.	500 words

<u>Literature review:</u>
• Critically review current literature in the specific area of the lived experience of the chronic illness you are focussing on, for example
    o Lived experience of Multiple Sclerosis
    o Lived experience of Chronic Obstructive Pulmonary Disease
    o Lived experience of Motor Neurone Disease
    o Lived experience of bereavement
• Summarise current guidance and/or best practice for the management of the chronic condition you are focussing on.
• You are expected to look at, at least 8 different references as a bare minimum.
	700 words

<u>Discussion and Analysis:</u> • Discuss your patients existing care and how it fits with current guidance.	700 words

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• Summarise whether you think the patients' needs are being met from their perspective • Summarise whether you think the patients' needs are being met from the medical perspective.	
Reflection and Conclusion • Reflect on whether there are any areas for potential improvements for future care. • Reflect on how this will impact your own practice. • Summarise key learning points from this case report.	400 words
References	

The Lead Educational Supervisors (or deputy) will:

- Arrange for students to meet and visit a patient living with a chronic debilitating illness.
- Discuss which aspects of living with chronic illness and support services to focus upon.
- Supervise the project plan and provide guidance.
- **Regarding Marking:**
  - The reports for **both the draft and final** submissions will be allocated by KMMS staff to the Educator Supervisors in another PCN to allow for independent marking.
  - Please review the marking schedule in Appendix 3
  - Please provide constructive feedback, as well as feedforward points
  - **For the draft submission**, both supervisors are required to review the essays and provide feedback and feedforward. The PCN can decide how they wish to distribute the draft submissions. Rubric scores should not be included in the draft feedback.
  - **For the final submission,** both supervisors are required to mark the submissions.
  - Consideration should be given when providing feedback for the draft submission so that this is in keeping with final scores and feedback after final essay submission

There will be a moderation undertaken by the KMMS GP and Community Education team.

3. Criterion 3: End of Year Applied Knowledge Test (AKT)

This will be taken at the end of year 2 to assess knowledge of core material in this module and the application of clinical knowledge derived from the integration of learning from vertical themes and adjacent modules. The core knowledge includes pre-reading material and other CPCP1 module preparatory materials. The AKT is synoptic – i.e., material covered in CPCP1 may also feature in this exam.

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There are specified reading materials/resources for each immersion week as outlined in the 'Student Guide for Immersion Weeks' and 'Student Notes (Case of the Week)' on KMMS learn. You are encouraged to read these before, during or after the immersion weeks to consolidate learning on placements. These contain the underpinning knowledge which will be assessed in this module.

There will be a maximum of 30 questions comprising of single best answer and short answer questions. These will contribute 30% of the mark for this module.

4. Criterion 4: E-Portfolio

Students must achieve a successful sign-off in their e-portfolio section related to this module.

This will include aspects of professional behaviour and satisfactory attendance and engagement with the learning activities of this module. All sessions on placements are compulsory and students must attend a minimum of 80% of all learning activities.

For satisfactory completion, the e-portfolio must include a minimum of five reflective entries upon clinical encounters which are signed off.

Reflections can be reviewed and signed off by any healthcare professional and should be submitted prior to the tutorial with your Lead Educational Supervisor at the end of each Week. The final sign off at the end of week 6 must be completed by the Lead or Deputy Educational supervisor, and not by any other healthcare professional.

General Practice and Public Health Medicine Module Specific Information (GPPH)

Introduction to the GPPH Module

The content of this module is based around the Fundamental Tracks of Pathology, Person & Population Health, Pharmacology & Therapeutics, Professional & Clinical Skills, and Scholarship & Scientific Enquiry.

The module builds upon the learning gained in preceding modules. It covers the clinical and theoretical basis to general practice, particularly with regards to public health, and public health as a discipline. It covers the primary care management of common issues including paediatrics; obstetrics and gynaecology; neurosciences, ophthalmology and ear, nose, and throat; oncology, haematology, and palliative care; musculoskeletal medicine and surgery; infectious diseases, HIV, and genitourinary medicine; dermatology. Students will develop and apply more senior skills in communication and examination and will become more fluent with complex presentations.

Students will learn further about: managing patient care (history taking and examination of patients with sensitivity and respect); managing transitions of care (presentations of findings and or care including discharge planning); performing specific examinations and procedures; caring for acutely unwell patients (recognition and prioritisation of immediate, urgent and routine care needs, and resuscitation skills); providing peri-operative care (identification of common complications, risks to patient safety and means to mitigate them); interacting with patients and family members (explaining procedures, investigations and therapies); improving health of people, communities and populations (identifying means for disease prevention and patient safety initiatives).

Students in year 4 are able to practice with more independence than in years 1 and 2. Where possible, please allow students the opportunities to independently assess patients with indirect supervision for information gathering purposes. We do not expect them to be making independent management plans for patients. Please encourage the students to present their findings from their assessment to practice this skill. They will require individual access to practice IT systems at an appropriate level, in line with practice confidentiality policies.

Overview of Teaching and Learning

After introductory sessions on campus, placements will occur as five week-long 'immersion weeks' throughout the 40 weeks that students are on placement for their Specialist Rotations. The weeks are timetabled and structured to be able to integrate both knowledge, skills and professional values learnt in other modules. Students will divide their time in primary care seeing undifferentiated presentations and seeing patients with conditions relating to their Specialist Clinical Rotation placements. This will engage students in the art and skill of general practice as a discipline. It will showcase the complexity, breadth and levels of risk managed in primary care and relationships with secondary care. Students will also be able to link concepts in public health medicine to observed models in practice.

Students will be allocated to PCN and remain in the same PCN for the five themed immersion weeks. These are normally timetabled after each of the hospital specialist rotations. Some immersion weeks, however, are timetabled within speciality rotations due to clashes with other year groups or holidays. The timing of the immersion week within the speciality block should not make any difference to the activities undertaken by students. The placement for GPPH in Year 4 will typically be in the same area as the student's secondary care placement, and in a different PCN from their CPCP1 and CPCP2 placements. Learning will be facilitated by a Lead Educational Supervisor in the PCN.

The students will rotate through five different themed immersion weeks each linked to the hospital specialist rotation module (Blocks A, B, C, D & E). The student could start on any of the blocks A to E.

Teaching in clinical placements will be varied and include both formal and informal teaching elements. This may include clinic teaching, small group teaching and multidisciplinary team meetings, as examples. There is no formal tutorial session, however students should have time set aside with the ES or deputy ES to discuss their learning and complete their eportfolio sign offs. Individual PCNs can decide how best to arrange this time within their own timetables.

Readiness for Practice

Before starting on their placements, students must be issued a 'Readiness for Practice' certificate each year. Students must have completed mandatory training and activities, including Occupational Health clearance, DBS, evidence of student indemnity, and appropriate mandatory training as well as a statement of fitness to practice.

Placement based learning: the structure of the immersion weeks week

Each immersion week will typically include <u>seven</u> timetabled sessions for this module scheduled between Tuesday and Friday, 8am-6pm inclusive. Wednesday afternoons are reserved for self-directed learning, or extracurricular activities.

There will typically be six sessions within the PCN (and one remote teaching session delivered by the KMMS GP team on the Wednesday morning). Each session will normally be of three hours duration. The sequence of the sessions over the course of each week will be organised by the specific PCN individually.

Overview of Clinical Activities during the themed immersion weeks

Immersion week theme	Other activities	Sessions in PCN
Block A: Obs. and Gynae, HIV and GUM	Online teaching with KMMS team (Wednesday am)	Six sessions
Block B: Dermatology, Rheumatology and Orthopaedics	Two sessions with IC24 or MCH, Saturday or Sunday. (To be scheduled by KMMS.) Two sessions on campus (Monday all day) Online teaching with KMMS team (Wednesday am)	Six sessions (includes one musculoskeletal physiotherapy session arranged by PCN)
Block C: Paediatrics	Online teaching with KMMS team (Wednesday am)	Six sessions (includes one baby clinic session and one child immunisation clinic session arranged by PCN)
Block D: Neurology, ENT, and Ophthalmology	Two sessions with optometry (to be scheduled by KMMS) Online teaching with KMMS team (Wednesday am)	Four sessions
Block E: Haematology, Oncology, Palliative Care, Microbiology, and Infectious Disease	Two sessions with local hospice (to be scheduled by KMMS) Online teaching with KMMS team (Wednesday am)	Four sessions

Additional sessions take place within some of the blocks, these are scheduled by KMMs.
During Block B students will have campus-based teaching on the Monday of the immersion week and be scheduled to spend one day with an OOH provider, IC24 or MCH, Saturday/Sunday either side of immersion week.
One day during the immersion week for Block D will be spent with a community optometrist, and a day during the immersion week for Block E will be spent at a local hospice.
During the placement, there is self-directed time and there may be periods where the students do not have a formal timetabled activity. This is to enable the students to spend time on completing their e-portfolio, focus on their learning, and prepare for

forthcoming teaching activities. The students are expected to be proactive in meeting their e-portfolio requirements.

Please note: Students within a single PCN may have started their rotation at different blocks. KMMS will notify you at the beginning of the academic year of the planned rotation for each student.

GPPH 2024/25 Immersion Week Dates & Assessment Timeline

Immersion week	Dates	Assessment timeline
Week 1	14th- 18th October	
Week 2	6th – 10th January	
Week 3	3rd – 7th February	Case Based Discussion Assessment
Week 4	28th April – 2nd May	
Week 5	16th – 20th June	Case Based Discussion Assessment resubmission if required.

Clinical Activity Log Requirements

During the immersion weeks the students are expected to build upon the skills developed in primary care during CPCP1 and CPCP2 modules and upload evidence of clinical activities in their e-portfolio.

Below are the e-portfolio requirements for the module:

1. **Workplace Based Assessment (Mini-Clinical Evaluation Exercise)**

There is one mandatory workplace-based mini-CEX for the GPPH module - to assess an unwell child presenting in primary care. This should be recorded on the KMMS PebblePad form.

2. **Reflection upon clinical experiences**

The students should observe **all** the following clinical experiences and undertake at least **five** of them themselves. One of which must be a home visit. They should reflect upon the five that they have undertaken in their e-portfolio. The five that they reflect on must be five different types of clinical experiences from the list below:

- Home visit or nursing home visit (accompanied by clinician)
- Telephone consultation
- E-consultation (including completion of clinical response)
- Assessment of chronic disease e.g., DM, asthma, COPD
- Assessment of mental health
- Contraception consultation

- Consultation about a sensitive issue e.g., menopause, loss of libido, impotence
- Consultation about tiredness or fatigue e.g., insomnia, mood disorder, chronic fatigue, post-covid syndrome
- Consultation about medically unexplained physical symptoms
- Baby check (routine developmental check)
- Lifestyle advice e.g., smoking cessation, diet (motivational interviewing advice and pharmaceutical interventions)
- Use of cardiovascular risk scoring tool within clinical consultation
- Community physiotherapy clinic

3. Reflection upon organisational tasks

The students should use their placement to observe and discuss at least **five** of the following organisational tasks with GP colleagues. They should reflect upon the five that they have undertaken in their e-portfolio. The five that they reflect on must be five different types of organisational task from the list below:

- Clinical computer system tasks or messages
- Pathology results
- Hospital correspondence
- Hospital discharge summary discussion
- Repeat prescription
- Death certificate
- Fit note
- GP Referral letter

4. Prescribing tasks and public health reflection

There are five mandatory practical prescribing tasks and five mandatory public health reflections to be completed during the immersion week seminars. These will be completed on KMMS Learn. Students must complete at least four prescribing tasks and four public health reflections to pass the module.

PCN education supervisors should not need to be involved with either of these elements.

Assessment

Most of the evidence for successful module completion will be submitted via the student's e-portfolio, and the minimum e-portfolio requirements are listed above. All work-place based assessments within the e-portfolio are formative. The exception to this is the Case Based Discussion assessment, where the students must achieve a pass. The completion of the entire e-Portfolio requirement is summative. A deeper level of reflection in e-portfolio entries is expected for the year 4 students compared with earlier years of the programme.

