UNIVERSITY OF LIMERICK
OLLSCOIL LUIMNIGH

School of Medicine



BM4003 General Practice/Primary Care

A Guide for Clinical Tutors & Students

AY2026/27

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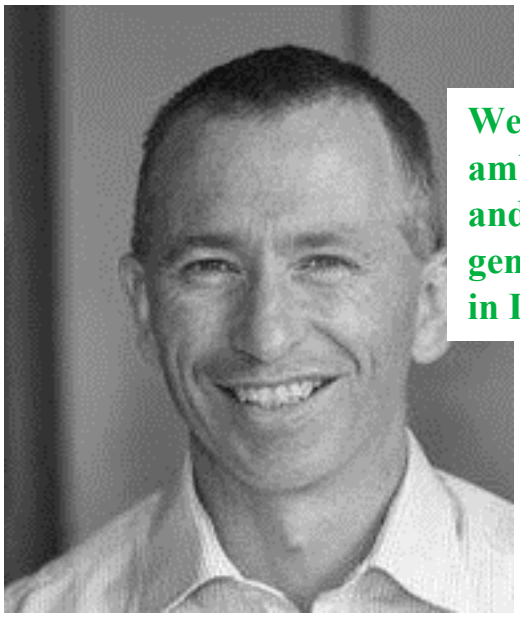
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Introduction to GP Team and Module Overview

Liam Glynn
Professor of General Practice



We are an enthusiastic and ambitious group of GP teachers and researchers aiming to develop general practice and primary care in Ireland.

With high quality teaching and research of international standing we maintain active clinical roles and involvement in the development and delivery of primary care services in the Mid-West and beyond.

We deliver an innovative educational programme at the School of Medicine where we teach in three of the four years of the Bachelor of Medicine-Bachelor of Surgery programme.

Our 3rd Year 18-week Longitudinal Integrated Clerkship placement programme in the community is unique in Ireland. This programme is consistently rated highest of all clinical placements by medical students here in the School of Medicine.

To our tutors, we look forward to continuing to engage with you throughout this academic year and to our students, welcome to General Practice!

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Outline of Teaching and Learning

This module presents students with an opportunity to observe the variety of different ways that patients present to General Practitioners with health issues and concerns. It affords students an unparalleled opportunity to interact with patients on a one-to-one basis while providing supervision from an individual experienced clinical tutor. Every consultation with a patient provides a unique learning opportunity. Students should also come to appreciate the roles of other disciplines involved in primary care and the nature of the processes involved in referral to and discharge process from hospital care.

This guide aims to:

- Assist students in maximising the benefits of their clinical placement in General Practice and
- Help GP Tutors support students during their time on placement.

Please note, the content of the module may evolve in response to feedback from GP tutors and students; the information provided in this guide therefore is correct as of July 2026 and is subject to change.

Please note that this handbook is issued in addition to other University and School handbooks which students should also refer to prior to the commencement of the academic year (i.e. UL Student Handbook, Handbook of Academic Regulations and Procedures, BMBS Year 3 Course Handbook). The latest versions of these are available on the Year 3 Brightspace site.



School of Medicine Building at University of Limerick

Seeking Help and Support during Placement

It is not unusual to feel overwhelmed and isolated at times during your GP placement. To help overcome this, a "buddy system" has been developed and students will be divided into groups of two or three by the local GP Co-ordinator at the first small group teaching session. Students will be encouraged to maintain contact with their buddies and each group will appoint a representative to liaise with the Co-ordinator and GP Executive Administrator if issues arise.

The UL Chaplaincy provides a drop-in or telephone service where students can talk with a chaplain in a non-judgemental, respectful environment.



Fr. John Campion and Sr. Sarah O'Rourke, UL Chaplaincy

UL Éist, the UL counselling and wellbeing service, provides consultations to all registered students, including those away from campus on clinical placements. Consultations can be made in person, over the phone or via Skype.

If you require urgent medical attention while on GP placement, please contact your own GP/GP of your choice. If you are unable to easily access a GP service, any of the below GP practices which operate independently of our placement network have agreed to see students (please note: these services are not subsidised by the University). If you have difficulty accessing urgent medical care, please contact your regional GP co -ordinator who will assist and advise you. Medical students should not attend their assigned GP practice as a patient (unless in an emergency). If you are well enough to return to campus, the UL Student Health Centre offers a subsidised service to registered students. Information on contacting any of the above supports can be found on www.ul.ie/studentaffairs.

Network	Designated GP service recommended by local GP Co-ordinator	Contact number
Limerick/North Tipperary	UL Student Health Centre (CM-061), Student Affairs Division, University of Limerick, Limerick, V94 T9PX	(061) 202 534
Clare	Dr. John Duncan, The Surgery, Station Rd, Dough, Lahinch, Co. Clare, V95 A56D	(065) 708 1442
Kerry	Dr. Kerry Houston, Farranfore Medical Centre, Farranfore, Killarney, Co. Kerry, V93 E6HT	(066) 976 4144
Cork/South Tipperary	Dr. Deirdre O'Grady, Family First Medical Practice, 61-63 Mac Curtain Street, Fermoy, Co. Cork, P61 KH74	(025) 32734
South East	Dr. Julie McMahon, Kilkenny Medical Centre, Wolfe Tone Street, Kilkenny, R95 K59F	(056) 776 5966
Midlands	Dr. Cordula Grzonka, Kilbeggan Medical Centre, Mullingar Road, Kilbeggan, Co. Westmeath, N91 EYH2	(057) 933 2444
North West	Dr. Michael Waldron, Primary Care Centre, 33 Moneen Road, Castlebar, Co. Mayo, F23 ED77	(094) 904 9250
Dublin	Dr Anne Grace, Salus Medical Clinic, Unit 4 Albany House, Main St, Townparks, Swords, Co. Dublin K67 X2H5	(01) 8405352

Infection Prevention and Control on Placement

The University is committed to working with our GP tutors to support clinical placements to the greatest practical degree subject to the priority of protecting the safety of patients, staff and students. In advance of their placement, students have completed online IPC training and signed a declaration committing to the below procedures

- Students will not present to clinical placement if they have any symptoms of acute infection such as symptoms of viral respiratory tract infection or gastroenteritis
- Students will not be present in clinical areas without a specific purpose relating to their educational requirements
- Students will limit their time in the clinical area to the minimum time necessary for their learning
- Students will be “bare below the elbows/bare above the wrists” when in clinical areas
- Students will comply with local IPC procedures in each individual practice
- If students have chosen not to be vaccinated against key respiratory viruses (SARS-CoV-2 and Influenza) in accordance with current public health guidance they will, to the greatest degree practical, limit contact with high-risk patients
- If students develop an infectious disease (COVID-19 or any other communicable disease), they will immediately notify the University (via the online student absence form) and their placement practice
- Students who are not confirmed as immune to Hepatitis B virus will not engage in exposure prone procedures



What we want students to learn

In this module, our aims are threefold:

- To provide students with an opportunity to encounter and become clinically competent in common clinical problems and conditions in General Practice and Primary Care,
- To provide students with an appreciation of the contextual issues which impact on clinical work in Primary Care,
- To provide a supporting programme of formal teaching and learning activities.

Clinical Care: The clinical problems / conditions in which students are expected to demonstrate basic clinical competence at the end of the module are as outlined in the '*Anthology of Medical Conditions'* published by the Australian Medical Council. This contains 131 problems / conditions in which students should be competent at the time of graduation and identifies the 47 conditions which are particularly germane to General Practice and which therefore form an important focus of what students learn while on clinical placement (and how we assess them):

Table 1. Anthology of Medical Conditions: General Practice

002 Abdominal Mass 003 Abdominal Pain 006 Abnormal serum lipids 012 Anaemia 018 Burns 019 Cardiac Arrest / Respiratory Arrest 020 Chest discomfort 024 Dementia/memory disturbances 027 Diarrhoea / Constipation 028 Diplopia 029 Dizziness / Vertigo 030 Dying Patient 031 Dysphagia 032 Dyspnoea / Cough / Prevention of Cancers / Chronic Respiratory Diseases 033 Ear Pain 035 Eye Redness 037 Falls 038 Fatigue 040 Fever and Chills 046 Headache 053 Hyperglycaemia / Diabetes Mellitus 054 Hypertension 056 Insomnia / Sleep Disorders / Sleep Apnoea 059 Joint Pain, Mono-articular (Acute, Chronic) 060 Joint Pain, Poly-articular (Acute, Chronic) 065 Mood Disorders	071 Painful Limb 073 Panic and Anxiety 077 Periodic Health Examination / Growth and Development 081 Pregnancy 082 Contraception / Pregnancy Prevention / Termination 089 Regional Pain 092 Rhinorrhoea / Sore Throat 093 Scrotal Mass 094 Scrotal Pain, Acute 100 Skin and Subcutaneous Lesions 101 Skin Blisters – Boils – Comedones – Ulcers 102 Skin Rash / Dermatitis 103 Speech and Language Abnormalities / Dysphonia / Hoarseness 107 Substance Abuse / Addiction 114 Urinary Frequency 118 Vaginal Discharge / Urinary Symptoms, Vulvar Lesions, Sexually Transmitted Diseases 119 Violence / Aggression and Mental Illness 124 Weight Gain / Obesity 129 Deformities / Malformations 130 Travel Medicine and Tropical Infections 131 Medical Emergencies

However, in addition to the above, other conditions which are relevant to General Practice/Primary Care may also be assessed.

Care in context: In addition, students are expected to experience and develop an understanding of contextual issues which impact on Clinical Practice.

Learning Objectives:

Your Longitudinal Integrated Clerkship in General Practice is an opportunity to become immersed in the care of individual patients, as part of a primary care team which is an important part of every local community.

The main priorities for this module are to further develop your clinical skills and knowledge of health and illness.

You should learn how to work effectively as part of a team and gain an understanding of the context of general practice in healthcare systems. It is also expected that you further develop your administrative, team-working, and time management skills during the clerkship.

By the end of your clinical placement, you should be able to describe the range of patient presentations commonly seen in General Practice: acute care, emergency care, chronic care, and preventative/primary care.

General practice teams see the full spectrum of people in the community, and you should be able to reflect on your own personal attitudes (conscious and unconscious) to different patients/patient groups. You should be able to demonstrate an awareness of the importance of the physical, psychological and social determinants of health, and incorporate these into your diagnostic and management plans. An effective management plan should involve a consideration of all psychological and social elements that resonate with the case, along with typical interventions which are more apparent (pharmacological, referral, review, safety-netting etc). You should be able to recognise your own personal and professional limits and discuss all consultations with your clinical supervisors.

The longitudinal Integrated Clerkship should also give you the opportunity to reflect on the principles that underly all professional practice. You should be able to discuss the principles of confidentiality, autonomy, consent, patient-advocacy, social justice, and the role shared decision-making plays in consultations.

