



MBBS TEACHING STANDARDS FOR CLINICAL PLACEMENTS

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II. Introduction

MBBS Quality Teaching Standards for Clinical Placements define the core requirements for delivering the learning objectives on placements, responsibilities for clinical teachers and organisations providing the clinical placements, and expectations of students. The Teaching Standards apply to any clinical placement opportunity offered to MBBS students, including student assistantships and Student Selected Components (SSC), and are monitored as part of our quality assurance process.

Taking into account the guidance offered by the General Medical Council (GMC) and the NHS England (NHSE), we define a clinical placement as:

Any arrangement in which a medical student, as part of the programmed curriculum activity, spends a specifically defined period dedicated to clinical learning in an environment that provides healthcare or related services to patients or the public. Placements can be held in primary, secondary or community health or social care settings.

The Teaching Standards comply with the general provisions of the NHSE's Tri-Partite Agreement for Undergraduate Medical Education (TPA-UGME) and the GMC's [Promoting excellence: standards for medical education and training](#) and the [Clinical placements for medical students](#) and aim to outline specific curricular requirements of St George's MBBS programme in greater detail.

The Teaching Standards are reviewed biennially or upon major changes to the curriculum.

III. General requirements for teaching medical students on clinical placements

The quality of clinical education, experience and support provided to medical students is the joint and equal responsibility of the medical school and the placements providers, managed through strong, collaborative relationships and regular dialogue. St George's recognises the essential contributions made by our placement partners in providing clinical education and support which enables our students to develop into competent, safe and patient-centred professionals.

Ensuring that all participants in the learning process – the education provider, the student and the clinical placement provider – have a clear understanding of their roles and responsibilities will enhance a collaborative approach to quality standards of clinical learning, teaching and placement provision.

The student

To ensure the best chance of succeeding on clinical placement, students have responsibility to:

- Familiarise themselves with the clinical practice outcomes (CPOs), priority conditions and assessment requirements relevant to each placement.
- Take initiative in identifying their own learning needs and actively seek opportunities on placements to meet them.
- Plan and monitor their own learning progress in discussion with the clinical staff on placement.
- Ensure that they understand what clinical teams expect of them on each placement (i.e., attendance/engagement with all scheduled activities, completion of workplace-based assessments, sign-off methods, logs, etc.).
- Always comply with placement providers' policies, statutory and professional regulations and codes of conduct and behaviour, for example infection control, information governance and dress code.
- Be always aware of their direct responsibilities for the safety of patients in their care and raise concerns if they have them.
- Know their limitations and ask for help, when necessary.
- Always maintain confidentiality.
- Know how to raise concerns about the placement experience (educational incidents, patient safety, own or colleague's health concerns).
- Inform the clinical placement provider and the medical school of any absence due to illness or other reasons; be aware of attendance policy and follow prescribed process for booking approved leave of absence.
- Provide feedback on the quality of the placement to contribute to the continuous feedback-response-improvement cycle.

Students should **NOT**, under any circumstances:

- Initiate treatment for a patient on their own diagnosis. They should wait until a qualified doctor confirms the diagnosis and treatment. The doctor will determine the degree of supervision required for the various clinical procedures which students may undertake, in line with the student's experience and level of knowledge. The consultant or GP, who has overall clinical responsibility for their patients, will be responsible for ensuring proper supervision. Student clerking/notes should be clearly identified as such and reviewed by a qualified doctor.
- Under any circumstances sign prescriptions for any drugs, death certificates or consent forms.

- Perform blood transfusion, venepuncture for cross-matching or NG tube placement procedures. These are simulated activities in Final year and students are not expected or required to perform them on real patients before graduation.
- Initiate requests for diagnostic or remedial services, e.g., radiological examinations, pathology tests and physiotherapy. Some Trusts may have specific mechanisms allowing students on assistantship to request a limited range of investigations, but with a requirement to be countersigned by a qualified member of the team who takes responsibility for the request.
- Where, in exceptional circumstances, students assist in covering the work of an absent colleague they must be fully covered by a registered medical practitioner. When the firm is on admissions outside the normal working day a supervising junior doctor should always be available.

The education provider

To assure quality of clinical learning, St George's shall:

- Liaise with clinical placement providers to discuss and agree capacity for the number of students in each year cohort.
- Ensure that all students have the occupational health and DBS clearance before commencing their clinical placement.
- Ensure that all students have met appropriate standards of clinical knowledge, skills and communication skills appropriate to their stage of learning. Posters with colour-coded descriptors of generic competences expected of students at each relevant level of training will be provided to all partner sites for display in clinical areas.
- Ensure that students have received manual handling and basic life support training prior to commencing their placements.
- Share the student lists and all the relevant information with the nominated administrative and clinical staff. This should encompass student contact details, special needs, reasonable adjustments required, etc.
- Provide all the relevant education resources, e.g., Clinical Practice Outcomes, Priority Lists, Becoming a Doctor Handbooks, etc, in the timely manner.
- Inform clinical providers of any updates or changes to the curriculum or student requirements without undue delay.
- Where appropriate, inform clinical providers of educational incidents or patient concerns raised or reported by students through university-based mechanisms and work with partners to identify causes, assess risk factors and implement solutions.
- Provide clinical providers with student feedback collected at the end of each placement.
- Provide professional development opportunities e.g., clinical teachers day and education courses such as the Postgraduate Certificate in Healthcare & Biomedical Education.