Clinical knowledge from this module will be assessed formatively throughout the module. The summative assessment of GPPH is within the Applied Knowledge Test

(AKT) of the Integrated Practice 2 Module. Clinical and professional skills learnt in this module will be assessed in the CPSA (OSCE) of the Integrated Practice 2 Module.

To pass the GP and Public Health module, the following criteria must be met:

Criterion	How Assessed	Pass Method
Case Based Discussions	Presentation	Pass/Fail
Clinical Activity Log	E-portfolio and KMMS Learn	Pass/Fail
Workplace Based Assessment	E-portfolio	Pass/Fail
Reflective Assignments	E-portfolio	Pass/Fail
Professionalism, Attendance and Engagement	E-portfolio and Attendance Record	Pass/Fail
Prescribing tasks and public health reflection	E-portfolio and KMMS Learn	Pass/Fail
Completion of Stage 4	Board sign off	Pass/Fail

1. **Criterion 1: Case based Discussion Assessment**

Students must achieve a pass in the Case-Based Discussion to pass the module. This will be scheduled by the PCN during the third immersion week.

Assessment will be in the form of an individual oral presentation made to the PCN Educational Supervisors. The presentation should be for 6 minutes (+/- 10%) with questions and feedback for up to a total of 12 minutes. The presentation will be video recorded in line with KMMS guidance. The recording should capture both the presentation and the questions with feedback. The students will be expected to submit their recording alongside their slides. A penalty will be applied where the presentation is outside the allocated timeframe.

Electronic marking will be completed independently by two GP educational supervisors in the PCN. Marking is based on the case-based discussion marking schedule attached in the handbook (in appendix 12).

There will be moderation undertaken by the KMMS GP and Community Education team.

The following guidance has been given to students to help complete their CBD:
- Reflect upon a case that they have seen in primary care.
- Please be sure that the case is one from general practice and not an emergency presentation where the GP role is simply to transfer an emergency case to hospital.
- Include the following aspects of the case: presentation, management, clinical dilemma(s) and relevant underlying strategic principles for general practice, e.g., safety-netting, trial of treatment, or time as a tool.

- Consider the management plan and link your case to at least one GP generalist concept. See Appendix 13 for generalist concept examples.
- Do not use a case presented elsewhere in your course e.g. from their genitourinary medicine attachment.
- Do not present a case that is a clinical error or describes unprofessional behaviour by a clinician.
- Ensure that the case is fully anonymised. Anonymity is paramount
- Use no more than six PowerPoint slides.
- The presentation should last no more than six minutes.

2. Criterion 2: Clinical Activity Log

Students must achieve a pass in the Clinical Activity Log to pass the module. There are two elements to this:
- A minimum of 26 clinical activity entries must be completed on the KMMS template and uploaded to your e-portfolio.
- A minimum of four of the practical prescribing tasks must be completed on KMMS Learn (during the linked immersion week seminar session).

3. Criterion 3: Workplace Based Assessment

Students must achieve a pass in the workplace-based assessment CEX to pass the module.

4. Criterion 4: Reflective Assignments

- Students must successfully complete all the reflective assignments (five different clinical experiences and five different organisational tasks) associated with this module listed above to pass this module.

- A minimum of four public health reflections must be completed on KMMs (during linked immersion week seminar)

5. Criterion 5: Professionalism, Attendance and Engagement

Students must achieve a successful sign-off in their e-portfolio section related to this module. This will include aspects of professional behaviour and satisfactory attendance and engagement with the learning activities of this module.

6. Criterion 6: Completion of Stage 4

Students must successfully complete year 4 to pass the module.

A Fail (zero mark) will be awarded for any criterion component that is not attempted. If a student is unable to demonstrate a passing performance in this module, then the module and stage are failed and must be repeated in the next academic year, if the student is not excluded from the programme.

Senior Rotations Module Specific Information

Introduction to the SNR Module
The content of this module is based on the GMC content map for the Medical Licencing Assessment, and around the Fundamental Tracks of *Person & Population Health, Pharmacology & Therapeutics* and *Professional & Clinical Skills.*

The core content of this module comprises the teaching of Primary Care, Psychiatry, Emergency Medicine, Medicine, Elderly Medicine and Surgery. Content will allow for integration of new knowledge and skills, with a deepening of students' prior learning. Over the course of the module, students will progress towards becoming fully competent practitioners of patient-centred care.

After introductory weeks on campus, students will spend 3 weeks each in Primary Care, Psychiatry, Emergency Medicine, Medicine, Elderly Medicine and Surgery.

Teaching and Learning during the Primary Care Rotation

The aim of this rotation is to build upon the knowledge gained from the Community Education modules based in General Practice from previous years. The rotation is designed so that the students gain new experiences from different Primary Care providers compared to previous years, and in doing so understand the breadth of Primary Care.

Students will be allocated to one Primary Care provider and will remain with this provider for the total duration of the three-week rotation. Where possible, students will be placed with Primary Care providers in the same area as their secondary care placements.

The experiences gained on placement, as well as centralised teaching, aims to enhance clinical and diagnostic skills, and expose the students to managing uncertainty in community care. The rotation aims to strengthen management skills to the level of a foundation doctor, including appropriate community management, and when to refer a patient to Secondary Care.

Each student will have a 3-week block in Primary Care. Each week, there are six timetabled clinical sessions for the student to be based with their allocated Primary Care provider (total of 18 over the 3 weeks).

The Primary Care Educational Supervisor will set the timetables for clinical activities during the 3-week block. There is no formal tutorial session, however we encourage the Educational Supervisor to meet with their students once a week to discuss progress. The ES must arrange a meeting with their allocated students towards the end of Week 3 to complete the e-Portfolio final sign off.

Students want to learn and to feel as though they are part of the team. We encourage students to seek out educational activities such as the assessment of patients, develop well thought out differential diagnoses, and work with the team to deliver management plans. Where possible, please allow the students the opportunity to independently assess patients, and then allow time for discussion and learning. We ask that

Supervisors act as a chaperone, and supervise all intimate examinations undertaken by the students. Any student entries in medical records must be countersigned by a registered healthcare professional.

The 2024/5 graduate year will be the first cohort of students to sit the Medical Licensing Assessment (MLA). This exam will be set by the GMC. All medical students graduating from UK Universities need to pass the MLA as part of their degree before they can join the medical register. The MLA assesses clinical knowledge, managing uncertainty, readiness for practice and delivering person-centred care. The GMC have released a curriculum in the form of the MLA content map. Each speciality has a list of "presentations" and "conditions" that students should be familiar with.

If you would like to review the General Practice section of the MLA map, please click on the link below:
MLA Content Map PDF

At KMMS we promote self-reflective learning and ask that the students reflect on the patients that they see, so that they can identify further educational needs. During the Primary Care rotation induction delivered centrally by the KMMS team, the students will be encouraged to use the MLA content map in their reflections, so that they can identify areas where they need to enhance their knowledge/skills.

Readiness for Practice

Before starting on their placements, students must be issued a 'Readiness for Practice' certificate each year. Students must have completed mandatory training and activities, including Occupational Health clearance, DBS, evidence of student indemnity, and appropriate mandatory training as well as a statement of fitness to practice.

Structure of the Rotation

During the three-week block, students will be placed with the Primary Care providers for 18 clinical sessions. During the rest of the rotation the students have centralised campus teaching and online sessions delivered by the KMMS GP Education team. The structure of the block is as follows:

	Monday	Tuesday	Wednesday	Thursday	Friday
WEEK 1	Morning Campus Teaching	Morning Clinical Session	AM Self directed	Morning Clinical Session	Morning Clinical Session
	Afternoon Campus Teaching	Afternoon Clinical Session	PM Free	Afternoon Clinical Session	Afternoon Clinical Session

	Monday	Tuesday	Wednesday	Thursday	Friday
WEEK 2	Morning Clinical Session	Morning Clinical Session	AM Self directed	Morning Online Lectures	Morning Clinical Session
	Afternoon Clinical Session	Afternoon Clinical Session	PM Free	Afternoon Assessment Workshop	Afternoon Clinical Session

	Monday	Tuesday	Wednesday	Thursday	Friday
WEEK 3	Morning Clinical Session	Morning Clinical Session	AM Self directed	Morning Online Lectures	Morning Clinical Session
	Afternoon Clinical Session	Afternoon Clinical Session	PM Free	Afternoon Grand Round	Afternoon Clinical Session

The first Monday of the rotation will be spent on campus to introduce the rotation and for a full day of centralised teaching facilitated by the KMMS GP Education Team.

Wednesday mornings are reserved for self-directed learning.

On the Thursdays of Week 2 and Week 3, the students will have whole-day teaching delivered by the KMMS GP Education Team.

Please note for Rotation 5 there is a different structure to the first week of the Rotation. Students will attend placement on the Monday, with the on-campus teaching taking place on the Thursday instead. Weeks two & three of the rotation will be the same as the structure above.

	Monday	Tuesday	Wednesday	Thursday	Friday
WEEK 1	Morning Clinical Session	Morning Clinical Session	AM Self directed	Morning Campus Teachin	Morning Clinical Session
	Afternoon Clinical Session	Afternoon Clinical Session	PM Free	Afternoon Campus Teaching	Afternoon Clinical Session
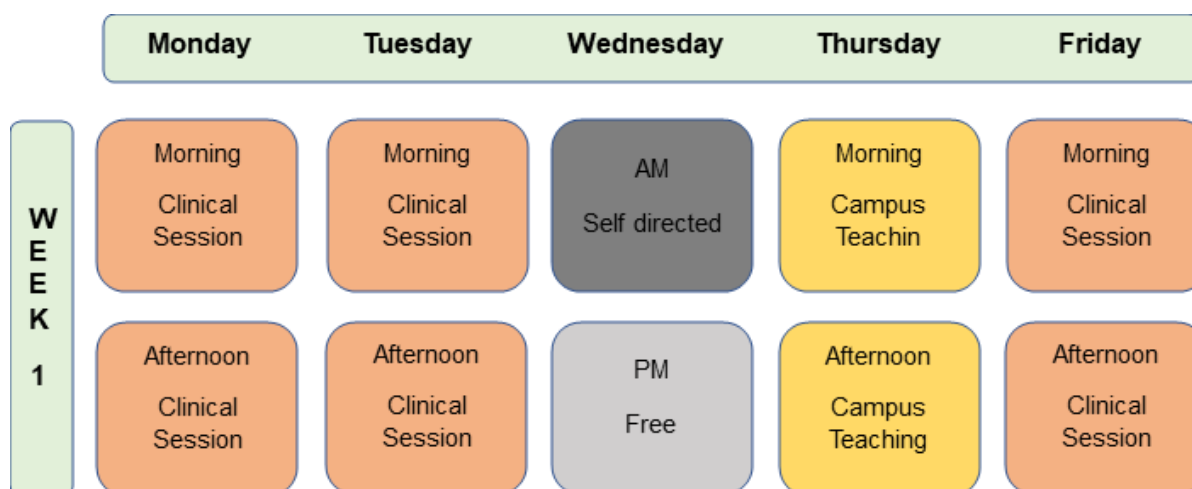
Rotation Dates 2024/2025

After introductory weeks on campus, students will spend 3 weeks each in Primary Care, Psychiatry, Emergency Medicine, Medicine, Elderly Medicine and Surgery.

The following table shows the start and end day of the six rotations for academic year 2024/25.