Table 2. Learning Outcomes for General Practice/Primary Care

	OUTCOMES At the end of your time in GP you should:	**DOMAIN** *and Clinical condition number*	**LEVEL REQUIRED**	**TEACHING/ LEARNING ACTIVITY** *See below for abbreviation key	**ASSESSMENT** #See below for abbreviation key
1	be able to effectively communicate with a patient in order to discover the reason for attendance, explain the differential diagnosis and discuss a management plan. This should be achieved by 1. Responding compassionately to people's health needs in the context of their social situation, culture and environment	Attitude skill	Medium - high	LIC SEM CBT VCB	CE ITA
2	be competent in performing the following exams 1. Cardiovascular, 2. Respiratory, 3. Gastro-intestinal, 4. Neurological-PNS/CNS, 5. Thyroid, 6. Diabetic foot, 7. Lymph node, 8. Peripheral vascular, 9. Ear, Nose Throat exam, 10. Antenatal exam, 11. Developmental exam-paediatrics, 12. Fundoscopy, 13. Pen Torch to assess pupil dilation/ accommodation. Whilst breast, pelvic, scrotal/rectal exams may not be tested at year 3 GP clinical exams, you may be still asked to verbally describe these. If opportunities arise to observe these exams in your clerkship, with the consent of patients and supervisors-these should be taken. Although the examination of children is not formally tested in GP clinical exams-If opportunities arise to observe or participate in these exams in your clerkship, with the consent of parents, patients and supervisors-these should be taken.	Skills 077 081 093 094	Medium-high	LIC VCB	CE ITA

3	demonstrate knowledge on the diagnosis and general practice management of the following chronic medical conditions: 1. Asthma, 2. COPD, 3. Diabetes, 4. Thyroid disease, 5. Atrial fibrillation, 6. Hypertension, 7. Cardiac failure, 8. Eczema, 9. Psoriasis, 10. Acne 11. Leg ulcers, 12. Peripheral vascular dis., 13. UC/Crohns, 14. Coeliac disease, 15. Chronic Liver Disease, 16. Pernicious anaemia 17. GERD, 18. Rheumatoid arthritis, 19. Osteoarthritis, 20. Gout, 21. Dementia, 22. Depression, 23. Schizophrenia, 24. Anxiety, 25. Insomnia, 26. Recurring Falls, 27. Addiction, 28. Chronic Kidney Disease. 29. Migraine 30. Parkinson's Disease	Skill & Knowledge 032 124 053 107 054 102 056 101 065 024 073 089 119 037 102 107 119	Medium-high	LIC SEM CBT VCB	ITA CE EMQ/SBA
4	demonstrate knowledge on the diagnosis and general practice management of the following acute infective conditions (including examination skills where appropriate): 1. Respiratory tract infections, 2. ENT infections, 3. Urinary tract infections, 4. Gastroenteritis, 5. Influenza, 6. COVID-19, 7. Chicken pox/shingles, 8. Skin infections, 9. Sexually acquired infections.	Skill & Knowledge 032 114 033 027 040 092 118 100 101	Medium-high	LIC SEM CBT	ITA CE EMQ/SBA

5	demonstrate knowledge on the diagnosis and GP management of the following musculoskeletal conditions (including examination skills where appropriate): 1. Low back and red flag issues, 2. Wrist pain, 3. Elbow pain, 4. Shoulder pain, 5. Ankle sprain, 6. Plantar fasciitis, 7. Achilles tendonitis, 8. Acute/chronic knee pain, 9. Acute/chronic hip pain.	Skill & Knowledge 037 059 060 071 129 089	medium	LIC SEM CBT	ITA CE EMQ/SBA
6	demonstrate knowledge on the various methods of contraception-prescribed in GP (hormone types, indications and contra-indications, common side effects) 1. Pills/rings/patches, 2. Coils, 3. Depots, 4. Sub-dermal implants.	Knowledge 082 118	medium	LIC SEM CBT	ITA CE EMQ/SBA
7	be able to perform the following clinical tasks 1. IM injection, 2. Plot centiles (paediatric), 3. BP/ABI (Ankle -Brachial Index), 4. Phlebotomy, 5. Inhaler Technique (teach a patient), 6. Nebuliser Set up, 7. ECG, 8. Cervical Smear (assist, with supervision), 9. Urinalysis, 10. Pregnancy test, 11. Glucometer reading, 12. Write a referral Letter, 13. Prescription review, 14. O^2 provision /Face mask, 15. Peak Flow/Spirometry.	Skill and knowledge	Medium-high	LIC SEM	ITA CE
8	understand how to manage the following emergencies in GP (prehospital care): 1. Asthma/shortness of breath, 2. Chest pain / MI.,	Skill and knowledge 032 019 046 018 131	medium	LIC SEM CBT	ITA CE EMQ/SBA

	3. Sepsis, 4. Anaphylaxis, 5. Collapse, 6. Hypoglycaemia. 7. Acute abdominal pain, 8. Acute weakness/stroke/transient ischemic attack, 9. Acute headache, 10. Acute Burns.	020			
9	understand how to recognise and manage the following potential oncological/ acute illness issues in GP 1. Anaemia, leukopenia, thrombocytopenia, 2. Abnormal LFTs, jaundice, 3. Rectal bleeding, 4. Acute abdominal mass, 5. Haemoptysis/emesis, 6. Haematuria, 7. Dysphagia, 8. Abnormal prostate exam/PSA, 9. Generalised lymph nodes, 10. Substantial weight loss, 11. CNS neoplasm signs and symptoms, 12. Scrotal mass/pain, 13. Atypical moles, SCC, BCC, or common skin lesions (seb. keratosis, warts, verrucae, skin tags) 14. Hoarseness/dysphonia, 15. Fatigue, 16. Acute Kidney Injury, 17. Acute urinary retention. 18. Acute deep vein thrombosis (DVT)	Skill and knowledge 032 038 046 093 100 031 027 012 006 003/002 103	medium	LIC SEM CBT	ITA CE EMQ/SBA
10	demonstrate knowledge on the diagnosis and GP management of the following eye conditions (including examination skills where appropriate): 1. Red eye, 2. Eye discharge and diplopia, 3. Cataracts.	Skill and knowledge 035 028	medium	LIC CBT	ITA CE EMQ/SBA
11	demonstrate knowledge on the diagnosis and GP management of the following ENT conditions (including examination skills where appropriate):	Skill and knowledge 033 046 029	medium	LIC SEM	ITA CE EMQ/SBA

	1. Dizziness (acute and chronic), 2. Tinnitus, 3. Wax/ foreign body ear, 4. Otitis media/externa. 5. Sore throat.	092			
12	understand the role of inter-professional care in General Practice (Interplay of GP/Public Health Nurse/OT/PT/SLT/Practice Nurse/Community Nurse Specialist), especially with regard to palliative-care, community-care, primary-care-team and rehab settings.	Knowledge and attitudes 030	high	LIC SEM CBT	ITA CE
13	appreciate the difference between appropriate aging, and age associated disease, and reflect on the complexities that 'atypical presentation', multi-morbidity, and drug prescription (optimal drug selection and dose) bring to clinical consultations in the elderly and others.	skills	medium	LIC SEM CBT VCB	ITA CE EMQ/SBA
14	be able to demonstrate how health promotion is incorporated into General Practice consultations	Knowledge Skills	high	LIC SEM CBT	ITA EMQ/SBA
15	demonstrate an appropriate level of knowledge on the common travel vaccinations, and anti-malarial schedules prescribed in GP.	Knowledge 130	medium	LIC	EMQ/SBA ITA

***TEACHING/ LEARNING ACTIVITY**

SEM=Seminar/Lecture

CBT=Case Based Tutorials

LIC=Longitudinal Integrated Clerkship

#**ASSESSMENT**

ITA=In-training Assessment,

EMQ/SBA=Extended Matching Questions/Single Best Answer

CE=Clinical Exam

Chronic Disease Management in GP

A recent significant change which has occurred in practice is the introduction and integration of the CDM programme, which affords enhanced structured care to patients.

As parallel consulting is and remains the cornerstone of our clinical placement in general practice, CDM presents ideal opportunities for students to learn about management of a variety of chronic diseases. This is an important facet of student learning and when combined appropriately with non-CDM consultations, provides an enhanced educational opportunity for students.







How this module fits into the curriculum

General Practice is a key part of the four-year BMBS curriculum (see Table 3). Our programme which is designed for graduate-entry students (2.1. honours primary degree in any discipline) has a 'Problem Based Learning' (PBL) focus in Years 1 and 2, whereby students are presented with 'cases' and in small groups 'brain-storm' questions and possible solutions to the learning issues which that case may present. This process allows them to learn biomedical (e.g. anatomy, physiology, biochemistry) and clinical sciences (e.g. internal medicine, General Practice) in a more integrated manner. Students will work in collaborative groups facilitated by tutors.

In addition, during Years 1 and 2 students complete a foundation course in 'Clinical Skills', which covers the skills required by a doctor for direct patient contact, including consultation and communication skills, practical clinical skills and procedures, and emergency care. Constructive interaction with other health professionals is a key feature of this course in clinical skills.

Therefore, it is reasonable to expect that students in Year 3 will:

- Possess knowledge, skills and attitudes that are consistent with a medical student within 1-2 years of graduation
- Have successfully completed a two-year foundation programme in Clinical/Communication Skills which they now use in clinical settings.

Table 3. Sample structure of Year 3 and 4 modules

	Semester 1	Semester 2
Year 3	General Practice/Primary Care (18 weeks)	Medicine 1 (9 weeks)
		Surgery 1 (9 weeks)
	Professional Competencies 3	

	Semester 1	Semester 2
Year 4	Professional Competencies 4 (6 weeks Special Study Module)	
	Obstetrics & Gynaecology (6 weeks)	Medicine 2 (6 weeks)
	Paediatrics (6 weeks)	Surgery 2 (6 weeks)
	Psychiatry (6 weeks)	





General structure of the 18-week longitudinal integrated placement (LIC)

Clinical placements in General Practice are of 18-weeks duration commencing in August and January respectively. During their typical week, a student will spend time in GP (5 sessions over 4 days), self-directed learning (3 sessions) and formal teaching on block release (2 sessions). A typical student week is outlined in Table 4.

Table 4. Prototypical week for students during General Practice/Primary Care

	Monday	Tuesday	Wednesday	Thursday	Friday
AM	GP clinic	GP clinic	Formal teaching in General Practice (block release)	GP clinic	GP clinic
PM	Self-directed study	GP clinic	Formal teaching in Professional Competencies (block release)	Self-directed study	Self-directed study

Note 1: Students' clinic sessions should involve attendance at the practice five sessions over four days each week. This allows students to review patients 2-3 days after initial presentation. If alternative arrangements become necessary for any reason, they must be discussed with your coordinator in advance.

Note 2: Students may opt to stay in the practice (space permitting) for self-directed learning sessions.

Note 3: Students must attend the local teaching hub (in person for tutorials) for all formal teaching sessions.

Note 4: To ensure each student receives both a standardised attachment and an objective summative ITA assessment we would strongly urge each practice to comply with the recommended 5 clinical sessions and 3 self-directed learning sessions per week as outlined above.

Note 5: Tutors will be required to certify satisfactory attendance. Any student who does not obtain a certificate of satisfactory attendance will be deemed to have failed the ITA component of this module and will be subject to a notification of Professional Misconduct. This will result in a **fail** for the entire module.