The clinical placement provider

To assure quality of clinical teaching and placement provision, the clinical placement provider has responsibility to ensure that:

- For secondary care placements, a suitably qualified clinician is appointed to the role of the Sub Dean with overall responsibility for coordinating the delivery of teaching across the site. The Sub Dean is the key contact for the university in all matters related to undergraduate medical education at the relevant placement provider. The Sub Dean is expected to attend regular Sub Dean meetings, review and disseminate student feedback to relevant local specialty leads and work with them to agree action required to address issues raised in the feedback.

- All clinical teachers are appropriately qualified, competent and cognisant of the curriculum contents and learning outcomes relevant to the placement to support students' learning and assessment. They should have appropriate educational responsibilities included in their job descriptions and appropriate competencies defined in their job specifications.
- Administrative support for clinical attachments is effective, including administrative support for clinical teachers involved in undergraduate teaching.
- At least one member of the administrative team supporting students on each placement has access to the SGUL VLE (CANVAS). This will require an honorary attachment with the University and will complement students' learning, organisation and communication on placement.
- Undergraduate Coordinators attend regular bi-monthly update meetings to be held online. The meetings provide a platform to discuss operational matters across all clinical providers and ensure consistency and alignment of approach to common issues arising across our clinical partners.
- The Sub Dean, with support from the education team, completes the Clinical Education Self-Assessment Annual Return (CESAAR) forms within the specified timeframe to confirm compliance with the Teaching Standards requirements.
- At least six weeks before the placement, students receive standard timetables outlining usual start / finish time each day, firm/ward allocation, expected location, mode and type of teaching sessions and arrangements for out-of-hours sessions. Joining instructions, detailed timetables, the lead clinician's details and the learning opportunities available are shared with the students at least two weeks prior to the start of the placement.
- Local timetables are accurate, regularly updated and any changes promptly communicated to the students.
- Comprehensive induction is held on the first day of the placement, covering all the relevant local trust policies, including attendance and reporting absence; health and safety policy; dress code; raising concerns about patient safety, bullying, racism and harassment. The induction should also address the means of communication with the team, how to maximise learning opportunities and any other useful tips and advice specific to the local area.
- Students have a named supervisor to support their learning which is normally the Consultant or GP, but there may be others named in addition.
- All timetabled/scheduled teaching that has been cancelled is rescheduled within the placement block.
- Students have access to the following clinical opportunities to achieve outcomes specified for their placement:
 - **Inpatient beds** (for hospital specialties) sufficient to give each student access to a suitable range of patients per week to meet learning outcomes for the placement
 - **Consulting rooms for primary or secondary ambulatory care and other clinical areas** of sufficient size to accommodate students and to meet the clinical practice outcomes (learning objectives), as appropriate for the relevant specialities
 - **Case mix and range** appropriate to the placement specialty
 - **Diagnostic and therapeutic procedures**, including X-ray and laboratory facilities
 - Sufficient experience of **acute emergency** cases
- The university is notified immediately of any changes that might significantly affect the students' ability to meet the learning outcomes and, if possible, offer alternative solutions to ensure learning outcomes are met. The university must be kept up to date with any local investigations and outcomes, where appropriate.

- Students have access to relevant facilities and learning opportunities, where reasonably practical, similar to those available to their own staff, in particular:
 - library and study areas
 - electronic medical records - students must be informed of their responsibilities and security arrangements as part of the induction. This must be available from the start of the attachment.
 - internet with permitted use of the SGUL website, email and CANVAS
 - dedicated locker for each student
 - dedicated medical student common room (or, if not available, access to the junior doctors' mess)
- Appropriate Equality, Diversity & Inclusion standards and policies are in place and that these extend to cover medical students on placement. As a minimum, clinical placement providers should ensure:
 - a learning environment that promotes equality, diversity and inclusion and supports all learner groups
 - learners receive appropriate supervision regardless of their background or protected characteristics
 - policies and processes are in place to respond supportively to reports of bullying, harassment and discriminatory behaviours of students, staff or placements
 - clinical teachers and education centre staff are provided with training to support inclusive education
- The university is notified immediately of any serious incidents or concerns raised by staff or patients, where involvement of any student calls into question their fitness to practise; or incidents which may adversely affect the student's health or wellbeing.