	Start	**End**
Rotation 1	Monday 16th September 2024	Friday 4th October 2024
Rotation 2	Monday 7th October 2024	Friday 25th October 2024
Rotation 3	Monday 28th October 2024	Friday 15th November 2024
Rotation 4	Monday 18th November 2024	Friday 6th December 2024
Rotation 5	Monday 6th January 2025	Friday 24th January 2025
Rotation 6	Monday 3rd February 2025	Friday 21st February 2025

E-Portfolio and Assessment

Successful completion of the rotation is required to complete the module. The minimum e-portfolio requirements for this rotation are given below:

Clinical Activity Log	**Sessions**
Clinical Sessions on Placement	x15 (out of a total of 18)
Reflective Assignments	**Number to complete**
Reflect on clinical encounters and link to learning needs	x3

Professionalism, Attendance and Engagement	Number to complete
Sign-off from Clinical Supervisor	x1

1. Criterion 1: Clinical Activity Log

The students must achieve a pass in the Clinical Activity Log to pass the rotation. A minimum of 15 Clinical Sessions on placement from the total of 18 sessions must be completed on the KMMS template, signed off, and uploaded to their e-portfolios.

2. Criterion 2: Reflective Assignments

Students must complete 3 reflections during their 3-week rotation. These reflections must relate to clinical experiences that they have undertaken during the Primary Care Rotation. Professional reflections avoid patient identifiable information, are not overly sensitive, and should be based on the modified Driscoll's (2007) 'What? So What? Now What?' model. We ask that the students highlight how their clinical experience identifies a gap in their own knowledge, and to create a plan as to how they will address this learning need.

3. Criterion 3: Professionalism, Attendance and Engagement

Students must achieve a successful sign-off in their e-portfolio section related to this block. This will include aspects of professional behaviour and satisfactory attendance and engagement with the learning activities of this module.

4. Workplace Based Assessment (Note: will NOT be completed on placement)

Students will complete two Workplace Based Assessments during their three-week rotation. Both of these assessments will be completed during the students centralised online teaching on the Thursday of Week 2. They will complete:
1. Writing a Referral to Secondary Care
2. Complete an Urgent Suspected Cancer Referral

Their submissions will be marked by a member of the KMMS GP Education Team.

Appendices

Appendix 1: CPCP1 Module Content

Level	Credit Rating	Duration	Terms	Year
4	20 credits (10 ECTS credits)	165 hours practice learning 25 hours academic direction 10 hours independent study	1, 2 and 3 (Year 1)	1

Module Aims

This module aims to integrate clinical learning with theory learnt in vertical themes and adjacent modules in year 1. It aims to give an overview of a range of healthcare professionals, services, and care pathways outside of hospital care that support patients and their carers within the community.

Learning Outcomes

By the end of this module, students should be able to:
1. Demonstrate knowledge and scholarly, professional, and clinical skills learnt in year one modules in clinical practice.
2. Demonstrate concern for the interests, dignity, and respect of patients.
3. Recognise why patients and their family/carers need to be involved in decisions about their treatment and care.
4. Describe the ways in which patients access primary healthcare and use treatments.
5. Describe how primary care and community teams work effectively with patients and each other to provide coordinated healthcare across services.
6. Describe approaches to the assessment and care of common conditions and presentations in a general practice context.
7. Explore others and own clinical practice, values, behaviours, skills, and knowledge, assessing the appropriateness of action taken.
8. Apply principles of clinical governance in relation to maintaining the quality and safety of healthcare.

Content

The content of this module is primarily based around the Fundamental Tracks of Ethics, Law & Professionalism, Human Behaviour, Person & Population Health, and Professional & Clinical Skills.
Learning activities will develop students' understanding of:
- The context in which doctors work.
- The health of people, communities, and populations, including health inequalities.
- Application of knowledge, clinical skills including communication, appropriate professional behaviours, law, and ethics in medicine.

Students will begin to appreciate how and why a patient is at the centre of the relationship between the doctor and health care professionals. They will also develop

an appreciation of the rationale for effective team working attitudes and practices. This module will help students to learn about professional activities in the community and primary care practice.

After introductory sessions on campus, the module will be delivered in clinical placements. These will occur as six week-long 'immersion weeks' throughout the academic year. These weeks are timetabled and themed to complement what students are learning in your other modules. Timetabled activities will cover general knowledge, skills, and professional values as well as specific systems-based learning. General Practice is very broad, and students should see a diverse range of health issues whilst on placement. Patients presenting in the clinical environment will not all necessarily be aligned to the themed curriculum content for a particular immersion week. Irrespective of this, all patients will provide them with learning opportunities relevant to the module's learning outcomes as well as the opportunity to practice clinical skills under supervision.

The teaching in this module is aligned with the learning that takes place within the systems-based modules; Foundations of Health and Disease (FHD), Heart, Lungs, and Blood (HLB) and Nutrition, Metabolism and Excretion (NME) as well as with the Skills for Clinical Practice 1 (SCP1) and Professional Development and Person-Centred Practice 1 (PDPCP1) modules. Students will learn and apply knowledge learnt in the systems-based module to both the CPCP1 module and concurrent modules. **Please note knowledge taught in other modules, which is linked to learning in this module, can be assessed as part of the Applied Knowledge Tests (AKT) for this module at the end of the academic year.**

This module provides foundational knowledge that is built on in subsequent years of the programme, in particular, Community and Primary Care in Practice year 2 (CPCP2), General Practice and Public Health (GPPH) in year 4 and students' senior rotations in year 5.

Teaching and Learning Methods

The educational approach for this module is based primarily on learning in the clinical environment. After initial campus teaching, students' learning for this module will be based in allocated Primary Care Network (PCN). PCNs are GP practices and other community healthcare services that have begun to work closely together to serve their local area to provide more integrated and coordinated health and social care. Students will be notified of their allocated PCN and Lead Educational Supervisor for the year by the Practice Learning Unit (PLU) at Canterbury Christ Church University. They will remain with the same PCN for the six immersion weeks.

They will be placed in a named PCN for the immersion weeks in a group of 6-8. As the PCN is usually a network of several practices, they will typically be allocated in smaller groups to individual locations. Students will be returning to the same PCN for all scheduled weeks in year 1. Their placement for CPCP2 in year 2 will typically be at another PCN.

Learning will be facilitated by a Lead Educational Supervisor in the PCN. Students should observe a range of health care professionals on placement, ensuring that by the end of the module they will have had the opportunity to experience the range of

services that support patients outside of the hospital. As part of the placement, students may visit community organisations, including specialist and voluntary sector services, within the geographical area of the PCN.

Appendix 2: Marking schedule for Small Group Assignment Presentation (CPCP1)

	Poor	Borderline	Acceptable	Excellent
Academic content 80%				
Presentation Structure	Little or no identified structure.	Basic structure in place.	Structured with outline and conclusion.	Exceptionally clear structure.
Knowledge and understanding of the subject	Substantial deficits in identification of the key concepts in subject.	Identification of key concepts in subject.	Clear identification of the key concepts in subject.	Excellent presentation summarising the key concepts in subject and principles.
Evidence of research and preparation	Little evidence of any serious attempt to understand or use material from different sources. No referencing.	Some use of evidence from a limited range of sources. A basic attempt to reference.	Evidence of successful understanding although limited integration of information from sources. Appropriate use of referencing.	Information from a wide range of sources fully and effectively understood and integrated. Appropriately referenced work to a high standard.
Take home message emphasised	Vague summary.	Superficial summary.	Clear summary of the arguments.	Excellent summary of arguments made with justification.
Discussion of new ideas	Absent or limited expression of new ideas and solutions.	Some expression of new ideas and solutions.	Relevant new ideas and/or solutions.	Creative approach to problem solving with innovative solutions.
Presentation skills 20%				
Captured and maintained interest of audience	Presentation pitched at an inappropriate level for the target audience either making it too complex or too elementary. No form of engagement with audience.	Presentation pitched at an acceptable level. Limited engagement with audience.	Presentation pitched at an appropriate level for the target audience. Good engagement with audience.	Presentation carefully pitched at an appropriate level with care taken to ensure that all necessary background information is provided. Excellent engagement with audience.
Organisation	Disorganised presentation, not involving all the students.	Organised presentation with balanced involvement of the students.	Well organised presentation involving both students within the pair, or all three students.	Excellent clear presentation, with balanced, effective contributions from all the students.
Use of visual aids	Visual presentation	Visual presentation	Visual presentation	Visual presentation,

	causing confusion (misalignment between verbal and visual content). Significant errors in the slides.	acceptable. Some small errors in slides.	supporting the verbal content. Generally logical structure with few/only minor errors.	clear with logical structure and few presentational errors.
Time management	Poor use of time either severely over or under length. Presentation is more than 20% outside the allocated time.	Fair use of time. Presentation is 10-20% outside the allocated time of 10 minutes.	Acceptable use of time, presented within the guidelines. Presentation is within 10 minutes (+/- 10 %)	Excellent and effective allocation of time within the presentation. Presentation is within 10 minutes (+/- 10 %)
Response to questions	Failure to involve all students/not answering questions/ poor answers.	Reasonable response to questions. Unequal involvement of students.	Relevant answers to questions. All students involved in Q&A.	Fluent response to questions by all students.

CPCP1 Small Group Assignment Information

- Only electronic submission of work is accepted in line with KMMS 'digital-first' approach.
- You are required to submit your work in the following format:
  - Initial slide with the students' names and numbers
  - A slide outlining the presentation structure
  - Slides discussing the relevant points in a logical order
  - Concluding slides with a summary of the presentation, reiterating the key messages, and setting the discussion in a wider context
  - A final slide listing (a minimum of 6-8) current academic references to the evidence used in the official KMMS format (Harvard Cite Them Right v11)
  - The slides and a video recording of the presentation should be uploaded to KMMS Learn by the submission deadline. Instructions for recording and uploading the presentation should follow the guidance from the Digital Education Team.
- The oral presentation should be for 10 minutes (+/- 10%) with questions and feedback for up to 10 minutes after the presentation. Your recording should capture both the presentation and the questions with feedback. A penalty will be applied where the presentation is outside the allocated time frame.
- The module handbook details the learning outcomes and rubric for marking.
- You can submit your slides and recorded presentation until the deadline. Anything submitted after the deadline (and two-hour grace period) will be deemed a late submission.
- Non-attendance at a live presentation will be considered as a non-submission of the assessment.
- Please see more information on mitigation of extenuating circumstances, penalties for late submission, grace period, marking and moderation processes under the assessment information provided on the student portal.

Appendix 3: Marking schedule for Quality Improvement Project CPCP1

	Poor	Borderline	Acceptable	Excellent
Academic content of report 80%				
Overall Report Structure	Little or no identified structure or adherence to template.	Logical structure with some template headings used.	Well-structured with adequate focus and adherence to template headings.	Exceptionally clear structure and focus, with clear adherence to the template.
Framing problem statement	Lack of clarity in the statement of the problem and rationale for choice of topic,	Identification of problem and rationale for choice of topic.	Clear statement of the problem and rationale for choice of topic.	Succinct statement of the problem and rationale for choice of topic.
Evidence of research and preparation	Little evidence of any serious attempt to understand or use material from different sources.	Some of use of evidence from a limited range of sources.	Evidence of successful understanding and integration of information from several different sources.	Information from a wide range of sources fully and effectively understood and integrated.
Presentation of results	Muddled presentation of results, leading to some confusion.	Results presented adequately, minimal confusion.	Clear presentation of results, no confusion caused.	Excellent presentation of results, very clear.
Analysis of results	Vague summary, and inappropriate deductions.	Superficial summary identifying problems.	Clear summary of the issues.	Excellent summary of issues with justification.
Conclusion including recommendations for change	Poor conclusions drawn and absent or limited expression of new ideas and solutions.	Appropriate conclusions noted. Some expression of new ideas and solutions.	Appropriate conclusions noted. Relevant new ideas and/or solutions.	Appropriate conclusions noted. Creative approach to problem solving with innovative solutions.
Presentation of report 20%				
Presentation of a scientific report	Poor presentation of a scientific report academic style. Confusing presentation of data with tables and/or figures. Outside word count	Limited presentation of a scientific report with some use of tables and figures. Within 10% of word count	Adequate presentation of a scientific report including data presented using tables and/or figures. Within 10% of word count	Excellent presentation of a scientific report including presentation of data in tables and/or figures. Within word count
Spelling and grammar	Frequent errors in spelling and/or grammar.	Some errors in spelling and/or grammar.	Few errors in spelling and/or grammar.	Excellent spelling and grammar.