Note 6: The commencement dates for each semester are set and announced by School of Medicine / University of Limerick. Commencement dates cannot be deferred by mutual agreement of students and their clinical tutors.

General Practice Longitudinal Integrated Clerkship (LIC)

Prepared by:

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Introduction

The General Practice Longitudinal Integrated Clerkship (GP LIC) of 18 weeks' duration in Year 3 offers extended patient and clinical experiences to our medical students. Using 'parallel consulting', students perform full history and examinations on multiple patients and then present each patient's history and physical findings to their designated GP tutor, who will then discuss differential diagnoses, management options, etc. Students have a one-on-one relationship with their designated GP tutor for the full 18-week LIC. Learning how to approach multiple undifferentiated clinical presentations through developing rapport and good communication with the patient is an essential skill for every aspiring doctor. In addition, over the course of the 18-week placement, students will see a wide range of undifferentiated clinical presentations spanning all clinical disciplines, including surgery, medicine, paediatrics, psychiatry, ophthalmology, ENT, obstetrics and gynaecology.

Rationale

The pedagogical principle underlying the GP LIC is the principle of 'continuity'. The GP LIC placement stands apart from all other placements on the BMBS course as it facilitates students in following individual patients in a longitudinal manner over a significant period of time. The student gets the chance to immerse themselves in a community setting with the same preceptor and patient group over an extended period, which fosters deeper understanding of primary care[1], holistic patient-care[1], professional identity formation[2], empathy[3], and clinical reasoning[4]. Benefits for both student and preceptor abound. Students become more patient-centred in their clinical approach, realise the benefits of continuity of care[5], and are allowed space to ask questions and practise clinical exam and communication skills in non-urgent settings whilst simultaneously getting involved in the care of the myriad of patients, of all ages, with undifferentiated presentations seeking healthcare in typical community settings. Preceptors also gain as typically they tend to see their students, once they have spent some time in the LIC, turning from a net drain on their time to being positive contributors to their practice[6, 7]. The LIC also binds preceptors to academic networks of teachers/researchers and UL as a whole, helping to build longer-term relationships between the School of Medicine, its community faculty and its neighbouring communities[7].

Length of LIC

It is clear from our experience and from the literature that after four to six weeks, the student's learning experience is only beginning (students spend some of this period in observation mode and then need to build relationships with patients and staff and become proficient at the parallel consulting model utilised in the LIC to drive learning) whilst two semesters is possibly too long (40 weeks)[6]. It has been suggested that 20 weeks may be an ideal length of time for a LIC in general practice[8]. Analysis of typical LIC duration in the UK shows Keele University at 15 weeks and Dundee and Hull universities at 40 weeks[9] while a worldwide analysis of LIC sub-types demonstrated that 15 of 17 programmes are LICs with a duration between eight months and one year (mainly USA, Canada and Australia)[10].

Conclusion

The key foundation stones in the LIC are the preceptor, the student and the patient[11], and the principle of continuity between all three that the LIC creates, which is a key driver of learning[12]. This continuity is enhanced with an increasing length to the LIC and, indeed, a number of key aspects of the LIC curriculum may be lost if it is shortened. Students taking responsibility and owning some aspects of the patients' care on a longitudinal basis are aspects of the 'hidden curriculum' taught only via the

LIC[13]. In addition, the McMaster Clinical Index data, which is used by students to rate all their clinical attachments, consistently rates the GP LIC the highest out of all clinical attachments the students experience.

REFERENCES

1. O'Regan A, O'Doherty J, Green J, Hyde S. Symbiotic relationships through longitudinal integrated clerkships in general practice. BMC Med Educ. 2022 Jan 26;22(1):64. doi: 10.1186/s12909-022-03119-x. PMID: 35081951; PMCID: PMC8793267.
2. Gupta S, Howden S. Medical students' experiences of a longitudinal integrated clerkship: a threshold concepts analysis. Educ Prim Care. 2021 Nov;32(6):336-343. doi: 10.1080/14739879.2021.1939796. Epub 2021 Aug 20. PMID: 34415822
3. Dodsworth A, Alberti H, Hirsh DA, Paes P, Illing J. Longitudinal Integrated Clerkships, empathy and patient centredness: A prospective cohort study. Med Teach. 2025 Aug;47(8):1344-1351. doi: 10.1080/0142159X.2024.2430362. Epub 2024 Dec 9. PMID: 39652468.Ellaway R, Graves L, Berry S, Myhre D, Cummings
4. Campbell D, Walters L, Couper I, Greacen J. What are they thinking? Facilitating clinical reasoning through longitudinal patient exposure in rural practice. Rural Remote Health. 2017 Dec;17(4):4162. doi: 10.22605/RRH4162. Epub 2017 Dec 18. PMID: 29248011.
5. Poncelet AN, Wamsley M, Hauer KE, Lai C, Becker T, O'Brien B. Patient views of continuity relationships with medical students. Med Teach. 2013 Jun;35(6):465-71. doi: 10.3109/0142159X.2013.774335. Epub 2013 Mar 12. PMID: 23477473.
6. BA, Konkin J. Twelve tips for designing and running longitudinal integrated clerkships. Med Teach. 2013 Dec;35(12):989-95. doi: 10.3109/0142159X.2013.818110. Epub 2013 Jul 24. PMID: 23883396; PMCID: PMC3836395.
7. Ellaway R, Graves L, Berry S, Myhre D, Cummings BA, Konkin J. Twelve tips for designing and running longitudinal integrated clerkships. Med Teach. 2013 Dec;35(12):989-95. doi: 10.3109/0142159X.2013.818110. Epub 2013 Jul 24. PMID: 23883396; PMCID: PMC3836395.
8. Worley PS, Kitto P. Hypothetical model of the financial impact of student attachments on rural general practices. Rural Remote Health. 2001 Jan-Dec;1(1):83. Epub 2001 Mar 2. PMID: 15869365
9. Richards E, Elliott L, Jackson B, Panesar A. Longitudinal integrated clerkship evaluations in UK medical schools: a narrative literature review. Educ Prim Care. 2022 May;33(3):148-155. doi: 10.1080/14739879.2021.2021809. Epub 2022 Feb 1. PMID: 35105274
10. Worley P, Couper I, Strasser R, Graves L, Cummings BA, Woodman R, Stagg P, Hirsh D; Consortium of Longitudinal Integrated Clerkships (CLIC) Research Collaborative. A typology of longitudinal integrated clerkships. Med Educ. 2016 Sep;50(9):922-32. doi: 10.1111/medu.13084. PMID: 27562892.
11. O'Doherty J, Hyde S, O'Connor R, Brown MEL, Hayes P, Niranjan V, Culhane A, O'Dwyer P, O'Donnell P, Glynn L, O'Regan A. Development and sustainment of professional relationships within longitudinal integrated clerkships in general practice (LICs): a narrative review. Ir J Med Sci. 2022 Feb;191(1):447-459. doi: 10.1007/s11845-021-02525-2. Epub 2021 Feb 27. PMID: 33641086.

12. Hirsh DA, Ogur B, Thibault GE, Cox M. "Continuity" as an organizing principle for clinical education reform. N Engl J Med. 2007 Feb 22;356(8):858-66. doi: 10.1056/NEJMsb061660. PMID: 17314348.
13. Brown MEL, Ard C, Adams J, O'Regan A, Finn GM. Medical Student Identity Construction Within Longitudinal Integrated Clerkships: An International, Longitudinal Qualitative Study. Acad Med. 2022 Sep 1;97(9):1385-1392. doi: 10.1097/ACM.0000000000004732. Epub 2022 May 10. PMID: 35507462.

The ‘formal’ teaching





Insofar as possible, all small group teaching will be delivered face-to-face on Wednesdays in our regional teaching hubs, however, the School reserves the right to transfer teaching online at short notice as required due to public health advice/inclement weather conditions etc. Students should attend their assigned teaching hub as per the published timetable on Scheduler unless otherwise notified by e-mail. The 10:00-12:00 weekly lectures are delivered online, and students may access these from their local hub if they have a small group teaching session immediately before or after it. Students can access the lectures remotely if they do not have an in-person small group tutorial scheduled on that day. Please note that this arrangement whereby students are facilitated to access these lectures remotely, is based on the understanding that all students attend these lectures in their entirety.
This arrangement will be rescinded for all students if overall level of student attendance is unsatisfactory.

The curriculum aims to promote 'active learning' and follows two formats: 'seminars/webinars' or 'case-based teaching'. During the 18-week module, (approximately) three of these 'formal' seminars will teach clinical skills relevant to the speciality of GP/Primary Care. These practical seminars will be delivered on campus and may run over the course of a full day. Students will be required to return to campus for the day to attend these. Please note that educational sessions may be recorded for academic purposes as part of this module. Any questions/comments you make during these educational sessions may be heard on the recording. The recordings will be retained for a period of 13 months. If you have any questions or concerns about this, please contact generalpractice@ul.ie.

Students should not copy, modify or distribute recordings of a lecture/tutorial/education session to which they have access, without first seeking permission to do so.

Online lectures/webinars: cover specific topics, each featuring an internal/external guest facilitator with a special interest in a particular topic.

Facilitators are asked to give a 50-minute presentation on a specific topic. Students will then be asked to contribute to the discussion (presenting cases etc.).

Examples of topics covered during these seminars *may* include:

- Introduction to the module
- The doctor patient interaction/mind body illness
- Psychosocial issues and how they impact on care
- Mental health in General Practice
- Acute, unscheduled and emergency care
- Chronic disease management in General Practice
- Skin problems in General Practice
- Common musculoskeletal problems in General Practice
- Women's health in General Practice
- Addiction in General Practice
- Therapeutics and prescribing in Primary Care
- Care of the elderly in General Practice
- Public Health & General Practice
- Chronic illness in General Practice: Principles and Practice
- Acute (non-emergency) common illness in General Practice

Please note the following points:

- Students are expected to be present for all teaching seminars and attend any campus-based clinical skills workshops.
- Students should arrive/log-in before the commencement time.
- Students must leave cameras on throughout the entire lecture / webinar and must always be visible. If more than one student is logged in on the same device, this must be made clear prior to commencement, and all students must remain visible throughout. Logging out prior to the conclusion of the lecture/ webinar will be deemed as an absence / non-attendance.
- Students will be entitled to claim travel expenses for travelling between their allocated placement practice and regional teaching hub/UL for in-person teaching at Weeks 10 and 18. Submitting a claim for travelling expenses in respect of teaching for which you do not attend in full will be considered a serious breach of regulations and of professional guidelines and will result in a mandatory professional misconduct notification to the BMBS Course Director (see student travel expenses policy on Brightspace).
- You are obliged to attend your small group tutorials at your designated group.

In addition, several plenary seminars relevant to the General Practice/Primary Care module are scheduled as part of the 'Professional Competencies' module (e.g. End of Life Care and Ethical Issues).
It is the student's own responsibility to ensure they have an adequate internet connection to log-in and fully engage with online lectures.

