‘Non-GPs’ teaching medical students – CAPC Teaching position statement

Dr Simon Thornton with input from the CAPC Teaching team, September 2023

For the purposes of this document, ‘non-GP’ refers to anyone in the practice who is not a fully qualified GP.

All student placements in general practice need to have a placement lead. The lead takes overall responsibility for ensuring that learning outcomes of the clinical placement are met. They provide the point of contact for the University and in longer placements, where students may spend time with multiple health professionals in the practice, they also provide continuity. Our current position is that the placement lead should be a qualified GP. Exceptions will be considered on an individual basis.

We encourage other healthcare practitioners to *contribute* to the delivery of the teaching and provide examples of how this may happen in practice below.

There are educational and practical reasons for this position.

The breadth of conditions seen by non-GPs is generally not as broad as that seen by GPs. GPs are specialist generalists who work in both practice based and wider local teams (for e.g. district nursing and practice nurses, hospice teams, dementia wellbeing specialists). Role modelling the breadth of this teamwork from a GP perspective, (which is often vastly different to a hospital MDT: for example, referral processes, timescales, and modes of communication) is important to meet the learning objectives of a primary care placement. Furthermore, learning from GPs encourages students to consider a career in GP and promotes the role of the expert medical generalist.

‘Legitimate Peripheral Participation’ [Lave & Wenger, 1991] describes the social phenomenon whereby new learners become more experienced through guided participation in their professional community of practice. This is important for the development of clinical reasoning and decision-making skills and supports students in their assessment processes. Whilst we recognise the wider community of practice in the MDT, ‘novice’ learning from ‘expert’ (GP) facilitates this transition and assimilation.

Having a lead GP role model is also an important part of the development of medical professional identity (how a doctor or student thinks of themselves as a doctor) [Orsmond et al, 2022]. It is important that our students are exposed to the specialist community of practice that is general practice. Whilst multidisciplinary team working is the norm in most healthcare settings, the sense of belonging and professional identity that each member of a specific profession brings must not be lost.

Below, we set out some examples of how non-GPs can be involved in undergraduate GP teaching across our programme.

Peer teaching:

A practice has a pair of Year 5 medical students at the same time as their group of Year 2 medical students are on placement on a Thursday. The Year 5 students deliver a brief teaching session at the start on causes of abdominal symptoms. The Year 2 students are then split between the GP and Year 5 students to take a history and examine patients.

GP trainees teaching:

The deanery have agreed that GP trainees can deliver up to 8 sessions of medical student teaching per year

NB: Assessors for mini-CEX and CBDs should be **doctors above the level of F2**

Year 1 & 2: Part of a tutorial session can be delivered by a GP trainee

Year 3: The workshop part of the day (ie: Sway tutorial discussion and skill of the week) could be supported by a GP trainee. We would like the observed consulting with patients to be supervised by a GP.

Year 4: The drug of the week and skill of the week could be delivered by a GP trainee.

Year 5: As year 5 mainly consists of Student led clinics there would be limited opportunities

Other examples of involving the wider practice clinical team in teaching:

Years 1 & 2: Students can spend time observing allied health professionals consult, including performing examinations (e.g., first contact physio)

Year 3: In one practice, during the observed clinics component, the students sit in with the urgent care practitioner and a GP on alternate weeks.

Year 4: Teaching the skill of the week and signing the CAPS logbook (for procedural skills) can be signed off by doctors above the level of F2 and other healthcare professionals providing the subject matter is within their field of competence.

The practice pharmacist can deliver the drug of the week part of the day.

HCAs and nursing associates can supervise the student-led HCA clinics

Students can observe clinics run by a physiotherapist/pharmacist/social prescriber/urgent care practitioner/nurse/HCA.

Year 5: Students have up to one session where they are encouraged to spend time with allied health professionals. This can be both within and external to the practice.

A student can be supervised by a pharmacist or an allied health care professional for their project if it aligns with their expertise.

A student can be supervised by ANP/paramedic if they are doing a minor illness clinic.

If you have experience of excellent teaching opportunities for medical students provided by other members of the practice team, which could be applied in other settings under the supervision of a lead GP, please share these with phc-teaching@bristol.ac.uk so we can include other examples.