Referencing	No referencing or attempt at referencing with multiple errors in Harvard format.	Some attempt at referencing using Harvard format with errors.	Consistent referencing according to Harvard format with few/minor errors.	Excellent referencing according to Harvard format with minimal errors.

CPCP1 QI Written Report Submission Information

- Only electronic submission of work is accepted through Turnitin. You may submit one draft for feedback or comment from the PCN Lead or Deputy Supervisor.
- You are required to submit your work anonymously in the following format:
  - KMMS coursework cover sheet as the first page
  - A4 page size
  - Arial font
  - Font size 12
  - Single spaced
  - Justified paragraph setting
  - Page numbers at the bottom right in the footer
  - Exam number in the header at the top
  - Normal margins
  - Minimum of 6-8 current academic references (formatted using Harvard Cite them Right v11)
- The word count for this assignment (**clearly stated at the end of the assignment**) includes headings, text and in-text citations but excludes tables, figures, and the reference list. A penalty will be applied where the submission is outside the word count by +/-10%.
- The module handbook contains a template with guidance on headings and word count for each section. Marking will follow the rubric published in the handbook.
- You can submit updated versions of your report until the deadline. Anything submitted after the deadline (and two-hour grace period) will be deemed a late submission.
- Please see more information on mitigation of extenuating circumstances, penalties for late submission, grace period and marking and moderation processes under the assessment information provided on the student portal.

Appendix 4: CPCP2 Module Content

Module Details

Level	Credit Rating	Duration	Terms	Year
5	20 credits (10 ECTS credits)	165 hours practice learning 25 hours academic direction 10 hours independent study	1, 2 and 3 (Year 2)	2

Module Aims

This module aims to integrate clinical learning with theory learnt in vertical themes and adjacent modules in year 2 and continue students' professionalisation within medical practice. It aims to expand on the learning from CPCP1 and engage students in the integrated care of patients who have long-term conditions.

Learning Outcomes

By the end of this module students should be able to:
1. Apply knowledge, scholarly, professional, and clinical skills learnt in year 2 modules to patient-centred clinical practice.
2. Evaluate the diverse ways in which patients use primary healthcare, treatments, and pharmacotherapy for different needs.
3. Demonstrate concern for the interests, dignity, and respect of patients.
4. Describe why and how patients and their family/carers need to be involved in decisions about their treatment and care.
5. Evaluate approaches to the assessment and care of common conditions and presentations in a general practice context, using principles of clinical reasoning.
6. Demonstrate a critical understanding of the impact of chronic disease on the individual, family, and society.
7. Explore others and own clinical practice, values, behaviours, skills, and knowledge, assessing the appropriateness of action taken.
8. Generate models for primary care and community teams to work effectively with patients and each other to meet patients' needs.

Content

The content of this module is primarily based around the Fundamental Tracks of Ethics, Law & Professionalism, Human Behaviour, Person & Population Health, and Professional & Clinical Skills.

This module will be a progression of the Community and Primary Care in Practice 1 module. It will continue to focus upon the person, their families/carers and those health care professionals who care for them as the central element to health provision.

Placements will occur as six week-long 'immersion weeks' throughout the academic year. These are timetabled and themed to be able to integrate both generic and systems-based knowledge, skills and professional values learnt in other modules.

Students will be placed in a named PCN for their immersion weeks. Where possible, this will be different from the PCN for their placements in Community and Primary Care in Practice 1 module to help expose students to different models of working and patient populations. From their PCN, students will visit one of the local 'Out of Hours' urgent care providers for one day. Students may also spend time with local community organisations, including specialist and voluntary sector services, within the geographical area of the PCN.

Students will observe a range of health care professionals on placement to ensure that by the end of the module they will have had the opportunity to experience most of the services that support patients outside of the hospital.
Students will have the opportunity to follow patients, especially those with chronic illness and their families and carers through their healthcare journey throughout the module.

Learning activities will develop your understanding of:
- The context in which primary care team members work.
- The health of people, communities, and populations, including health inequalities.
- Application of knowledge, clinical skills including communication, appropriate professional behaviours, law, and ethics in medicine.

General Practice is very broad, and students will see a diverse range of health issues whilst on placement. Patients presenting in the clinical environment will not all necessarily be aligned to the themed curriculum content for a particular immersion week. Irrespective of this, all patients will provide students with learning opportunities relevant to the module's learning outcomes as well as the opportunity to practice clinical skills under supervision.

The teaching in this module is aligned with the learning that takes place within the systems-based modules; Neuroscience and Behaviour (NB), Reproduction and Endocrinology (RE) and Musculoskeletal and Immune Systems (MSI) as well as with the Skills for Clinical Practice 2 (SCP2) and Professional Development and Person-Centred Practice 2 (PDPCP2) modules. Students will learn and apply knowledge learnt in the systems-based modules to both the CPCP2 module and concurrent modules. **Please note** that knowledge taught in other modules, which is linked to learning in this module, can be assessed as part of the Applied Knowledge Tests (AKT) for this module at the end of the academic year.

This module provides foundational knowledge that is built on in subsequent years of the programme, in particular, General Practice and Public Health (GPPH) in year 4 and students' senior rotations in year 5.

Teaching and Learning Methods

The educational approach for this module is based primarily on learning in the clinical environment. After initial campus teaching, students' learning for this module will be based in their allocated PCN. PCNs are GP practices and other community healthcare services that have begun to work closely together to serve their local area to provide

more integrated and coordinated health and social care. Students will be notified of their allocated PCN and Lead Educational Supervisor for the year by the Practice Learning Unit (PLU) at Canterbury Christ Church University. Students will remain with the same PCN for the six immersion weeks.

Students will be placed in a named PCN for the immersion weeks in a group of 6-8. As the PCN is usually a network of several practices, students will typically be allocated in smaller groups to individual locations. Where possible, this will be different from the PCN for their placements in Community and Primary Care in Practice 1 module, to help expose students to different models of working and patient populations.

Learning will be facilitated by a Lead Educational Supervisor in the PCN. Students will observe a range of health care professionals on placement, ensuring that by the end of the module they will have had the opportunity to experience the range of services that support patients outside of the hospital. As part of the placement, students may visit community organisations, including specialist and voluntary sector services, within the geographical area of the PCN.

Appendix 5: Marking schedule- Time for Chronic Illness Project CPCP2

	Poor	Borderline	Acceptable	Excellent
Academic content of report 80%				
Overall Report Structure	Little or no identified structure or flow or adherence to template. Little or no evidence of ability to assimilate and present information.	Logical structure and reasonable flow with some template headings used. Some evidence of ability to assimilate and present information.	Well-structured with adequate focus and flow and adherence to most template headings. Good evidence of ability to assimilate and present information.	Exceptionally clear structure and focus and exemplary logical flow, with clear adherence to the template. Excellent assimilation and presentation of evidence.
Title and case presentation, and patient's perspective	Title does not reflect content. Lack of background information or adequate presentation of the case. Poor rationale for choice of patient case. Poor description of the patient's perspective or lived experiences.	Title broadly reflects some of the content. Limited background information or adequate presentation of the case. Limited rationale for choice of patient case. Limited description of the patient's perspective or lived experiences.	Title adequately reflects the content. Adequate background information or adequate presentation of the case. Adequate rationale for choice of patient case. Adequate description of the patient's perspective or lived experiences.	Excellent title which competently reflects the content. Excellent background information and presentation of the case. Excellent rationale for choice of patient case. Excellent description of the patient's perspective or lived experiences.
Literature review	Little evidence of wider reading beyond 8 references. Poor overview of literature in the area of the lived experiences of the chosen condition. Poor understanding of current guidance and/or best practices. No critical insight of the literature being presented.	Limited evidence of wider reading beyond 8 references. Limited overview of literature in the area of the lived experiences of the chosen condition. Limited understanding of current guidance and/or best practices. Limited evidence of critical insight of the literature being presented.	Adequate evidence of wider reading beyond 8 references. Adequate overview of literature in the area of the lived experiences of the chosen condition. Adequate understanding of current guidance and/or best practices. Adequate evidence of critical insight of the literature being presented.	Excellent evidence of wider reading beyond 8 references. Excellent overview of literature in the area of the lived experiences of the chosen condition. Excellent understanding of current guidance and/or best practices. Excellent evidence of critical insight of the literature being presented.
Discussion and analysis	Inadequate discussion and poor attempt at application of	Limited discussion and attempt at application of guidelines to your patient's care.	Adequate discussion and attempt at application of	Excellent discussion and attempt at application of

	guidelines to your patient's care. Little or no attempt to describe whether the needs are being met from the patient or the medical team perspectives.	Limited attempt to describe whether the needs are being met from the patient or the medical team perspectives.	guidelines to your patient's care. Adequate attempt to describe whether the needs are being met from the patient or the medical team perspectives.	guidelines to your patient's care. Excellent attempt to describe whether the needs are being met from the patient or the medical team perspectives.
Reflection and Conclusions	Inadequate reflection on areas for potential improvements in care or on your own practice. No summary of key learning points.	Limited reflection on areas for potential improvements in care or on your own practice. Limited summary of key learning points.	Adequate reflection on areas for potential improvements in care or on your own practice. Adequate summary of key learning points.	Excellent reflection on areas for potential improvements in care or on your own practice. Excellent summary of key learning points.
Presentation of report 20%				
Presentation of a case report	Poor presentation of case-report. Non-adherence to the template. Outside the word count.	Borderline presentation of case-report and some adherence to the template. Within 10% of word count.	Acceptable case-report and adherence to the template. Within 10% of word count.	Excellent written case- report and adherence to the template. Within 10% of word count.
Spelling and grammar	Frequent errors in spelling and/or grammar.	Some errors in spelling and/or grammar.	Few errors in spelling and/or grammar.	Excellent spelling and grammar.
Referencing	No referencing or attempt at referencing with multiple errors in Harvard format.	Some attempt at referencing using Harvard format with errors.	Consistent referencing according to Harvard format with few/minor errors.	Excellent referencing according to Harvard format with minimal/no errors.

Appendix 6: IC 24 Placement (CPCP2)

During CPCP2 all students will have a one-day placement with IC24. This is an introductory taster session. There is a separate contract with IC24, and these sessions will be paid separately from the SLA between KMMS and the PCNs. There will be an on-campus introduction to IC24 at the beginning of the year.

Students will attend in their PCN groupings for one day during the six immersion weeks. Due to the complexities of timetabling, this placement is scheduled to take place within normal hours, recognising that this is not typical of the work undertaken by IC24. (Over the 6 immersion weeks, students from a PCN will be at Kingston House in Ashford on a Tuesday, Thursday, or Friday).

The placement is intended to give:
- an introduction to 'out of hours' services
- an insight into patient communication with other primary care services and how this differs from communication with the registered GP
- an insight into how risk is managed in the Out of Hours setting
- an understanding of the range of professionals involved in the out of hours team)
- an insight into the out of hospital pathways for patients beyond their registered practice

Structure of the day:
The official start will be 09:30 for the students, with an arrival time to be between 09:15-09:30. The day will conclude at 17:00. In case of any problems on the day, call the reception at Kingston House, 01233 505450.