Case based teaching: On up to nine occasions in each 18-week block, students on placement in each network will meet in the local teaching hub for a small group tutorial. The focus of these sessions is clinical problem solving, where students present a sample of cases from their practice and reflect on issues arising from each case. The tutor then facilitates a group discussion on these issues, leading to learning goals or learning outcomes being identified by the group for the following session. The focus on learning outcomes means that, at the end of the session, students should be better able to:

- Present case histories to peers and tutors;
- Objectively appraise case histories and elicit relevant additional information;
- Consider and outline appropriate initial management of individual cases;
- Identify appropriate 'knowledge gaps' for further study based on consideration of each case;
- Present the results of individual study to peers and tutors, and
- Consider the implications of this new learning for patient care.

This session is also an opportunity for students to discuss their progress and their overall personal experience of their placement with peers and most importantly the Network Co-ordinator. Students with an inadequate attendance record at small group teaching sessions will be subject to a failed grade of the ITA component of this module- which in turn will result in a failed grade for the overall module.

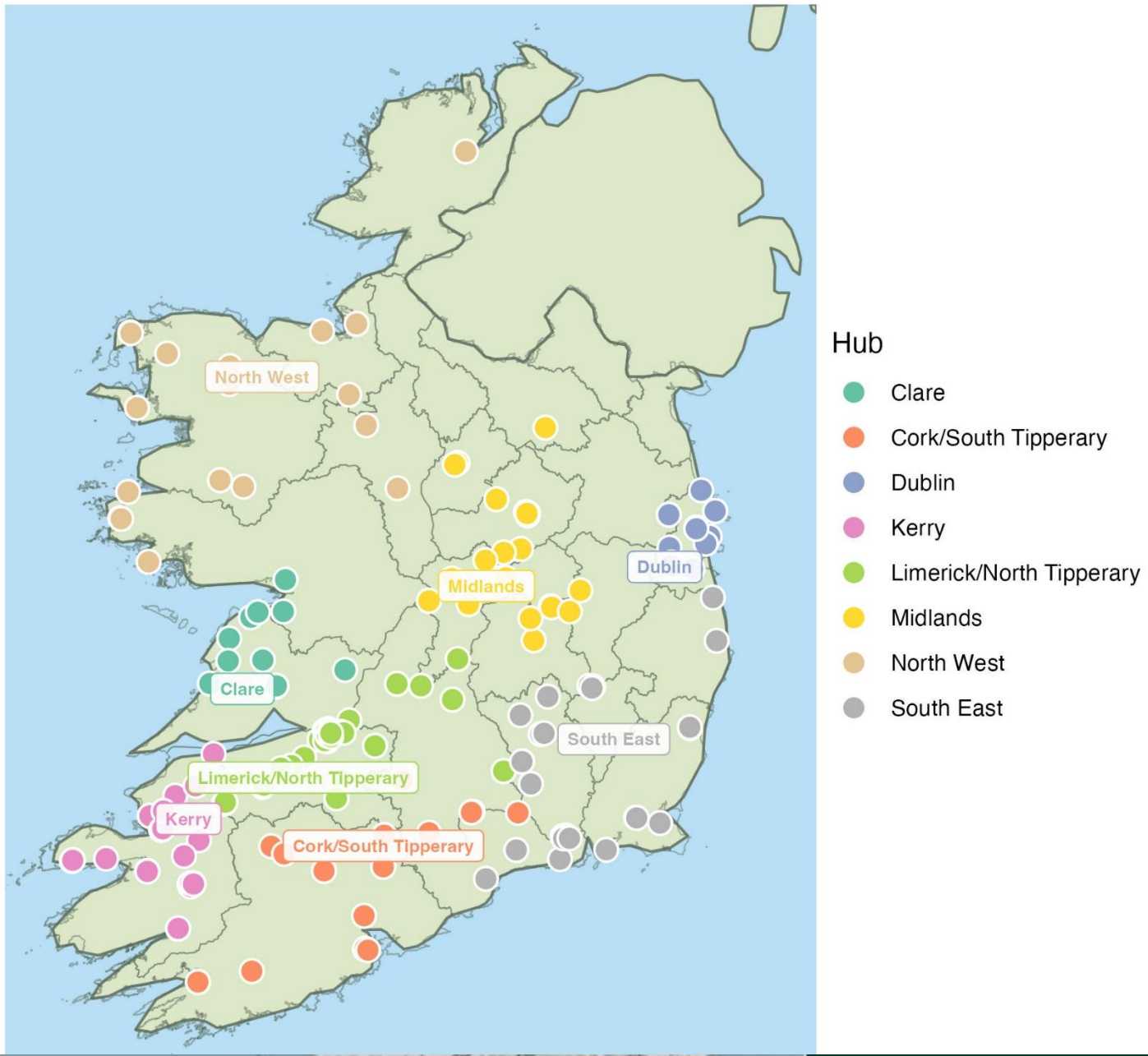
Attendance and participation **are key to the formal teaching programme in General Practice/Primary Care module supporting student learning on clinical placement. A record of attendance will be taken at the Wednesday morning seminars/teaching sessions.**

The following are mandatory requirements to student progression on module BM4003:

- **Attendance at Induction Day at commencement of semester (all sessions).**
- **Attendance at End of Semester Case Presentations.**
- **An attendance record of at least 85% at the Wednesday morning online teaching sessions.**
- **Attendance at all nine small group tutorials.**
- **Attendance at five clinical half-day sessions in your designated GP practice over four days each week.**
- **Completion of mandatory prescribing workbook.**
- **Satisfactory completion of Log Book.**

Unsatisfactory level of attendance at any of the above or failure to complete the required tasks satisfactorily, will be reflected in the allocation of a 'Fail' grade in the In Training Assessment (ITA) component of this module, which will result in an overall 'Fail' grade for this module.

ULEARN-GP Network



Clinical Placement Regulations and Organisation

With few exceptions[1], each student spends 18 weeks on clinical placement in a University-affiliated teaching practice, located in one of eight regions. Activity in each of these regions is locally supported by a GP Network Co-ordinator whose primary role is to support practices and students and to liaise with UL and is thus your local point of contact in the event of issues arising from placements.

Students are reminded that they must not request or accept a clinical placement at any practice:

- At which they or any of their first-degree relatives are registered as patients.
- At which any of their first-degree relatives are members of practice staff - either clinical or administrative.
- Which is situated within 10km of an address at which they reside or have ever resided for a period of 12 months or more (5km in Limerick, Cork, Dublin, Kilkenny and Waterford cities and not applicable to international students living here solely as a student on the BMBS programme)

The reasons for this stipulation are manifold and include:

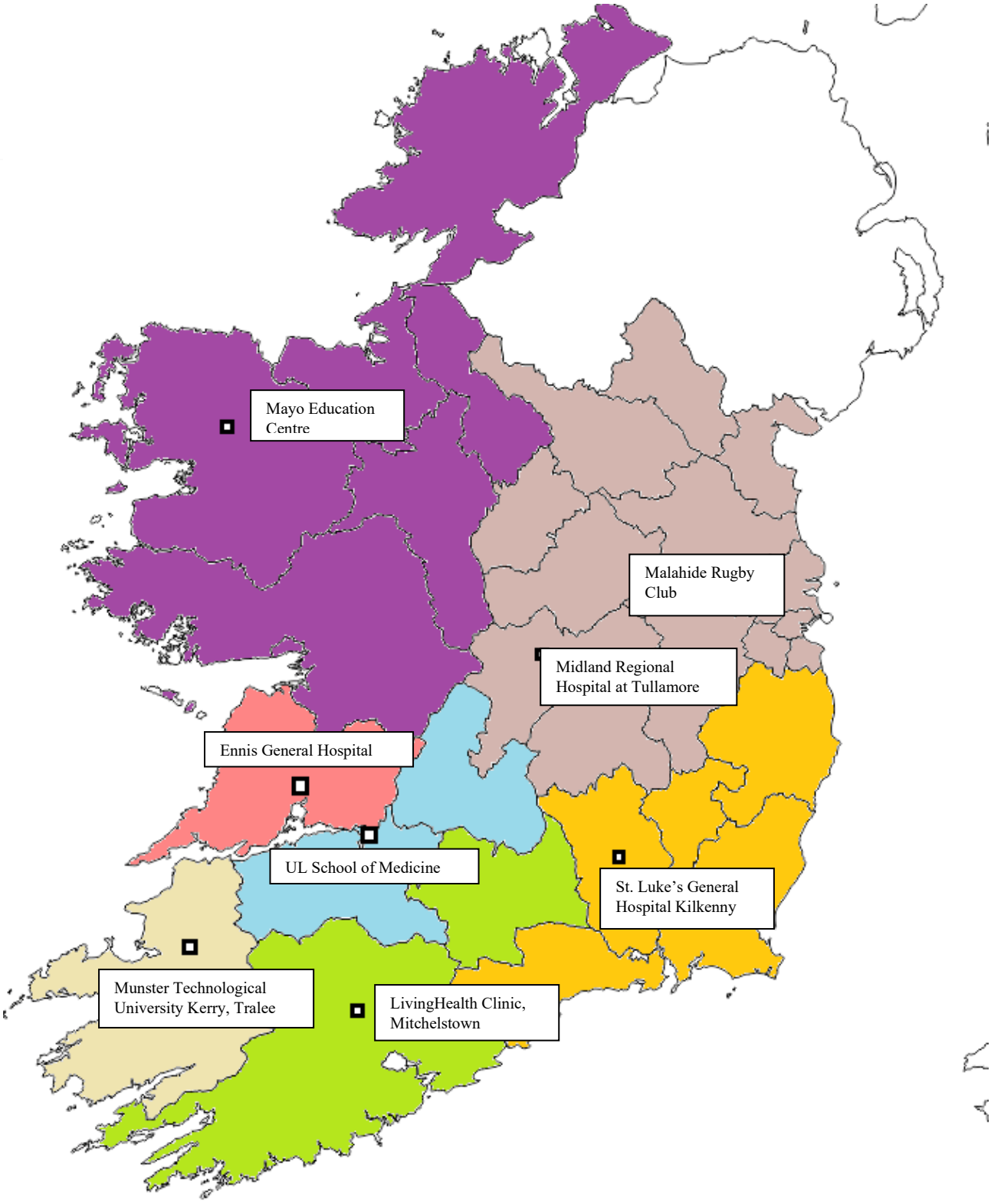
- Avoidance of any embarrassment to patients, if asked to consult with a student to whom they are known.
- Issues relating to patient confidentiality.
- Facilitation of tutors in allocating patients to students.
- Consulting with patients with whom you are familiar at a personal level is never easy and is an acquired skill - which is acquired over time.
- Optimisation of learning environment - learning from and consulting with patients who are not personally known to you is more conducive to learning at this point in clinical training.

Please note that it is the sole responsibility of each student to ensure that this stipulation is complied with, if in any doubt or if any clarification is required please contact the Executive Administrator, General Practice (generalpractice@ul.ie). Any contravention of this stipulation will be viewed with the utmost seriousness and will result in a professional misconduct notification being sent to the BMBS Course Director.