IC 24 Dates for CPCP2 2024/25:

Immersion Weeks	Dates	Tuesday	Thursday	Friday
1	7th – 11th October	8th Oct	10th Oct	11th Oct
2	11th – 15th November	12th Nov	14th Nov	15th Nov
3	27th – 31st January	28th Jan	30th Jan	31st Jan
4	3rd – 7th March	4th March	6th March	7th March
5	6th – 9th May Monday Bank Holiday	6th May	8th May	9th May
6	2nd – 6th June	3rd June	5th June	6th June

The placement will be supervised by:
Dr Sam Thornton, IC24 Medical Director
Clinical Learning and Education Administrator - ClinicalEducation@ic24.nhs.uk

Appendix 7: Summary of Skills Attained by Each Immersion Week CPCP1 & CPCP2

Year	Immersion Week	Clinical Skills Covered By This Week	
1	1- Tiredness	History taking:	Generalised communication skills
		Examination skills:	General observations
		Other:	BLS, Handwashing
	2- Minor Illness	History taking:	General structure of history
		Examination skills:	End of bed inspection
		Other:	x
	3- Breathlessness	History taking:	Respiratory
		Examination skills:	Respiratory
		Other:	Lung function tests
	4- Chest Pain	History taking:	Cardiovascular
		Examination skills:	x
		Other:	ECG (performing & interpretation), venepuncture
	5- Weight Loss	History taking:	Gastrointestinal
		Examination skills:	Cardiovascular, Peripheral vascular, haematological
		Other:	x
	6- Multimorbidity	History taking:	x
		Examination skills:	Gastrointestinal (not rectal exam)
		Other:	x
2	1- Memory loss	History taking:	x
		Examination skills:	Cranial Nerve
		Other:	SC/IM injection
	2- Low Mood	History taking:	Psychiatric, Consulting patients with visual/hearing impairment
		Examination skills:	Psychiatric
		Other:	x
	3- Diabetes	History taking:	Endocrine, General paediatric
		Examination skills:	Peripheral nervous system, Otoscopy, Ophthalmoscopy, Diabetic Foot
		Other:	Paediatric BLS
	4- Vaginal Bleeding/ Subfertility	History taking:	Reproductive & Sexual
		Examination skills:	Male & female pelvic, Rectal, Thyroid, Breast
		Other:	x
	5- Stiff Hands	History taking:	x
		Examination skills:	Musculoskeletal - GALS, upper and lower limb
		Other:	x
	6- Back Pain	History taking:	Communicating patients with learning difficulties/ autism
		Examination skills:	x
		Other:	x

Appendix 8: GPPH Module Content

Level	Credit Rating	Duration	Terms	Year
6	30 credits (15 ECTS credits)	200 hours practice learning 90 hours self-directed learning 10 hours academic direction	1,2, and 3 (Year 4)	4

Module Aims

The aim of this module is to build upon the Community and Primary Care in Practice 1 and 2 modules, and to continue students' experience of the integrated nature of general practice. The module further demonstrates the breadth and skill of general practice, and how primary care interacts with specialist services across a range of disciplines. The module also promotes understanding of public health in theory and practice, through concepts such as social determinants of disease, global disease burden and healthcare service access.

Module Learning Outcomes

By the end of this module students should be able to:

1. Apply communication and clinical skills in practice to undertake and present a clinical assessment, including history and examination, of paediatric and adult patients with care and compassion.
2. Apply knowledge, skills and attitudes and professional behaviours gained from adjacent modules to skills in clinical practice, including safeguarding of vulnerable patients.
3. Generate appropriate plans for the investigation and basic management of common and serious presentations, including conservative management.
4. Explore the challenges facing community generalists such as undifferentiated symptoms, multi-morbidity, and resource limitations.
5. Evaluate and implement consultation strategies for dealing with clinical uncertainty in general practice.
6. Explore the contribution of general practice and palliative care to managing people with progressive life-limiting illnesses.
7. Describe how general practitioners communicate with secondary care, promote integrated care, and provide specialist care in the community.
8. Evaluate observed models for health protection, health improvement, and health services.
9. Describe how healthcare delivery can respond to determinants of health and disease, and health inequalities.
10. Develop understanding of key concepts and study design in epidemiology and public health medicine.

Appendix 9: GPPH IC24/MCH Placement (during Block B)

During GPPH all students will have a one-day placement with IC24 or Medway Community Healthcare. This session will build upon learning in CPCP2.

Students will attend in two groups of up to two for one day. This will be scheduled on a Saturday or Sunday.

The placement is intended to give:

- an introduction to the Clinical Assessment Service.
- an opportunity to consult with patients under supervision.
- an insight into how patients requiring home visits are managed.

Structure of the Day:
Students will be assigned to one of two streams.

Stream A: 08:00 – 16:00
Stream B: 10:00 – 18:00

IC24/MCH Dates for GPPH 2024-2025: Details of Allocation on KMMS Learn

Immersion Week Block B students	Dates	IC24 Student Numbers	MCH Student Numbers
1	12/13 & 19/20th October	16	2
2	4/5 & 11/12th January	16	4
3	1/2 & 8/9th February	16	4
4	26/27 April & 3/4th May	16	4
5	14/15 & 21/22nd June	16	4

The placement will be supervised by:

IC24:
Dr Sam Thornton, IC24 Medical Director
Clinical Learning and Education Administrator - ClinicalEducation@ic24.nhs.uk
In case of any problems on the day, call the reception at Kingston House, 01233 505450.

MCH:
Dr Simon Collins, MCH Medical Director
Training Placements Administrator, Donna Jennings - donnajennings@nhs.net

In case of any problems on the day, call the reception at Medway Maritime Hospital, 01634 792071

Appendix 10: GPPH Optometry Placement (during Block D)

During GPPH all students will have a one-day placement with a local optometrist. This session will build upon learning in CPCP2.

Students will attend in groups of two. This will be scheduled on a Tuesday, Thursday, or Friday during the immersion week in Block D.

The placement is intended to give:

- an introduction to the community optometry service.
- an insight into the assessment of patients attending for routine optometry.
- an outline of patient pathways and other services provided by optometrists.

Structure of the Day:
The timings of the day are stated below.

Brownbills	8:30am – 5:00pm
Eye Folk Opticians	8:20am – 5:00pm
Specsavers Swanley	8:45am – 5:00pm
Pybus Opticians	TBC

Optometry Dates for GPPH 2024-2025: Details of Allocation TBC

Immersion Week Block D students	Dates
1	15th,17th,18th October 2024
2	7th,9th,10th January 2025
3	4th, 6th,7th February 2025
4	29th, April 2025 1st,2nd May 2025
5	17th,19th,20th June 2025

The placement will be supervised by:

Brownbills – Helen Pinney, Director & Practice Manager
Eye Folk Opticians – Lucy Blown, Principal Optometrist & Owner
Specsavers Swanley – Faheem Ayub, Independent Prescribing Optometrist and Ophthalmic Director
Pybus Opticians- Jon Brothwell, Optometrist

Appendix 11: GPPH Hospice Placement (during Block E)

During GPPH all students will have a one-day placement with one of the local hospices. This session will build upon learning in CPCP2.

Students will attend in groups of two or three. This will be scheduled on a Tuesday, Thursday, or Friday during the immersion week in Block E.

The placement is intended to give:

- an introduction to the services provided by the hospices, including those in the community.
- an insight into the services available to support patients at the end of life.

Structure of the Day:
The arrival time is between 09:15-09:30. The day will conclude at 17:00.

Hospice Dates for GPPH 2024-2025: Details of Allocation TBC

Immersion Week Block D students	Dates
1	15th,17th,18th October 2024
2	7th,9th,10th January 2025
3	4th, 6th,7th February 2025
4	29th, April 2025 1st,2nd May 2025
5	17th,19th,20th June 2025

This placement will take place at one of the following sites:
- Pilgrims Hospices in either Canterbury, Ashford or Margate
- The Heart of Kent Hospice
- Hospice in the Weald
- The Wisdom Hospice
- The Ellenor Foundation

The placement will be supervised by:
Pilgrims Hospice – Dr Andrew Thorns

The Heart of Kent Hospice – Dr Georgina Parker

Hospice in the Weald – Dr Nicola Goss

The Wisdom Hospice – Dr Rosemary Chester

The Ellenor Foundation – Dr Soumen Saha

Appendix 12: Marking Schedule for GPPH Case Based Discussion in Primary Care

	Below the standard expected in year 4	At the standard expected in year 4	Above the standard expected in year 4
Presentation of the clinical case	Case presented in a disorganised or superficial fashion and/or with omission of key aspects of the case.	Relevant history and examination findings presented in a systematic fashion with no major omissions.	Case presented in a fluent fashion including all significant features.
Management of the case	Poorly structured presentation with either irrelevant detail or significant omissions.	Relevant presentation of the primary care management of the case.	Thorough and succinct presentation of the primary care management of the case
Identification and description of the clinical dilemma	Incorrect or muddled formulation of the clinical dilemma.	Reasonable formulation of the clinical dilemma.	Accurate formulation of the clinical dilemma with relevant prioritisation of issues.
Application of the principles of general practice	Fails to demonstrate or inappropriate application of generalist principles to the case.	Demonstrates appropriate application of generalist principle(s) to the case.	Fluent application of generalist principles with justification.
Organisation including time management	Poor use of time (either severely over or under). Poor use of visual aids (including errors or more than six slides).	Organised presentation including use of visual aids (with few errors). Within the allotted time (+/- 10%)	Well organised presentation including excellent visual aids. Within the allotted time.
Response to questions	Inadequate answers to most questions and/or Q&A reveals significant gaps in the understanding of the topic.	Relevant, correct answers to most questions.	Fluent response to all questions.
Overall delivery of case presentation	Overall delivery poor with failure to hold the audience's attention and/or poor presentation skills.	Clear delivery of the presentation that holds the audience's attention.	Engaging presentation that captures the audience's attention.
	Fail	**Pass**	**Commendation**

			A commendation should only be awarded if the student gains well above the standard expected for year 4 in all domains.
Overall grade	Overall performance below the standard expected in year 4.	Overall performance at or above the standard expected in year 4.	

Cased Based Discussion Assignment Information

- Only electronic submission of work is accepted in line with KMMS 'digital-first' approach.
- The slides and a video recording of the presentation should be uploaded to KMMS Learn by the submission deadline. Instructions for recording and uploading the presentation should follow the guidance from the Digital Education Team.
- The oral presentation should be for 6 minutes (+/- 10%) with questions and feedback to a total of 12 minutes. Your recording should capture both the presentation and the questions with feedback. A penalty will be applied where the presentation is outside the allocated time frame.
- The module handbook details the learning outcomes and rubric for marking.
- You can submit your slides and recorded presentation until the deadline. Anything submitted after the deadline (and two-hour grace period) will be deemed a late submission.
- Non-attendance at a live presentation will be considered as a non-submission of the assessment.
- According to the *KMMS Mitigating Circumstances Policy*, if an appropriate mitigation request is received by the Curriculum and Assessment team, the student will receive an extension of the deadline as agreed with the KMMS Assessment Lead and the Module Lead.
- You will receive an email from the Curriculum and Assessment team with your marks and written feedback/comments on the specified results day.

Appendix 13: GP Generalist Concepts

Please find below examples of GP Generalist concepts (doctor's strategies) which can be found in the article Cooper et al (2021), the link to the paper can be found here. [Consultation dynamics and strategies: The Brighton guide - Maxwell Cooper, Sangeetha Sornalingam, Jason Heath, Carl Fernandes, Menaka Jegatheesan, 2022 (sagepub.com)](#) Scroll to the bottom of the screen to access the Strategic Principles in the Supplementary Material section.

Doctor's strategies:

- Doctor as drug
- Drawing a line
- Gatekeeping
- Golden minute
- Incremental judgement
- Inner warning bell / 6th sense
- Leaving the door ajar
- Preserving boundaries
- Masterful judgement
- Maintaining / losing momentum
- Pick your battles
- Putting on the table
- Recognising thresholds
- Safety netting
- Self-care and self-referral
- Shared decision making
- Shaking uncertainty
- Signposting
- Social prescription
- Therapeutic examination
- Three strikes and you're in
- Time as tool
- Trial of treatment

Appendix 14: Reflection on Organisational Tasks

During the module students must reflect on at least five organisational tasks which they have observed and discussed on their placements with a GP colleague. The following table gives some example questions/prompts which may aid the discussion and reflection. This table is not exhaustive, and students may choose to discuss and reflect on other aspects of the task not listed here.