The current network structure is:

- N1: Limerick/North Tipperary (GP Co-ordinators: Prof. Pat O' Dwyer; Prof. Aidan Culhane)
- N2: Clare (GP Co-ordinator: Dr. Páraic Meaney)
- N3: Cork/South Tipperary (GP. Co-ordinator: Dr. Declan Herlihy)
- N4: Kerry (GP Co-ordinator: Dr. Ryan Say)
- N5: Southeast (GP Co-ordinator: Dr. John Cuddihy)
- N6: Midlands/Dublin (GP Co-ordinator: Dr. Jerry O'Flynn)
- N7: Northwest (GP Co-ordinator: Dr. Noreen Lineen-Curtis)
- N8: Dublin (GP Co-ordinator: Dr Stan Natin)

[1] Where two practices agree to host a student placement for nine weeks each by mutual agreement and approved by the School.



GP network regions and teaching hubs as of August 2026

In advance of clinical placements, students are advised to:

- Contact the GP to whose practice they have been assigned, at least 3-4 weeks in advance of the placement commencement date.

- Send a brief letter of introduction/resume to the GP Tutor. This allows GP Tutors to see the background expertise of student and identify his/her learning needs. Appropriate information for students to forward their GP Tutor includes:
  - Personal details (name, next of kin, DOB, nationality, mobile phone number and email)
  - Primary degree details
  - Brief synopsis of first two years' experience on the BMBS programme, grades obtained in Years 1 and 2 and *especially whether they are repeating Year 2 exams.*
  - Areas where you would be keen to develop during the 18-weeks on placement
  - Interests outside medicine (e.g. surfing, music, Gaelic football, hurling, literature may be important aspects of cultural life in regions where students will be on placement)
  - Areas of interest within medicine and plans to pursue same.
- Explore accommodation either on their own or in conjunction with students who have previously been on placement in that practice.
- Visit the practice.
- Become familiar with the recommended resources and obtain at least one text and handbook.
- Introduce themselves to all members of the practice team (e.g. practice nurse, manager, admin team, GP Assistant or GP Registrar).
- Ensure that your immunisations are compliant with the School Immunisation Policy (see website) prior to entering their clinical placements. While the School does not routinely provide seasonal vaccinations, in the case of influenza vaccination students may wish to consider this option on an individual basis and seek advice from their own GP/healthcare provider. Alternatively, students should remove themselves from the clinical setting when suffering from such an illness and provide appropriate certification in a timely manner.

In the unlikely event that the practice advises that it cannot host the placement, you must inform GP administration team as soon as possible.
Students are not permitted to organise their own GP placement.

Please note the following important points:

- **The School reserves an absolute right to transfer any student to an alternative practice or to an alternative network hub at any time prior to or after commencement of placement.**

- **Students are not permitted to contact any GP tutor requesting to transfer practice. Any student who does so will be subject to disciplinary proceedings by the University.**

- **Please note that each student is responsible for sourcing their own accommodation and for providing their own transport to and from clinical placement sites and UL.**

To help students progress through the placement, regular communication/two-way feedback between student and tutor is key. Appendix 7 contains a form to facilitate two-way feedback during General

Practice placements. The Student and Tutor should complete and discuss this form at regular intervals (week 4, 8, 12).

Students on clinical placement in General Practice are not required to attend Medicine lecture on Mondays but are required to view the recordings and keep up to date with the Medicine programme as these lectures are delivered on an annual basis (not each semester).

Tutors on Annual Leave during Student Placement

Tutors occasionally take annual leave while a student is on placement.
This requires that some arrangements are put in place for students during such absences.

Students should continue with their clinical placement insofar as possible.
Some suggested arrangements include:

- Working with locum doctor – if locum is willing to facilitate the student.
- Working with another doctor in the practice – partner, sessional doctor, registrar.
- Working with practice nurse.
- Attachment to other health care professionals – PHN, Pharmacist, OT, Physiotherapist.
- Project work –case review, literature review, audit etc.
- Extra clinical sessions in week before/after holiday.

Parallel Consulting

During the early weeks on placement the student will 'sit in' with the GP Tutor simply as observer. However, the foundation of this clinical placement is based on parallel consulting, where the student consults with a patient before presenting the case to the clinical tutor. Its aim is to provide opportunities for 'experiential' learning. While clinical responsibility for patient care will always rest with the GP, the 'parallel consulting' approach allows students to actively support this activity.

Parallel consulting involves students being assigned patients by the GP Tutor, consulting with this patient (clinical history taking, examination, etc.) and presenting this 'case' to the Tutor. See Appendix 3 for a sample case report form students can use when presenting the case to the tutor.

The GP tutor remains responsible for the clinical care of the patient. The tutor will support student learning by reviewing the findings that have been presented. Students must always be aware that clinical decisions and responsibility for patient care remain exclusively with the GP tutor.

Secondary responsibilities include observing/reviewing the student's ability to:

- Communicate with the patient
- Demonstrate a physical exam skill
- Discuss diagnosis/differential diagnosis

- Explain pathophysiology of the condition, investigations and management, relevant research in the area

Experience of this approach has demonstrated the benefits and feasibility of this approach in helping students develop clinical history taking/examination/problem solving skills. Feedback from GP Tutors suggests a step-wise approach is particularly effective in helping students progress. This involves asking students to 'sit in' with GPs/other members of the practice team for the first 2-3 weeks, taking histories and performing examinations under close supervision, progressing ultimately to consult in parallel with his/her GP Tutor by weeks 3 or 4.

Parallel consulting helps students learn to perform the same tasks as the GP tutor while under their close supervision. It helps students to actively engage in the management of the full spectrum of patients that present to the practice. On a day-to-day basis, the patients to be seen by students will be selected by the GP tutor with the consent of the patient. In principle, GP tutors should initially direct patients with relatively stable and simple problems to the student, gradually directing more complex patients to the student as he / she progresses in competence and confidence.

Table 5 illustrates how the 'Parallel Consulting Model' is organised: where patients are booked to see a doctor at 15-min intervals, all patients are seen by the GP Tutor and half of all patients are seen both by the GP Tutor and by the UL student. As a matter of course, the model allows the UL student to have a one-on-one engagement with each patient, prior to the involvement of the GP Tutor. Thus, if the interaction between the GP Tutor, the UL student and the patient identify some issues that require further exploration, the GP Tutor might delegate this responsibility to the student. For example, when a patient presents for a 'routine' check-up and is found to be significantly hypertensive, the GP tutor might ask the student to take a full history and undertake a physical examination before the tutor and student again review the patient.

Table 5. How the 'Parallel Consulting' model looks in practice:

	GP Tutor	UL Student
09:00	GP sees Patient A	UL student sees Patient B
09:15		GP and UL student together see Patient B
09:30	GP sees Patient C	UL student sees Patient D
09:45		GP and UL student together see Patient D

While there will inevitably be some variation between practices and students as to the number and frequency of parallel consults in which students engage, our experience suggests in the region of 3-6 parallel consultations per day on average, generating 300-450 patient contacts per 18-weeks, should enable students to adequately address the module's learning objectives.

As well as parallel consulting, ***other clinical activities*** which students and tutors find useful to promote active learning include:

- Specific clinical examinations (e.g. antenatal, diabetic review, mini mental state examination, 6-week check, etc.)

- Observation/sitting-in with other members of the clinical team (e.g. other GPs, registrars, nurses, manager, administrators, etc.)
- Active observation of experienced GPs interacting with patients.
- Participate in practice based internal CME activity (e.g. practice meetings, case reviews, clinical audit, review of literature/evidence on clinical question
- Assist with procedures (e.g. vital signs, ECG, phlebotomy, immunisation, peak flow, phlebotomy, IM injection, 24hr BP monitor, INR, glucose (blood and urine), urine examination, minor surgery, family planning, cervical smears, etc.)
- Home visits.
- Placement with other members of the primary care/mental health/palliative care teams
- Communication (e.g. write first draft of referral letter, review discharge summary of patient you previously encountered, phone hospital to follow up on a referral/blood/ x -ray results)
- Accompanying a doctor from the practice on 'out of hours' co-operative shift.

During the clinical placement students will also have considerable exposure to diagnostic and therapeutic procedural skills – which they are encouraged to observe at first, then progressing to performing under supervision (e.g. phlebotomy, PFR measurement). Appendix 1 contains a list of such tasks/skills which Clinical Tutors/GPs could use to help monitor a student's progress in performing common diagnostic and therapeutic procedural skills. Where applicable, students should also participate in the ***'out of hours'*** services provided by the General Practice. Where a GP Co-operative provides this service, the student is expected to participate in this with their GP Tutor. **Please note:** if the student attends a house call without being under the direct supervision of the GP tutor, they must attend on an observational basis only (i.e. they are not permitted to perform physical exams).

We ask students at the outset of clinical attachments to be mindful they are learning in busy clinical environments, and they should strive to become an active member of the clinical team (see appendix 1b).

Self-directed learning: Students have three half-day sessions per week which are protected for 'self-directed learning'. During this time, students are advised to review 'cases' which they have encountered during their clinical placement, to examine and research Learning Objectives related to each case. In addition, students can review their progress by entering anonymised case summaries on a secure e-logbook. This logbook can be reviewed both by GP tutors and UL faculty. Most students encounter at least 90% of the 48 GP conditions during their clinical attachments, although their depth of interaction is expected to develop over the course of the 18 weeks.

In cases where individual students or clinical tutors encounter difficulty with a clinical placement, they may speak with:

- Clinical Tutor
- GP Network Co-ordinator
- Clinical Liaison team members.
- General Practice Educational Lead – Prof. Patrick O'Dwyer
- General Practice faculty – Prof. Aidan Culhane, Prof. Andrew O'Regan, Prof. Peter Hayes, Prof. Patrick O'Donnell, Prof. Róisín Doogue
- Professor of General Practice – Prof. Liam Glynn

Equipment

All students are obliged to have their own diagnostic equipment **(ophthalmoscope, auroscope, stethoscope, tendon hammer and pen torch).** These are essential items that medical students are expected to have as outlined in your course handbook. While kits may be available where you are placed on clinical rotation, there is no guarantee of this, so students should have their own equipment.

For the end of year exams, students are not required to bring their own diagnostic kits as these are available in the clinical skills lab setting. **However, students are obliged to bring their own stethoscope and a watch (non-digital) to the clinical exams.**

Liaison with Affiliated Teaching Practices and Quality Assurance

The school maintains regular contact with affiliated teaching practices and students/GP Tutors through:

- Educational workshops for GP Tutors
- Practice support visits and formal interaction with students and GP tutors by local Teaching Network Co-ordinator
- Monitoring student feedback (and using this anonymous feedback in programme planning).
- Site visits to students at teaching hubs.

Social Media

Students are reminded of the need to constantly remain aware of the inherent dangers when using social media in relation to possible breaches of patient confidentiality**. Even anonymised personal or medical information regarding patients must not be posted on social media**. You must remain aware that the posting online of any information relating to patients is unprofessional and contravenes both Medical Council guidelines and the School of Medicine Code of Professional Practice. You are advised to read these carefully before commencing the placement.

Open Disclosure in General Practice Settings

Open disclosure (OD) is the disclosure of adverse incidents during the provision of healthcare services to those affected, and it is covered by the national policy on Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. This Act seeks to ensure that patients and their families are given clear and timely information on patient safety incidents. It applies to all healthcare providers in public and private settings. Another aim of the Act is to allow for learning from patient safety incidents and to prevent harm to other patients. Students from UL School of Medicine will have been covering the topic of OD in lectures prior to beginning Year 3. They will also have completed the

online OD training from the HSE prior to starting in clinical placements in Year 3. There are several resources available for GPs on OD, including:

- ICGP Forum journal article from October 24 entitled ‘Mandatory open disclosure – what lies ahead?’
- ICGP Wednesday Webinar recording from Wed 1st April 2026 on Open Disclosure delivered by Dr Siobhan O'Flaherty, GP Clinical Risk Advisor with Medisec
- Medical indemnifiers also have information and resources available on OD for general practice settings.



Monitoring students on clinical placement

To guide and monitor learning, students are assigned tasks and activities which should be completed during their placements.

1. ***Prescribing workbook:*** While on placement you will be required to complete a workbook of prescribing scenarios. This is designed to be used in association with seminar and tutorial teaching on prescribing and therapeutics. These scenarios are designed to highlight some common and important dilemmas in relation to prescribing in general practice and provide excellent learning opportunities based on real life clinical scenarios.

   Completion of this workbook is a mandatory requirement to complete module BM4003.

2. ***Electronic logbook:*** To ensure students encounter an appropriate range of clinical problems/conditions, they are obliged to maintain an electronic logbook of all patients with whom they have contact. This involves entering anonymised information such as subjective and objective findings on history/examination, the student's assessment and the management plan (i.e. the 'SOAP' format); the anthology condition to which the cases relates and what the student learned from the encounter. Students are also asked to indicate whether their interaction was passive (e.g. observed Clinical Tutor/GP consulting) or active (e.g. took full history/performed an examination, presented case or problem list and management plan to Clinical Tutor for feedback). This logbook should be updated daily throughout the clinical placement. Data from individual students will contribute to a communal database, such that individual students will be able to compare their own clinical exposure with that of their classmates. When used properly, the logbook can be a powerful learning tool enabling reflection and professional growth.

We expect students and their Clinical Tutors to examine the logbook at regular intervals (i.e. 2-3 weeks) to ensure that the student experience is both ***broad*** (i.e. student encountered an increasingly wide range of clinical problems / conditions from the Anthology) and ***deep*** (i.e. increasingly 'active' interactions with patients).

During the clinical placements, students are expected to take regular detailed clinical histories for presentation to their Clinical Tutor or at case based formal teaching sessions. Appendix 3 provides a useful template to help students in this regard.

3. ***Two-way Student Feedback Form:*** Students and tutors are requested to complete the 'Two Way Student/Tutor' Feedback Form every three to four weeks throughout the clinical placement. (Appendix 7).

4. ***Formative ITA Form:*** Completed at the end of 6 weeks on placement.

Assessment of the General Practice/Primary Care module involves three domains, each contributing to the overall mark. Students must attain a pass grade in each of these three domains.

To pass this module, students must achieve:

- 50% in Knowledge of Health and Illness (KHI) i.e. written paper.
- 50% in Long Case Clinical Examination.
- 50% for the In-Training Assessment (ITA) element of the module assessment.

Table 6. Overview of assessment composition

Assessment type	Assessment description	% of total
Knowledge of Health and Illness	EMQ/MCQ written exams	40
In-Training Assessment	Assessment during clinical placement (15% - see Appendix 4) and end of semester case presentation (5% - see Appendix 2)	20
Long Case	Clinical exam	40
Mini Clinical Evaluation Exercise (mini-CEX)	3 to be completed over the entirely of Year 3 (refer to Year 3 course handbook)	Pass/Fail

Knowledge of Health and Illness exam: this is a 3-hour electronic written assessment comprising a combination single-best-answer questions (SBAs) and extended matching questions (EMQs). (140 items in total).

- The *6-week* ITA is for formative purposes – i.e. its primary purpose is to highlight areas where students can improve during the second period of their placement. The form and its content can (and should) therefore be shared with the student. Students will not receive a numerical score on the 6-week ITA.
- Students who receive a '**Red** flag' result on their formative ITA assessment are **obliged** to contact Prof. Patrick O'Dwyer for feedback on their result **within 1 week** of the result being posted. Failure to do so will result in a professional misconduct form being sent to the BMBS Course Director.
- Students who receive a '**Yellow** flag' result are **invited** to contact Prof. Patrick O'Dwyer for feedback and are strongly encouraged to do so as soon as possible.
- The *18-week* ITA is for summative purposes – i.e. this is counted in the end of year assessment. The score awarded is **not** shared with the student until final exam results have been processed and ratified by the university examination boards, after which the student will have access to their assessment material. However, even though the mark awarded is not disclosed to the student at this time tutors are encouraged to give (and students are advised to seek) detailed constructive feedback.

In cases where students have two components to their 18-week placement, the tutor for the second period will complete the Summative ITA form. If there is a significant discrepancy between the ITA form submitted by the two supervisors, then such cases will be reviewed by Module Lead (BM 4003) or his nominee so that a consensus is reached on a student's performance over the entire 18-weeks period. The template summative ITA form to be used in Academic Year 2026-27 is contained in Appendix 4.

Please note that if attendance on clinical placement, at Wednesday teaching sessions, and at Small Group Tutorials is inadequate (i.e. less than 85% for each) or in any case where a student's behaviour contravenes regulations/guidelines on **professional behaviour**, the Module Lead (BM4003) may at his/her **absolute discretion** attribute a grade of 'Fail' to the overall ITA score. This award of 'Fail' will over-ride the overall ITA score awarded by the GP Tutor.

The level of student engagement with the electronic logbook will be assessed by Module Lead (BM4003) or by his nominee and may be taken into consideration in relation to the students' overall performance.

The Long Case Clinical Exam: Students are instructed to interview and examine a patient for a period of 40 minutes in the presence of an examiner or pair of examiners.

Students may be asked by the examiner(s) to:

- Take a relevant history and conduct an appropriate physical examination.
- Summarise their findings
- Communicate with the patient in the presence of the examiners
- Demonstrate a physical exam skill if relevant
- Discuss their diagnosis and list of differentials
- Discuss the patho-physiology of the condition, appropriate investigations and Management.
- Discuss relevant research in the area.

Students are assessed on the following competency areas:

- History
- Physical examination skills
- Presentation
- Communication skills
- Diagnostic skills
- Appropriateness of investigations
- Appropriate management
- Clinical acumen (problem identification/problem-solving ability)

The General Practice/Primary Care module is worth 24 ECTS credits which equates to 20% of the student's overall degree award.

Assessment methods are routinely reviewed at both modular and School level and all assessment procedures and results are externally validated. The external examiner for BM4003 General Practice/Primary Care for academic year 2026/27 is Prof Walter Cullen, University College Dublin.

Injuries sustained while on placement



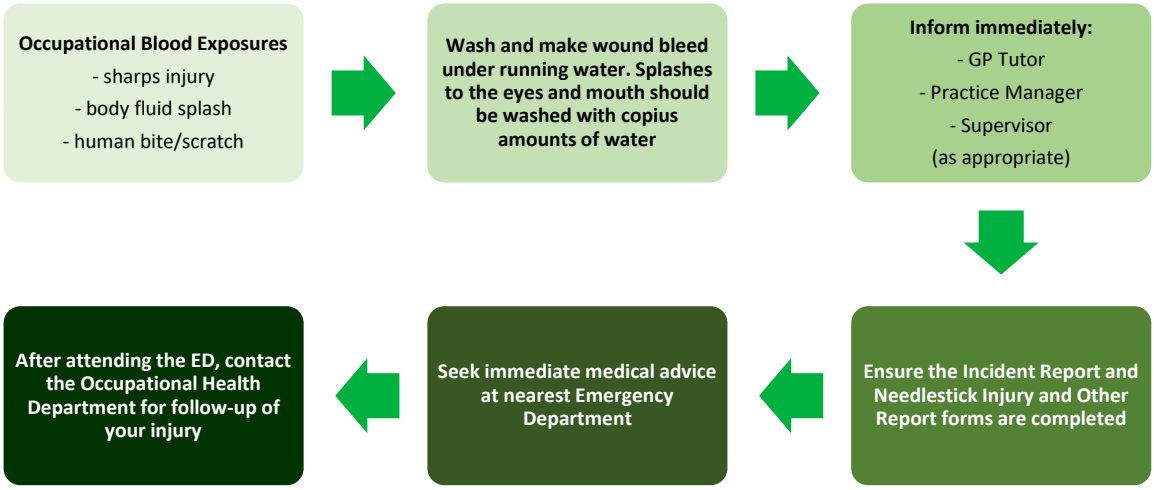
All healthcare facilities should have a policy on the management of needle stick and other sharps related injuries and blood and body fluid exposure. This guideline should include:

- First aid procedure
- Immediately reporting the injury/exposure to relevant line manager
- Medical risk assessment and screening of source service user (if known)
- Medical risk assessment for post-exposure prophylaxis (PEP)
- Counselling and follow-up testing.

Examples of sharps injury / Blood and body fluid exposure:
√ Accidental inoculation of blood by a needle or other sharp*
√ Contamination of broken skin with blood
√ Splashes of blood/body fluids onto mucous membranes (e.g. mouth, eyes)
√ Human scratches/bites (where blood is drawn)

Sharps may include:
- Needles
- Scalpels
- Sharps tips of IV sets
- Contaminated slides
- Stitch cutters
- Guide wires
- Razors
- Blood stained/contaminated glass

Management of Sharps Injury and Blood and Body Fluid Exposure:
Immediate action should be taken following sharps injury and/or blood and body fluid exposure. The following procedure should occur in the event of exposure:
• Encourage bleeding from the wound
• Wash the wound in running water, do not scrub
• Cover the wound with a dressing
• Skin, eyes, mouth – wash in plenty of water
• Ensure the sharp is disposed of safely
• Report incident immediately to GP Tutor and GP Co-ordinator.
• Complete an incident report form as per local policy
• The injured person should attend the nearest Emergency Department for prompt risk assessment. Urgent treatment may be required for high risk injures (PEP).


Occupational Blood Exposures
- sharps injury
- body fluid splash
- human bite/scratch
Wash and make wound bleed under running water. Splashes to the eyes and mouth should be washed with copius amounts of water
Inform immediately:
- GP Tutor
- Practice Manager
- Supervisor
(as appropriate)
Ensure the Incident Report and Needlestick Injury and Other Report forms are completed
Seek immediate medical advice at nearest Emergency Department
After attending the ED, contact the Occupational Health Department for follow-up of your injury



Research opportunities in General Practice

We would encourage any students to consider the opportunity to carry out high quality research as part of their General Practice placement, especially those considering a career in General Practice or Family Medicine.

As General Practice in Ireland uses Electronic Medical Records (EMRs) for patients nearly universally on this placement, students have access to the EMRs of many thousands of patients and this data access can enable high quality research to be carried out.

The Professional Competencies modules have two research related assignments, one in Year 3 and the other in the summer at the start of Year 4. These assignments can be linked to the same project to allow students to carry out a meaningful piece of research in General Practice over the course of Year 3 and 4.