Clinical computer system tasks or messages	• How do GPs interact with other members of the practice team? • How do GPs delegate tasks? • How do GPs manage time/workload effectively?
Pathology results	• How do GPs decide how to manage abnormal results? • Are normal results routinely communicated to patients?
Hospital correspondence	• What are the different ways that secondary care communicates with primary care? • What are the important pieces of information that a GP would expect from a correspondence? • What are the potential pitfalls in the communication between secondary and primary care?
Hospital discharge summary discussion	• What are the salient pieces of information that a GP would expect from a discharge summary? • What are the potential patient safety issues that can occur after discharge? How can the risk of these be reduced on the hospital discharge summary?
Repeat prescription	• How do GPs ensure that they are prescribing safely? • What is the process between a patient submitting a repeat prescription request and receiving their medication? • Which members of the practice team may be involved in a repeat prescription request? • What are the potential pitfalls when issuing a repeat prescription?
Death certificate	• What is the process between a patient dying and a death certificate being issued? • How do GPs decide whether they feel able to issue a death certificate?
Fit note	• How do GPs decide whether it is appropriate to issue a FIT note? • How do GPs decide how long a FIT note should be issued for? • What information do GPs include when completing a sick note?
GP Referral letter	• How do GPs decide what information to include/exclude in the referral letter? • How do GPs explain the referral process to patients?

Appendix 15: Senior Rotations Module Content

Module Details

Level	Credit Rating	Duration	Term	Year
7	100 credits	100 hours academic direction 200 hours independent learning 700 hours practice learning	1 and 2	5

Module Aims

The aim of this module is to consolidate, extend and integrate the professional knowledge, behaviours, attitudes and skills that you have learnt. This module aims to enhance clinical, diagnostic and management skills.

Learning Outcomes

By the end of this module, the students should be able to:

1. Demonstrate the ability to manage uncertain, complex and emergency presentations
2. Perform fluent history taking and examination, demonstrating respect for ethical and personal sensitivities
3. Interpret clinical findings, results and data to form a differential diagnosis and plan of investigation
4. Formulate management plans that consider the patient's specific needs for common presentations
5. Apply principles of prescribing
6. Apply a range of communication skills, including written and oral (face-to-face, electronically and by telephone), to be able to communicate effectively with patients, carers and colleagues
7. Explain and perform if required appropriate resuscitation and immediate treatment for acute presentations
8. Perform practical procedures where appropriate and to the level specified
9. Recognise and perform if required means to optimise patient safety perioperatively and for invasive procedures

The learning outcomes are based on the GMC content map for the Medical Licencing Assessment and include the following domains:

The MLA content map is organised into six domains:
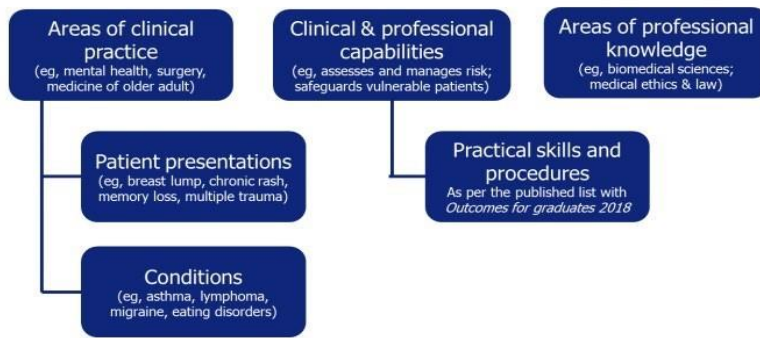
For details refer to MLA content map.

1. Areas of clinical practice: MLA document (including presentations and conditions)
2. Clinical and professional capabilities: Good Medical Practice; GMC Outcomes for Graduates; Generic Capabilities Framework
3. Practical Skills and procedures: GMC Outcomes for graduates – Practical skills and procedures
4. Areas of professional knowledge: MLA document

Content

The content of this module is based on the GMC content map for the Medical Licencing Assessment and around the Fundamental Tracks of Person and Population Health, Pharmacology and Therapeutics and Professional and Clinical Skills.

The core content of this module comprises the teaching of Primary Care, Psychiatry, Emergency Medicine, Medicine, Elderly Medicine and Surgery. Content will allow for integration of new knowledge and skills with a deepening of your prior learning. Over the course of the module, the students will progress towards becoming a fully competent practitioner of patient-centred care.

The students will spend 3 weeks each in Primary Care, Psychiatry, Emergency Medicine, Medicine, Elderly Medicine and Surgery. You will gain broad experience of accident and emergency medicine including trauma; undifferentiated and specific presentations and conditions, elective and emergency surgery; and therapeutics, including palliative care.

Through routine practice, the students will learn further about:

- Assessment of patients (history taking and examination of patients with sensitivity and respect)
- Managing transitions of care (presentations of findings and or care including discharge planning)
- How to perform specific examinations and procedures in the clinical

environment
- Caring for acutely unwell patients (recognition and prioritisation of immediate, urgent and routine care needs, and resuscitation skills)
- Providing peri-operative care (identification of common complications, risks to patient safety and means to mitigate them)
- Interacting with patients and family members (explaining procedures, investigations and therapies)
- Improving health at an individual and population level (identifying means for disease prevention and patient safety initiatives)

The patient will be central to all this activity, and the students will learn to support them through these stressful circumstances and, as one of the team, play a part in their treatment. Professional, ethical and legal considerations will be discussed.

Teaching and Learning Methods

The Senior Rotations module is based on routine clinical practice in hospital and in the community supported by regular seminars, tutorials, and a programme of online materials. Self-directed learning is key to professional development, and practical engagement with clinical cases is critical to enhancing clinical diagnostic and management skills. Placements in Primary Care, Psychiatry, Medicine and Surgery in earlier years have allowed the students to embed themselves within a team and take progressive ownership of their learning and undertakings. Year 5 blocks in Primary Care, Psychiatry and Emergency Medicine will further develop your clinical reasoning, communication with the wider healthcare team and ability to manage acute, complex and uncertain cases. Further exposure to Medicine, Elderly Medicine and Surgery will allow the students to build upon and continue their learning as per the spiral curriculum.

The approach of the module in delivery and content is aligned to the GMC's Outcomes for Graduates and begins a 'preparation for practice' mindset from the outset.

This module begins at the start of Year 5 with two weeks of campus-based sessions followed by 18 weeks of clinical placement. Hospital-based placements will take place in a single Acute Trust where the students will be based for the whole module. Community-based placements will require travel from their Acute Trust.

The Senior Rotations cover six specialisms (Primary Care, Psychiatry, Emergency Medicine, Medicine, Elderly Medicine and Surgery) and involves sequential 3-week blocks in each of these. The students may start on any of the specialisms and carousel through them. The students will have an immersive and authentic environment in which to practice professional and clinical skills under supervision, both in simulation and on patients under clinical supervision.

Teaching in clinical placements will be varied and include both formal and informal teaching elements. Formal teaching will comprise of asynchronous resources and in-person seminars themed around common clinical presentations. Teaching will take place face-to-face and online, as outlined in timetables and handbooks. In addition to

this, you will have access to materials on KMMS Learn, including resources on relevant topics. The students may also be signposted to relevant materials from previous years, and they should actively review your prior learning.

Linked activities (from the current as well as prior years) are provided to aid preparation and understanding for specific sessions, such as core teaching. The list is not intended to be exhaustive but to provide some guidance for learning.

It is important that the students review any materials for small group teaching and seminars in advance for any preparatory work that is required for the session.

Students will receive guidance and formative feedback on each of their assessments by their Clinical Supervisor and Clinical Academic Tutor (CAT).

Students must be supervised at all times when performing any clinical procedural skills on placement. Students should flag to their supervising team if they are being asked to perform procedural skills independently. Intimate or invasive clinical skills cannot be practiced on clinical placement until they have received simulated teaching and achieved simulation level competency and/or completed the required number of observations.

Appendix 16: Indicative Reading List CPCP, GPPH & SNR

To review reading lists for each module specifically, please see GP Educational Resources section on KMMS learn for details.

Appendix 17: KMMS Supporting Policies

The current version of relevant policies and procedures including, Raising and Escalating Concerns, Reasonable Adjustments, Dress Code and Travel and Accommodation can be accessed in the KMMS Policy and Procedures Folder.

Appendix 18: Guidance for Educational Supervisors and Medical Students concerning personal safety when on community-based placement.

The following principles are set out as guidance for Educational Supervisors and medical students to ensure safety whilst on clinical placement in the community/primary care settings. All students must adhere to the policies and procedures of the host organisation as they relate to lone working and personal safety. It also must be clearly stated that any activities undertaken by students must be within their level of competence and congruent with their stage of education.

Students should do everything they reasonably can to always ensure their safety and that of others. Taking care after dark, being sure to get good directions and preferably being accompanied are all sensible precautions.

If a student feels uncomfortable about going somewhere, they need to inform the Educational or Clinical Supervisor. Students must always pay attention to their personal belongings. Whilst this is rare, if someone is threatening or abusive, or if the student feels that their safety is in doubt, they should terminate the consultation, alert the Educational or Clinical Supervisor immediately, and record and report the incident.

We recommend that before starting consultations students should have a discussion with the Educational Supervisor or Clinical Supervisor, at the end of which they should know:

• What the practice health and safety protocol is
• Where the panic buttons are or what to do to raise the alarm
• What the practice alarm sounds like
• What response you should expect if you press the panic button
• What you should do if you hear an alarm set off by someone else.

Guidance on Home Visits
Students will have limited experience of home visits and the associated potential health and safety issues. It is therefore important that the Educational Supervisor and the practice staff undertake a general risk assessment of student safety. Students are allowed to do home visits for those patients deemed 'low risk'.

Students must always have a functional phone with them and their contact details available at the practice. Students are required to sign out of the practice and inform the Educational or Clinical Supervisor and practice staff of their expected time of return. They should not go directly home from a home visit without contacting their Educational or Clinical Supervisor. If they do not return within an agreed period of time, the student should be contacted. If the student does not respond, then please escalate as appropriate.

Permission
Students should not visit or arrange to visit patients without the express permission of the Educational or Clinical Supervisor.

Appendix 19: Entries in Medical Notes

For CPCP1 & CPCP2:

Students should not be allowed to make entries into patient records. There are no requirements for students in Year 1 and Year 2 to have independent access to patient records. For assignments, please provide the students with the information which they require from patient records so that their module assignments.

For GPPH & SNR:

Students are encouraged to see patients independently where possible, and subsequently present their findings to clinicians. We would ask that you grant the students access to patient records, and that they are given login details to be able to document their own consultations. However, all entries into patient records must be reviewed and countersigned by their supervising clinician. Please create the logins on your operating system following your own policies and procedures.

Students of all years are not allowed to prescribe medication.

The students have training on information governance procedures as well as the management of data. Students also have access to a guide on KMMS Learn from the UK Council for Clinical Communication (UKCCC) which outlines a framework for writing in patient records. Please see the link below to access the guide.

[Do's and Dont's Guide for writing in the GP electronic patient record for medical students](#)

This following section is taken directly from this guidance:

'Electronic Patient Records (EPR) are not only for documentation of clinical consultations, but also for interprofessional communication between clinical and administrative staff involved in the patient's care and are available for patients to read[1]. This requires us to view what and how we write when documenting a consultation from a different frame of reference and should lead to a more person-centred approach with shared decision making. Another important consideration is the role of the EPR as a medico-legal document[2].

This guide provides a framework of key points to consider before, during and after the consultation, and should be used alongside the Information Technology (IT) policies of the placement.

Before the Consultation
- Consider you are about to enter information into a clinical as well as legal document which may be visible to the patient as well as the clinical and administrative team.
- Check the records for background information that is available to anyone looking at the notes. The problem list, medication list and allergies does not need to be re-written in your notes except for changes you may agree to with your patient and supervisor.

- Check if any information has been redacted and why.
- Look at the last three consultations as a minimum. This helps you to understand the context and shows the patient you are prepared for the consultation – they will expect you to have some background knowledge.