Recommended resources for students



Texts

- 'Anthology of Medical Conditions' published by the Australian Medical Council. ISBN: 1875440 28 3
- Murtagh J. General Practice 3rd edn. Sydney: McGraw-Hill; 2003. ISBN 0074711776. (2007 edition)
- 'Practical General Practice' by Khot and Polmear, (Butterworth and Heinemann)
- Talley NJ, O'Connor S. Clinical examination: a systematic guide to physical diagnosis. 4th edn. Sydney: MacLennan and Petty; 2001. ISBN 0864331444
- Oxford Handbook of General Practice (Oxford Handbooks Series) by Chantal Simon, Hazel Everitt, and Tony Kendrick
- John Murtagh's 'General Practice Companion Handbook', by John Murtagh (McGraw Hill).
- Textbook of Family Medicine, by Ian R McWhinney, Publication Date: April 8, 2009, ISBN-10: 0195369858, Edition: 3
- The Clinical Skills Text Book 'Clinical Skills', Second Edition, Edited by T. A. Roper 978- 0-19-957492-6 | Paperback | 16 January 2014; Also available as: eBook
- 100 Cases in Clinical Pharmacology, Therapeutics and Prescribing 1st Edition by Layne and Ferro, 1st edition

Online Resources/General Points of Reference

- Health Service Executive
- Department of Health
- Health Protection Surveillance Centre
- World Health Organization
- European Centre for Disease Prevention and Control
- Irish College of General Practitioners
- GP Notebook
- US National Library of Medicine
- European Society of Cardiology
- Pre-Hospital Emergency Care Council
- NICE Clinical Guidelines
- SIGN Scottish Intercollegiate Guidelines Network
- College of Family Physicians of Canada
- Canadian Family Physician
- Australian Family Physician
- Cochrane Library
- Medscape
- St. George's University London Clinical Skills Online Videos/Resources
- Toronto Notes
- COVID-19 Student Resources

- Emory University COVID-19 Elective
- Principles of Disaster Preparedness & Infectious Disease Outbreaks (University of Minnesota)

Medical Apps

Category	App name	Description
Calculators	*Archimedes*	Over 150 medical tools
	Medical Calculator	Risk calculator
	Medical Observer Mobile Dr	Risk and screening calculator
Medical reference	*Skyscape*	Clinical decision-making support tool
	Outlines in Clinical Medicine	Evidence based summaries on 850 Family practice/internal medicine topics
	Medical Encyclopedia app	University of Maryland
Therapeutics	*RxDrugs*	Formulary information on 1,000s of drugs
	Epocrates	Formulary info and drug interactions
Research	*MedAlert*	Regular updates on clinical trials
	PubMed On Tap Lite	Find and display reference information
	New England Journal of Medicine app	Results of trials and review articles
Paediatrics	*STAT Growth Charts Lite*	Centile chart plotting
Psychiatry	*Clinical Scales*	Screening and clinical tools such as CAGE etc
Anatomy	*Human Anatomy*	Quick reference app on 16 biological systems
Clinical skills	*Clinical skills*	History, exam, basic ECG
Ophthalmology	*Eye emergency manual*	Summaries on most common eye presentations
Simulation	*Prognosis: Your Diagnosis*	Medical Cases simulation game

Journals

- British Journal of General Practice (access via Glucksman Library)
- British Medical Journal (access via Glucksman Library)
- JAMA (access via Glucksman Library)
- Biomedical Central Family Medicine (access via Glucksman Library)
- Oxford Family Practice (access via Glucksman Library)
- PubMed (open access)

- Trip Database (open access)

Prescribing Resources

- Medicines.ie (open access)
- BNF (access via Glucksman Library)
- HSE Antibiotic Prescribing (open access)
- Up to Date Prescribing (access via Glucksman Library)

Other Useful Links

Patient Orientated		
Patient.co.uk	Patient information leaflets	www.patient.co.uk/
Asthma Society of Ireland	Videos on inhaler technique and practical advice on asthma	www.asthmasociety.ie/
Emergencies in the Community		
Pre Hospital Emergency care council	Clinical guidelines and info on medications	http://www.phecit.ie/
Public Health		
Health Protection Surveillance Centre	Public health and infectious diseases	http://www.hpsc.ie/
Dermatology		
Dermnet	Open access encyclopedia of dermatology	http://www.dermnetnz.org/
Mental Health		
Reach out	Webpage for young adults	www.reachout.com/
Aware	Webpage for adults with depression	www.aware.ie/
Grow	Mental health and personal growth	www.grow.ie/

Appendices

Appendix 1A - Checklist of 'procedural skills' which students are expected to commonly encounter during clinical placements

Can your student…	*Has observed procedure / examination*	*Has performed under supervision*
Intramuscular injection		
Paediatric centiles		
BP / ABI		
PNS examination		
ENT exam		
Phlebotomy		
Demonstrate inhaler technique to patient		
Peak expiratory flow		
Nebuliser		
Paediatric developmental exam		
Antenatal examination		
Cervical smear		
ECG		
Fundoscopy with an ophthalmoscope		
Urinalysis / pregnancy test		
Glucometer		
Use a pen torch		
Oxygen / face mask		
Repeat / acute prescription		
Referral letter		

Note: Clinical Tutors/GPs could use this checklist to help monitor a student's progress in performing common diagnostic and procedural skills.

Appendix 1B – Tasks which make students feel an active part of the clinical team

- Assist with diagnostic procedures (phlebotomy, ECG, 24h ABPM, eye tests, MMSE)

- Assist with therapeutic/preventative procedures (dressings, immunisations)
- Perform a clinical audit of relevance to, and in collaboration with, the practice
- Visit other community care providers (nursing home, pharmacy, PHN)
- Help with chronic disease management/preventative health (Heartwatch, Diabetes, COPD, Antenatal/Postnatal Care, developmental assessment)
- Routinely perform observations/vital signs on every patient before consultation with GP
- Attend team meetings (practice, PCT)
- Participate in 'special clinics' (diabetes, leg ulcers)
- Assist with electronic information management (e.g. disease coding, clinical record keeping, repeat prescribing, referral letter writing)
- Triage of 'walk-in' cases
- Spend time with other clinical teams (e.g. psychiatry)
- Assist with other information management (screen post, blood results)
- Sourcing clinical information as part of on-going patient care (e.g. hospital OPD appointments, results etc.)
- Student delivers the tutorial!

Appendix 2 – End of Semester Case Presentations

Aim: The overall aim of this educational activity is to provide students with an opportunity to deepen their understanding of chronic illnesses, particularly in relation to the presentation and management of common chronic illness in the General Practice Primary Care setting.

***Objectives*:** At the end of this educational activity students will:

- Be able to recognise the presenting clinical symptoms and signs of common chronic illness in General Practice and have a deep understanding of the nuances of their presentation.
- Have an up-to-date knowledge of the management of common chronic illness in general practice.
- Be able to compare the General Practice approach to managing chronic illness with the hospital approach to managing of chronic illness.
- Deepen their understanding of the different impacts that chronic illness has on the patients.

Presentation Format:

- Students are assigned to groups by the GP academic team and each group will be given a specific system from which they can then select a clinical case for presentation.
- Each group is asked to prepare and give a presentation which describes the case and outline the key issues in diagnosis/investigation/ management:

a) Each presentation will last for a maximum of 15 minutes, followed by 10 minutes for Q+A (Total time allocated: 25 minutes)

b) The presentations will take place on a Wednesday.

- Note: this exercise is to conform to a case presentation linked to a specific patient and not a lecture on a specific clinical condition

Attendance is *compulsory*.

Presentation should involve a patient with disease(s) from following physiological system:
- Metabolic / Endocrine
- Neurological
- Psychological
- Cardiovascular
- Respiratory
- Gastrointestinal
- Musculoskeletal
- Dermatological

Marks will be allocated out of 100 using the following mark sheet:

BM4003 End of Semester Case Presentations

Group Number:
Group Topic:

Please circle the appropriate rating box to award your mark and provide comments on the group's achievement in each of the general categories below.

Examiner (please sign): _____

PRESENTATION:				
VISUAL AIDS (overheads/powerpoint: clearly well used) : 10 **Comments:**	**0**	**1**	**2**	**3**
	4	**5**	**6**	**7**
	8	**9**	**10**	
PACING (speech clear, not too fast or slow, content delivered evenly): /10 **Comments:**	**0**	**1**	**2**	**3**
	4	**5**	**6**	**7**
	8	**9**	**10**	
ENGAGING (good use of eye contact, smiling, mannerisms): /10 **Comments:**	**0**	**1**	**2**	**3**
	4	**5**	**6**	**7**
	8	**9**	**10**	
CONTENT:				
OBJECTIVES (clearly stated): /10 **Comments:**	**0**	**1**	**2**	**3**
	4	**5**	**6**	**7**
	8	**9**	**10**	
CLEAR EXPLANATION: /10 **Comments:**	**0**	**1**	**2**	**3**
	4	**5**	**6**	**7**
	8	**9**	**10**	
STRUCTURE: /10 **Comments:**	**0**	**1**	**2**	**3**
	4	**5**	**6**	**7**
	8	**9**	**10**	
ACADEMIC CONTENT (background reading and in-depth knowledge): /40 **Comments:**	**0**	**5**	**10**	**15**
	20	**25**	**30**	**35**
	40			

Appendix 3 – Case Report Template

Students are encouraged to use this template when preparing a case for presentation to their Clinical Tutor/GP or at formal teaching sessions (Wednesday mornings).

Initial visit:		
Student's name:	GP tutor's name:	Date:
Patient initials:	Age:	Gender:
Relevant history:		
Relevant physical signs:		
How was patient diagnosed with illness?		
Management of Illness: **A**. Medical management/Surgical management **B**. Other management (self-care - lifestyle changes, physiotherapy, diets, etc.)		
Current management:		
What do you consider a priority in the future care of this person?		
Subsequent visits:		
Any new information (clinical / non-clinical)		
Contacts with GP in the past year (visits to surgery, house calls etc.) Non-clinical effects of illness (e.g. effect on family, housing, occupation, work, etc.) Contact with community services (public health nurse, social worker, meals on wheels, etc.)		

Appendix 4 – Summative In-Training Assessment (ITA) Mark Scheme

Semester 2 Summative Clinical In-Training Assessment (ITA) form - BM4003 GP/Primary Care

Year 2025/2026. Assessment by clinical supervisor - please grade your student for their performance on clinical placement under each of the below competency areas. Please refer to the marking guidance document that accompanied the email before grading. Note: you are requested **NOT** to share the marks awarded with your student as all grades are subject to final ratification by University examination boards and the external examiner.

1. Student ID *

Enter your answer

2. Student First Name *

Enter your answer

3. Student Surname *

Enter your answer

4. History-Taking *

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

These boxes show the maximum mark (expressed as a percentage of the entire module) that can be allocated to each domain

5. HISTORY-TAKING - comment (abilities include: student being able to take a detailed and focused history appropriate to patient's presentation; demonstrating a patient-centred approach to consultation) *

Enter your answer

6. Examination *

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

7. EXAMINATION - comment (abilities include: - the student performing relevant clinical examinations, demonstrating competence in clinical examination skills- performing appropriate clinical procedures safely and competently) *

Enter your answer

8. Knowledge/Management *

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

9. KNOWLEDGE/MANAGEMENT - comment (abilities include:-the student generating an appropriate differential diagnosis based on patient's history and physical examination; - applying a broad knowledge base and logical clinical reasoning to formulation of patient management plans) * *

Enter your answer

10. Communication *

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

11. COMMUNICATION - comment (abilities include:-the student being able to communicate effectively with patients/is aware of and responds appropriately to patients' differing psychosocial issues:- communicates well with colleagues/other healthcare professionals:- recording details of clinical encounters concisely and accurately:- routinely incorporated health promotion and preventative health strategies into clinical consultations) * *

Enter your answer

12. Learning/Personal Growth *

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

13. LEARNING/PERSONAL GROWTH -comment (abilities include:- behaving responsibly and professionally - demonstrating progressive improvement in breadth and depth of knowledge over duration of clinical placement - actively seeking and engaging with various learning opportunities presented during placement;- recording clinical encounters on an ongoing basis to ensure exposure to a wide range of clinical conditions during placement and the student initiating regular reviews with the tutor - valuing and responding to constructive feedback-recognising their own strengths and limitations -recognising the importance of lifelong learning) * *

Enter your answer

14. ATTENDANCE (students are obliged to attend their designated practice for 5 clinical sessions over 4 days each week per the GP Student/Tutor Handbook; please confirm the student has satisfied these criteria) * *

- ◯ Yes, the student has complied with the above attendance requirements
- ◯ No, the student has NOT complied with the above attendance requirements

15. Verification of no concern(s) about this student *

- ◯ I certify that the student named above has completed the clinical attachment indicated. I have discussed the student with colleagues who have directly observed their knowledge, skills and behavior and can confirm that I have no significant about their fitness to practice
- ◯ I certify that this student has NOT completed their clinical attachment indicated to an acceptable standard and I have concerns about their fitness to practice following discussions with colleagues who have directly observed their knowledge, skills and behavior (please complete below field if this option is selected).

16. Details on concerns raised (only applicable if you have selected option 2 in Q15)

Enter your answer

17. Confirmation of feedback * *

- ◯ The student has received appropriate, accurate and constructive feedback on their performance during this clinical placement.

18. Sign-off: GP tutor name * *

Enter your answer

19. Sign - off date * *

Enter your answer

Appendix 5 – What GP Tutors have found works in helping students achieve their goals

1. ***To orientate the student to the practice (and vice versa):***
    a. Explain to practice colleagues (especially manager/secretaries/nurses) the reasons for having a student and their role at the outset.
    b. Make patients aware that there is a medical student in the practice using practice notices/practice leaflets and that engagement with medical students is on a voluntary basis.
    c. In the first week, ask the student to spend some time with each member of the practice team and as an exercise to write a descriptive account of each person's role and of the services the practice offers.
    d. Consider taking a student for longer attachments: many GPs find longer attachments easier for the practice, especially as orientation/induction usually form the focus of the attachment's first few weeks. Students really develop in confidence after nine weeks on attachment and in the second nine weeks the practice may see a 'return' on the time they have invested in the student.

2. ***To enhance students' consultation/communication skills:***
    a. Developing history taking and clinical examination skills should be the foundation of a medical student's clinical attachments.
    b. 'Parallel consulting' is a very powerful mechanism by which students can develop these key skills. 'Productive diversion' (GP asks student to carry out a task while they conduct other consultations) is a useful variant.
    c. As well as parallel consulting, observation (student observing or being observed) is a valuable learning experience. Good examples are:
        - 'Hot seating', where the GP asks the student to carry out part of the consultation under their supervision.
        - 'Directed observation', where the GP asks the student to observe one aspect of a consultation is another.
    d. Consider video-recording students while consulting (<u>if</u> both practice technology permits and a protocol for giving information and obtaining patient consent is in place).
    e. Frequently remind students to 'just listen to what the patient is saying'.
    f. Suggest students take histories alone from a series of patients and for each history, formulate patient problem lists, outline potential diagnoses and prioritise problem lists.
    g. 'Why is this patient here today?', 'how do psychosocial issues impact on patients?' are key learning outcomes for students when in General Practice.
    h. For difficult cases/dilemmas, don't be afraid to ask the student what they would do…and why. Doctors are frequently surprised by a student's ability to elicit a new piece of information or discuss an issue which they have found challenging.

3. ***To enhance students' ability to work as part of a team/with colleagues and to understand how the healthcare system works:***
    a. Consider arranging attachments with colleagues within and outside the practice (e.g. Primary Care team members).
    b. Ask students to assist with procedures (e.g. phlebotomy, ECG, minor surgery etc.) if these are happening in the practice.
    c. Involve the student in activity that may appear to have an organisational or administrative focus. Reading the post, reviewing laboratory/diagnostic imaging results, taking telephone

calls, drafting referral letters (under supervision) are examples of activity which students both enjoyable and educational.

d. Visits to patients' homes, the local 'out of hours co-operative', nursing homes, district hospital, factories, community residential services are extremely valuable learning experiences for students. **Please note:** if the student attends a house call without being under the direct supervision of the GP tutor, they must attend on an observational basis only (i.e. they are not permitted to perform physical exams).

4. ***To enhance students' critical analysis, problem solving, self-directed learning and presentation skills:***
    a. Students can teach us: Ask the student to teach you/your colleagues something that they have studied during a weekly staff meeting, CME session etc.
    b. Don't be afraid to give the student homework.
    c. Encourage students to keep a logbook to guide their learning (but remind them of the importance of its entries remaining anonymous).
    d. While students like tutorials, these should be both driven by what has been encountered in practice and should involve the student preparing material for discussion.
    e. 'Hot review' (teacher and learner reflect on a recent case or experience) and 'educational prescriptions' (teacher asks learner to carry out a specific task for some time in the future) are good examples of this '*just in time learning'* which clearly links autonomous learning with clinical experience.
    f. Asking students to share this information with you at regular intervals will help you (both) to monitor progress.

5. ***And finally, all that counts in medical education, as in General Practice, cannot be counted. Be prepared for the unexpected!***
    a. Students (and the relationship with colleagues in the local medical school) can bring a new focus to your work and that of your colleagues.
    b. The considerable 'role modelling' is a key experience for students, especially during longer attachments.
    c. Help the student to appreciate there are many aspects of General Practice which can neither be taught nor clearly expressed as 'learning outcomes'.

Appendix 6 - Template to enable two-way feedback between tutor and student

Clinical Placement in General Practice
TWO-WAY (STUDENT/TUTOR) FEEDBACK FORM

Regular communication between student and tutor is key to successful placements. *This form is to facilitate feedback during clinical placements in General Practice. The Student and Tutor should complete and discuss this form at regular intervals (week 4, 8, 12). The purpose of this form is to identify activities which will help student learning and should remain in the practice for exclusive use by the student and tutor only.* ***NB****: This form is not intended to replace the Formative or Summative In-Training Assessment forms.*

Part A: For completion by the student:

At this stage of your clinical placement how would you rate your exposure to the following:	*Too little*	*Just right*	*Too much*
Learning by Observation			
Parallel consulting			
Opportunistic teaching (e.g. on the spot teaching, observed examinations, case studies)			
Number of patients seen daily			
Time spent in private study in the practice (examining case files, blood results etc.)			
Placement with other Primary Care services (e.g. PHN, Physio, Pharmacy etc.)			
Practical procedures (e.g. immunisations, phlebotomy, ECG, nebulisers, etc.)			
Opportunity to talk with/examine patients unobserved			
Encounter various medical conditions (as recommended in the Anthology)			

Give three examples of educational activity/teaching that you found of value:

Part B: For Completion by Tutor:

At this stage of your clinical placement how would you rate your student's engagement with the following learning activities:	***Too little***	***Just right***	***Too much***
Learning by Observation			
Parallel consulting			
Opportunistic learning activities (e.g. on the spot teaching, observed examinations, case studies)			
Number of patients seen daily			
Time spent in private study in the practice (e.g. examining case files, reviewing blood results, etc.)			
Involvement with other Primary Care services (e.g. PHN, Physio, Pharmacy etc.)			
Practical procedures (e.g. immunisations, phlebotomy, ECG, nebulisers, etc.)			
Opportunity to talk with / examine patients unobserved			
Encounter a broad range of medical conditions (as recommended in the Anthology)			

Give three examples of student's educational activity/learning that you found of value:

Part C: For Completion by Student and Tutor:

Agreed three priority activities for the next three weeks:

Week (please circle): **4** **8** **12**

Student:

Tutor:

Date:

Appendix 7 – Anthology of Medical Conditions

002 Abdominal Mass 003 Abdominal Pain 006 Abnormal serum lipids 012 Anaemia 018 Burns 019 Cardiac Arrest / Respiratory Arrest 020 Chest discomfort 024 Dementia/memory disturbances 027 Diarrhoea / Constipation 028 Diplopia 029 Dizziness / Vertigo 030 Dying Patient 031 Dysphagia 032 Dyspnoea / Cough / Prevention of Cancers / Chronic Respiratory Diseases 033 Ear Pain 035 Eye Redness 037 Falls 038 Fatigue 040 Fever and Chills 046 Headache 053 Hyperglycaemia / Diabetes Mellitus 054 Hypertension 056 Insomnia / Sleep Disorders / Sleep Apnoea 059 Joint Pain, Mono-articular (Acute, Chronic) 060 Joint Pain, Poly-articular (Acute, Chronic) 065 Mood Disorders	071 Painful Limb 073 Panic and Anxiety 077 Periodic Health Examination / Growth and Development 081 Pregnancy 082 Contraception / Pregnancy Prevention / Termination 089 Regional Pain 092 Rhinorrhoea / Sore Throat 093 Scrotal Mass 094 Scrotal Pain, Acute 100 Skin and Subcutaneous Lesions 101 Skin Blisters – Boils – Comedones – Ulcers 102 Skin Rash / Dermatitis 103 Speech and Language Abnormalities / Dysphonia / Hoarseness 107 Substance Abuse / Addiction 114 Urinary Frequency 118 Vaginal Discharge / Urinary Symptoms, Vulvar Lesions, Sexually Transmitted Diseases 119 Violence / Aggression and Mental Illness 124 Weight Gain / Obesity 129 Deformities / Malformations 130 Travel Medicine and Tropical Infections 131 Medical Emergencies

Appendix 8 – Important dates to note

Week	Activity
1	GP Orientation (in-person, UL Campus)
2	
3	
4	Students should now be parallel consulting with patients on their own
5	
6	Tutors to complete formative ITA in presence of student; student should use this to seek constructive feedback on areas for improvement/plan for remaining 12 weeks
7	MSK Workshop (UL Campus)
8	PPI Exam
9	
10	
11	
12	
13	
14	Group Case Presentations (worth 5% of module grade, UL campus)
15	
16	Reminder: Mini-CEX– if completing one of the three assignments in GP, get it filled out before end of placement
17	Submit GP prescribing workbook assignment.
18	Tutors to submit summative ITA to School (this result is not shared with student until release of results in June following exam board ratification)

***Note: all the above information was correct at time of publication (July 2026) but is subject to change**