During the Consultation

When writing into the EPR, you need to document the consultation accurately. Remember if the notes are ever used for legal purposes *"if you do not write it, it did not happen"*. Your memory of events is not good enough.

- Your entry must be identifiable and contemporaneous (written either during or immediately after the consultation)[3]
- Your entry must be
  - succinct and safe, with a focus on relevant positives and negatives.
  - clearly documenting presence and absence of red flags.
  - fit for purpose, complete and accurate[4].
  - avoiding duplication of previous entries (including background information already on the system).
- Medical terminology can be used in the interest of
  - Accuracy, utilising the unambiguity of medical terminology.
  - Succinctness, removing the need for lengthy definitions.
  - Enabling auditing, monitoring and algorithmic checking if Read-coded (Quality & Outcomes Framework (QOF), eclipse, risk calculators, prescribing warnings).
  - Guiding clinical reasoning as terminology triggers pattern recognition.
- If you are using medical terminology, you should briefly/in brackets explain the terms to aid readers to understand[5]. You can also share and explain the entry with your patient if you are writing during the consultation. This can improve your patient's health literacy.
- Avoid abbreviations unless explained: *'shortness of breath (SOB)'* [3,5].
- Your entry should reflect the content spoken about, including the patient's perspective, and should contain no surprises for the patient. Write using the patient's preferred name rather than 'the patient' or 'pt'.
- Must be checked for spelling and punctuation, as mistakes can inadvertently alter the meaning as well as giving the impression of carelessness or being rushed.
- Avoid judgemental personal descriptors, instead state facts or signpost perception (*e.g. 'BMI 41' rather than 'grossly obese',* 'declined' rather than 'refused')[5].
- Should communicate thinking or clinical reasoning, and document shared decision making
- Document the management plan (as agreed with your supervisor) and safety netting. Clearly state what the next steps are[3].
- Check with your supervisor the correctness of your entry.

The suggested format for your entry is ISBAAR

Identification	Clearly state • your name, role, year of study • name of supervisor • name of any other person present in the room. Confirm you have checked the patient's identity
Situation	Document • the relevant history, signs, and symptoms with a clear explanation of the timeline. Include relevant positives and negatives.
Background	Document the relevant context without duplicating information already previously documented but signposting to it if relevant (*e.g., 'see discharge letter' or 'titration of medication as per Dr XYZ on dd/mm/yy'*)
Assessment	Document (read-coded) • clinical examination findings • results and investigations
Analysis	Explain your clinical reasoning and list of differential diagnosis (with likelihoods). Document what you have said to the patient or what kind of written information you have provided for the patient
Recommendation	Outline the recommended plan in terms of • suggested investigations • treatment • review/follow up Document what you have discussed with your supervisor. Clearly explain the next steps • for you *(e.g., order tests, arrange Electrocardiograph (ECG) etc)* • for the team *(e.g., book follow up/asthma check)* • for the patient *(e.g., check BP/ blood sugar at home)* Document the explained safety netting with clear instructions and timelines

The process of writing the notes will be slightly different for everyone but remember the computer is like the third person in the room. Always signpost to the patient when you are going to turn away to type something up.

After the Consultation

You may wish the patient to then read what you have written (or read out to them) to ensure you have captured things correctly and can then clarify any areas that are not clear. This is like/instead of your summarising to check for correctness and completeness.

Always ask your supervisor to check your entry and countersign with an agreement that your record is an accurate account. They may wish to add some further comments, and these will be invaluable to your reflection and learning.

Document the patient's concerns, your joint thoughts about differentials and shared decision making re next steps in full. Many students worry about this step, in case they are wrong, but you can always put "DR X will clarify whether our thoughts are correct when they come in".

Additional Comments

The IT training at the start of your placement will help you familiarise yourself with the EPR and the organisation's policies around the patient record system, including issues around redacting information and information hidden from public view in the patient's interest.

Please ensure that you are clear about where and how to input information, specifically about the read codes used, as they enable searches for audits, risk tools, Quality and Outcomes Framework (QOF), background safety checks for prescribing and monitoring etc.

References:

1. Pontefract, S.K., Wilson, K. (2019). Using electronic patient records: defining learning outcomes for undergraduate education. BMC Med Educ 19, 30.
2. Blease C, Cohen IG, Hoffman S. (2022). Sharing clinical notes: potential medical-legal benefits and risks. JAMA; 327:717-8. doi:10.1001/jama.2021.23179
3. MDU. (2023). "Effective record-keeping". https://www.themdu.com/guidance-and-advice/guides/effective-record-keeping
4. Care Quality Commission (CQC). (2022) Health and Social Care Act 2008. Regulation 17. https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-17-good-governance#full- regulation
5. The Academy of Medical Royal Colleges. (2018). "Please, write to me: Writing outpatient clinic letters to patients".

If you have any Fitness to Practice concerns as to how students are accessing data, or making entries in patient records, please highlight these concerns and complete an Alert form.

If you have any further questions, please contact Community Education.

Appendix 20: Guidance on the use of remote consultations for KMMS students on placement

Introduction

The COVID-19 pandemic has changed Primary Care dramatically, with many more consultations being delivered remotely even as restrictions are lifted. Doctors of the future need to learn about remote consultations for their future careers.

This paper focuses on the use of video consulting in primary care placements. This may be under the direct supervision of a GP or other primary care clinician able to guide the students.

Consent and Confidentiality

Patients must consent to a student being present during a remote consultation in the same way in which they would be asked in face-to-face settings.

Students have all completed the E-learning for Health Module on Data Security and Awareness (level 1) as a mandatory requirement prior to receiving their Certificate of Readiness for Practice

Use of devices and Wi-Fi networks

1. Students should use a secure device.
2. Students should use the Wi-Fi provided by the Local Education Provider whilst they are physically on placement. Public networks should not be used.
3. Headphones should be used wherever possible
4. The remote consultation should only be accessed in a quiet, private space

Supervision

Students should be supervised on remote consultations to the same standard that would be expected if they were consulting face-to-face.

The use of AccuRx for video consulting

1) AccuRx is secure NHS digital approved software that is widely used in General Practice for video consulting.
2) The GP practice as data controller is responsible for information governance and completing a Data Protection Impact Assessment (DPIA). A link to an example is provided:
   a) https://support.accurx.com/en/articles/3801100-overview-of-information-governance-and-security-at-accurx
3) It has the option of inviting two people into the consultation in addition to the patient and clinician.
4) A protocol for use of AccuRx in student teaching is included below.
5) An example of the patient experience of the use of AccuRx is included in the following video clip
   a) https://m.youtube.com/watch?v=DI2rvhcAaIw

Student code of conduct for supervised remote GP consultations

To participate in supervised remote GP consultations, you are expected to adhere to KMMS policies and procedures for online learning, dress code and fitness to practice.

Furthermore, you are expected to:

1. Follow joining instructions from your GP Educational Supervisor. This may include supplying a mobile phone number in addition to your email address so they can contact you and send details to enable you. You should only contact the patient using the methods agreed by the supervising GP. Under no circumstances should you use any unapproved apps or software to contact the patient.
2. Ensure that you are alone in a room where you can remain undisturbed during the consultation. To ensure patient confidentiality, it is important that no one can overhear the conversation in an adjoining room or outside.
3. Ensure any device you are using has all available security settings activated. Close any unnecessary software/apps that are running in the background.
4. Ensure any notes taken during the consultation are anonymised and discarded appropriately.
5. Any patient data such as phone numbers or email addresses are disposed of upon completion of the consultation.
6. Not make any recording (audio or visual) of the consultation.
7. Always appear and sound professional. This includes your background if participating in a video consultation as well as complying with the medical school's dress code.
8. Explain your role as a medical student and confirm the patient's consent to participate in the remote consultation.
9. Mute your microphone when only observing the consultation and if you are observing a video consultation keep your camera turned on.
10. Refrain from trying to examine any patient during a video consultation without the Supervising GP present.

Failure to adhere to these rules will likely result in exclusion from further supervised remote GP consultations and may result in fitness to practice proceedings.

Protocol for the use of AccuRx in consultations with students

Preparation for the video consultation

1) You may want to consider sending an AccuRx text to the patient before the consultation. You could set up an example AccuRx template for this (max 400 characters) such as:

   a) *Thank you for agreeing to have two medical students present in your video consult today. Your GP will send you a link to join the consult. They will check that you are still OK to take part. Students will then join the call. You will be able to see the students and GP on the screen. The call is not recorded. Please let reception know if you do not wish to have students present.*

2) If the students are in a separate consulting room from you in the Practice, you can still invite them to a video consultation. Ensure they are logged onto EMIS and that their video camera and microphone are working.

3) EMIS users – You will need to use screen messaging on EMIS.

4) Consultation

   a) Invite the patient to the consultation as you normally would (see here if you need help on how to do this https://support.accurx.com/en/articles/3776579-using-accurx-videoconsultation-to-help-with-covid-19)

   b) Obtain verbal consent from the patient for the students to be present, as you would do for normal student teaching in practice.

   c) Click on the grey icon on the top left of the video screen:

   d) Paste into a screen message (EMIS)

   e) The students click the link to join the consultation. They should enter their names as "First name (Student)" and ensure that their camera is turned on.

Guidance
NHS digital
https://www.nhsx.nhs.uk/information-governance/guidance/covid-19-ig-advice/
Medical Schools Council
https://www.medschools.ac.uk/media/2788/students-attending-remote-consultations-advice-to-medical-schools-and-students.pdf

Appendix 21: Summary of expectations of the placements in Year 1, 2 ,4 and 5 of the KMMS Undergraduate Programme

Full details of the requirements are included in the Placement Agreement between GP Practices (or other community placement providers) and KMMS

KMMS responsibilities

- KMMS will provide information about the curriculum requirements and the learning outcomes for the placements including assessment criteria and methodologies.
- KMMS will provide academic support to the PCN/community placement provider by ensuring that the PCN/community placement provider has access to educational resources including information, teaching materials, Virtual Learning Environment, and e-portfolio.
- KMMS will ensure that student feedback from placements is shared with the PCN/placement provider.

PCN (or other community placement provider) responsibilities

The PCN/community placement provider will:
1. Provide a single point of contact in relation to the student, who will
   - facilitate and support the student experience during the Placement, and
   - act as the key link with the KMMS academic, quality and placement team
2. Ensure that they have in place appropriate governance, to enable cross organisation assurances and clarity of roles and responsibilities.
3. Ensure that the Placement learning environments are equipped with the appropriate clinical and educational resources (including access to IT) to support the adequate delivery of the Placement according to the module requirements.
4. Ensure that the students receive an appropriate induction and orientation, including local policies and procedures relevant to each GP Practice/Community Placement and training on IT systems. Induction should clearly outline duties, supervision arrangements and role within the team in line with GMC requirements. The induction should cover both PCN/community placement wide and specific practice level issues.
5. Feedback on student performance in a time frame appropriate to the activity performed to meet the specified learning outcomes set by KMMS.
6. Comply with KMMS policies on student support and raising concerns. This will include informing KMMS on the same working day if a student fails to attend.
7. Notify KMMS of any issues which might compromise their ability to deliver the placement programme.

GP Educational Supervisors

The PCN/community placement provider will ensure that all Educational Supervisors and relevant PCN/community placement staff are competent to support student learning and assessment, meet professional body requirements where necessary (or are required to commence a programme of CPD to achieve these competencies where appropriate).

Educational Supervisors must be recognised by the GMC as trainers and/or have a recognised teaching qualification. The Lead Educational Supervisor or deputy will attend all mandatory training provided by KMMS relating to the modules being delivered as detailed in the GP Practice Handbook. They will have time in their job plans to meet their educational responsibilities and will undertake annual appraisal as an educator. They will participate in KMMS activities supporting education and training such as selection and assessment processes. They must ensure that there are functioning processes in place to ensure that all practices hosting students are aware of the module requirements and that there are mechanisms for effective feedback.

Lead Educational Supervisors (and deputy) (GP)

- Oversee undergraduate education and student welfare within PCN/community placement, providing student support as required.
- Ensure dissemination of KMMS immersion week or other materials to all practices/site accommodating KMMS students within the PCN/community placement.
- Provide case-based teaching in group tutorials themed to curriculum- as specified in the relevant module handbook.
- Support students develop their material for assessment in accordance with the relevant module handbook specifications.
- Undertake formative and summative assessment as required for the module being delivered.

Clinical Supervisors (GP)

- Support student learning at practice level, monitor attendance and professionalism.
- Supervise students during their clinic attachments and multidisciplinary team activities.
- Supports students develop their material for assessment in accordance with the relevant module specifications. .
- Contributing information for the end of placement report.

Supervising GP or Health Care Professional (including supervisors in alternative community placements)

- Supervise student learning during a specific clinical session.
- Provide monitoring and assessment during clinical and patient facing situations during placements so that students can practice their knowledge and skills
- Contribute to formative and summative examinations. This will involve e-portfolio sign off and summative sign-off of student progress and may involve

contribution to examinations such including but not limited to OSCEs and Applied Knowledge Tests as from time to time determined by and agreed with KMMS

Appendix 22 Financial Arrangements

GP Practices or Local Education Providers will be paid for activity delivered at a rate of £95 (inclusive of VAT and other taxes) per student per session for 2024-25.

This tariff is expected to cover all the activities required to deliver placements for CPCP1, CPCP2, GPPH and SNR, including but not limited to:

- Delivery of the timetabled sessions in accordance with the handbook requirements.
- Provision of designated administrative support for delivery of the CPCP1, CPCP2 and GPPH modules as well as for the Primary Care Block (of SNR) including timetabling, quality monitoring and administration of finance.
- Any incidental expenses associated with the delivery of the module including insurance, equipment, and travel *within* the PCN/community placement area.
- Costs associated with time spent by Lead Educational Supervisors and their deputies
  - attending mandatory training sessions as specified by KMMS (which will not normally exceed 1 day per annum for each educator)
  - preparing for and attending the annual quality monitoring visit (which will not normally exceed 1 day per annum for each educator)
  - being available for and supporting wider KMMS activities (for the equivalent of approximately 1 day per annum for each educator under normal circumstances. These activities might include being a Personal Academic Tutor, participating in debriefing tutorials on campus, assessment on campus and or selection/recruitment processes).
- Costs for alternative community placements providers associated with attending KMMS specific training sessions and preparing for and attending annual quality monitoring sessions.

The process for payment is laid out on the KMMS website.

Appendix 23: Contract Performance and Quality Management Processes – KMMS Placements

This document outlines the principles and processes that Kent and Medway Medical School (KMMS) will employ in the monitoring of primary care placements for students enrolled on the Bachelor of Medicine Bachelor of Surgery (BMBS) programme.

This document is supported by the service level agreement between the placement provider and KMMS and the GP Practice Handbook which outlines in more detail the expectations of both provider and University.

Principles and processes of contract performance and quality management

KMMS aims to ensure that the placements offered to students on the BMBS Programme are of the highest quality and support us to achieve our vision of becoming a beacon of first-class medical education and research. In order to accomplish this, we recognise the need to support both our students and placement provider via a systematic and high-quality process of audit and contract and quality review meetings.

This will include:

1. **Audit**: Every workplace that accepts student allocations is audited as a Learning Environment biennially. If a workplace has been audited within the previous two years by the Work-Based Learning Unit (WBLU) within the Faculty of Medicine, Health and Social Care at Canterbury Christ Church University (CCCU) an additional audit will not be necessary. In circumstances where an audit is necessary, a member of the CCCU WBLU and/or a staff member of KMMS will visit the placement provider at a pre-arranged time to complete the audit. They will ask placement provider staff a series of questions to inform their decisions as to whether the standards are met. Standards for KMMS BMBS students are based on the standards required by the General Medical Council (GMC). The process of audit is outlined in Appendix A. In addition to formal biennial audits, ad hoc audits may take place more frequently by exception.

2. **Operational Contract and Quality Review Meeting (OCQRM):** OCQRMs will take place with all providers of placements on an annual basis. These meetings provide the opportunity for both parties to work in partnership to maintain oversight of the learners' experience in practice. This will involve a review of the most recent audit and a discussion about student evaluation. This meeting provides the forum for operational level discussions with a view to supporting LEPs/placements providers to resolve any concerns or issues relating to undergraduate medical education in a timely manner. Terms of reference for the OCQRM are attached as appendix A.

3. **Placement Provider concerns or requests for support:** Placement providers can contact the School with any concerns about placement provision at any point in the contract and quality review cycle. Concerns or questions relating to the delivery of the programme, changes to placement provision or placement support and teaching can be routed through communityeducation@kmms.ac.uk and will be redirected to appropriate staff in

KMMS. Concerns about individual students, including notification of non-attendance, should be raised with communityeducation@kmms.ac.uk

4. **Student Evaluation and Concerns:** Students are routinely asked to provide feedback about their experience at the end of each placement and this informs discussion at OCQRM. Students may also raise concerns about their placement at any time by using the raising and escalating concerns guidelines.

Indicative schedule of review

				Provider concerns or request for support	Student evaluation/ concerns
Year 1	Q1	AUDIT			
	Q2		OCQRM		
	Q3				
	Q4				
Year 2	Q1				
	Q2		OCQRM		
	Q3				
	Q4				

In circumstances of serious concern/risk, whether this is identified by routine audit or exception reporting, KMMS/CCCU WBLU reserve the right to suspend the active placement until such time that concerns and risks can be remedied and/or mitigated. Examples of serious concern/risk may include but are not limited to a significant breakdown in the relationship between students and placement staff or serious concerns regarding clinical care for example as raised by the Care Quality Commission. If an active placement is suspended, an action plan to support the restitution of the placement will be drawn up and agreed upon by KMMS and CCCU WBLU as well as the placement provider.

Annex A: Audit Process

This document details the stages involved in the formal audit of placement providers to KMMS students. The summary of the stages includes some indicative examples of activity but is by no means an exhaustive list. Activity will be tailored to the needs of individual placement providers.

*   In large organisations/ PCNs the audit process has been broken down into two stages.

Stage 1: A meeting will be held between a KMMS GP Educator and/or the Senior Lecturer Practice Learning from Canterbury Christ Church University and the placement provider. During this meeting data related to the organisation's perspective will be collected and where standards are not achieved an action plan will be agreed upon.

Stage 2: Progress towards meeting the action plans will be monitored on a monthly basis by KMMS and the Senior Lecturer in Practice Learning. This includes reviewing Student evaluations and agreeing on dynamic actions to address emerging concerns. Additionally, the Faculty Director of Practice Learning at CCCU, The KMMS Lead for

GP and Community Education and the KMMS Quality Manager will also quality monitor the entire process, feeding back via the forum of the annual OCQRM. The OCQRM can be convened more frequently if necessary.

- In smaller/single placement organisations the entire audit process will be undertaken by a member of KMMS and the Senior Lecturer in Practice Learning staff who will support the development, and implementation, of an action plan.

Annex B: Operational Contract and Quality Review Meeting (OCQRM)

Remit: To provide the opportunity for all parties to work in partnership to maintain oversight of the learners' experience in practice. This meeting provides the forum for operational level discussions with appropriate senior representation from each Practice Placement Provider organisation.

Membership:

Canterbury Christ Church University/ KMMS	Practice Placement Provider
KMMS Quality Manager or representative (Chair)	Lead Educational Supervisor or deputy
KMMS Lead for GP and Community Education or representative	1 x Representative (Practice Manager or GP Educator) from each Practice involved in providing placements within the PCN area
Administrator/Minute-Taker	Practice Administrator/Manager (depending on PCN arrangements)

Whilst full attendance is preferred, the meeting will be quorate (from a KMMS perspective) with a Chair (either QM or representative), a member of the KMMS GP Education Team, and PCN representation from the Lead Educational Supervisor or deputy.

Terms of reference:

The purpose of the meeting is:
To discuss organisational developments and their impact on each other's organisations, changes to programme delivery and potential risks, with a view to offering suggestions for potential mitigation. This would include, for example, changes in strategic and/or operational management, organisational restructuring and external regulatory body monitoring and outcomes (e.g., GMC);

1. To discuss the current educational audit outcomes and to address any concerns arising from the organisational and/or combined sub-audit action plans, providing support and advice where appropriate;
2. To discuss issues arising from student practice placement evaluations and actions planned to address any challenges, to seek assurance as to the quality of the student learning experience;
3. To monitor practice education and support for learning and assessment in practice;
4. To discuss issues relating to fitness to practise for further dissemination within each organisation;
5. To discuss contemporaneous practice and identify opportunities for innovation.

Frequency of Meetings: The operational group will meet annually.

Annex C: Press Enquiries and Emergency Communications

If you have any press enquiries regarding KMMS or would like to talk to someone about a shared press release/social media story etc please email communications@kmms.ac.uk and copy in Mary.langford@kmms.ac.uk .

Please note that as we are collaboration between the University of Kent and Canterbury Christ Church University, we work with the press teams at both institutions which can lead to longer sign off times so please contact as at your earliest opportunity.

In the case of an emergency situation please email deansoffice@kmms.ac.uk and if out of hours call Mary Langford on 07885 846 936.

Appendix 24: Student Conduct

The Kent and Medway Medical School (KMMS) programme ensures that graduates can display the competence, care and conduct expected of doctors as described in '*Achieving good medical practice: guidance for medical students*. In addition, the GMC and MSC have jointly published guidance to medical schools and medical students concerning professional behaviour and fitness to practise.

As a general principle KMMS endeavours to monitor and resolve concerns relating to students before professional standards are breached and the issue becomes a concern about fitness to study or practise. All concerns about students should be raised via an 'ALERT' form which is available both on the KMMS staff portal and the [KMMS public website](#). These are triaged and the subsequent course of action will depend on the nature of the concern but could include ongoing monitoring, a student support panel or escalation to formal fitness to practise investigation.

Further information can be found in these policy documents available on the [KMMS website](#):
- [KMMS Low-Level Concerns, Fitness to Study and Fitness to Practise Procedures](#)
- [Raising and Escalating Complaints/Concerns within Practice Environments - Guidance](#)

Appendix 25: Use of Artificial Intelligence (AI)

The rapid emergency of generative artificial intelligence (AI) presents new challenges when assessing written assignments and reflections.

KMMS, as well as both parent universities - University of Kent and Canterbury Christchurch University (CCCU) - encourage students to consider generative AI tools as resources. However they accept the challenges in relation to academic integrity and have published guidelines for using it:
- KMMS – here
- University of Kent – here
- CCCU – here

There is overlap between the use of generative AI and existing academic integrity policy. Students must take responsibility for their own work, refrain from actions that would give them an unfair advantage over their peers, and not present the work of others (including AI) as their own. If AI-generated content is used in assessment this should be treated like any other source and should be appropriately referenced and/or acknowledged.

It can be difficult as an assessor to spot text generated by AI. AI-detection software exists however evidence suggests that this can be easy evaded. There is also the risk of false positives. Proving use of AI is therefore challenging, however there are some features which should prompt assessors to consider whether a piece of text of text may be AI-generated:
- Consistency and coherence – text may lack a logical structure or flow. It may transition abruptly between points or topics
- Repetitive patterns – repeated patterns of words, phrases, or sentence structures
- Unnatural language – some phrases may seem strange or unnatural. Some word choices may be technically correct but seem odd or unusual. There may be heavy use of jargon
- Lack of depth – while AI can generate text on almost any topic, it may lack depth and there may an absence of original ideas
- Lack of references – many AI tools (for now) struggle to reference correctly
- Changes in tone/style – if only some of the text is AI-generated then it may be noticed as having a shift in tone, style or formatting compared to other parts of the work
- Lack of errors – the text may be flawless. Even good human writers will make small grammatical errors

If there is any concern about the use of AI-generated content in assessment (including workplace based assessments, such as reflections) this should be raised with the community education team.