Clinical teachers specifically are expected to:

- Be familiar with the MBBS curriculum specific to the specialty/area of teaching, in particular the clinical practice outcomes for the SGUL MBBS programme
- Be familiar with the level of student – early years, Transitional, Penultimate or Final Year of MBBS course
- Be aware that students must be assessed in clinical practice (knowledge and skills) and professional behaviour, including interaction with the multiprofessional team
- Introduce themselves to students at the start of placement, and confirm the arrangements for teaching and signing off at the end of the placement
- Allow sufficient time and use available staff resource to support the completion of the required workplace assessments (e.g. CBD, Mini-CEX, DOPS, multisource feedback) for each placement, as outlined in the relevant Becoming a Doctor handbook and Clinical Practice Outcomes for that placement
- Reschedule all timetabled teaching that needed to be cancelled or find an alternate teacher with similar expertise and advise SGUL of any changes to the timetabled sessions
- Raise concerns with the placement lead, and where appropriate the university, in a timely manner, if a student is not achieving agreed learning outcomes, or in relation to any concerns about an individual student (e.g. attendance, behaviour) to enable timely support
- Contribute to the review of the learning environment and student experience.

With regards to clinical investigation (clinical biochemistry, clinical immunology, haematology, medical microbiology, pathology, radiology), clinical teachers are expected to:

- Ensure students have an opportunity to develop skills in interpreting laboratory data in the context of the management of patients in their speciality. Students should be able to present and discuss laboratory and radiology results, as appropriate.
- Involve students in the clinical management of patients in collaboration with clinicians from other specialities.
- Support students in developing general skills such as infection control.
- Invite students to multidisciplinary team meetings.
- Schedule formal, mandatory teaching sessions on clinical investigation teaching to be delivered in the form of tutorials, lectures or demonstrations.

With regards to professional development, clinical teachers:

- Must ensure their teaching skills remain up to date and monitored as part of their appraisal process
- With 3 or more PAs of SGUL funded time in their job plan must undergo a university appraisal annually
- Are encouraged to apply for SGUL honorary contracts appropriate to their experience
- Are encouraged to attend annual SGUL Clinical Teachers' Day designed to support clinical teachers in educating SGUL students on placements
- Are encouraged to consider applying for the Postgraduate Certificate in Healthcare and Biomedical Education offered by SGUL

IMPORTANT NOTE: The university, the clinical providers and students acknowledge that in some busy clinical placements it may not be possible or practical to ensure that every Wednesday afternoon will be free of timetabled activity. During T, P and F year students may be expected to attend compulsory teaching sessions.

IV. Key Performance Indicators (KPIs)

Key Performance Indicators are monitored at the end of each attachment via student feedback. The findings are reported annually to our local and national QA bodies. The KPIs for 2023-2024 are as follows:

- **80% good or excellent score in overall satisfaction with clinical attachment as assessed in formal student feedback**
- **All timetabled teaching sessions that are cancelled by a clinical teacher to be rescheduled within the attachment**

V. Monitoring of Teaching Standards

Monitoring of teaching standards on clinical placements will be based on:

- The quality assurance visits
- Regular review of formal electronic student feedback, including KPIs
- Achievement of good or excellent overall student satisfaction with the attachment in line with the KPIs
- Achievement of rescheduling of all timetabled teaching sessions cancelled by the teacher
- Peer observations of trainers
- Workplace based assessment logs
- Formal and informal 'on the go' feedback from students and trainers
- GMC QAA visit feedback

VI. Clinical Placement Specifications

Acute Medicine Unit (P Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9)

- Students need to see acutely ill medical patients, in an Acute Medicine Unit over one week. This can be delivered as a one week block or as five individual days, rotating out from the 'home' P Year Medicine placement
- All students to be timetabled into the on-call rota including night and weekend duties
- Students should present at least four acute presentations in the week

Anaesthetics & Critical Care (F Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9)

This is a 4-week attachment comprising one week of specific training sessions at SGUL (simulation, breaking bad news, advanced prescribing, etc.), one week of critical care medicine and two weeks of anaesthesia.

- Critical Care week must include:
 - 7-8 half-days in theatre or intensive care teaching sessions (2 students per session)
 - Teaching (either bedside, tutorial or theatre-based format) to cover assessing the critically ill patient, sepsis, acute respiratory failure
- Anaesthetics fortnight must include:
 - 7-8 half days per week in theatre or intensive care teaching sessions (2 students per session)
 - Teaching (either bedside, tutorial or theatre-based format) to cover introduction to anaesthesia, pre-operative assessment, process of anaesthesia, postoperative care
 - Pre-operative assessments
- Teaching to be provided by consultant staff

Assistantships in Medicine, Surgery and General Practice (F Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9)

- Assistantship posts provide students with the opportunity to improve their clinical skills and obtain direct experience of practical procedures likely to be useful in their Foundation Year, i.e. they should take part in the clerking and management of primary care presentations, in-patients and outpatients, as well as chronic care and acute emergencies in A&E.
- Students undertaking Assistantship posts in **medicine and surgery** should in essence work as the Assistant to the Foundation Doctors (or equivalent junior doctors such as F3, Core Trainee or clinical fellow) on the firm and contribute to the work of the team.

- Students undertaking Assistantship posts in **General Practice** should assess patients under the supervision of the GP and contribute to the management of the patients within the primary care team.
- Clinical and educational supervision is normally provided by the GP or Consultant to whose junior doctor the student is attached.
- The Assistantship experience should offer opportunities for the student to develop an insight into issues of communication, team-working and the skills required to facilitate a patient's management.
- Students should be provided with a range of general teaching and learning opportunities arising from access to a broad spectrum of cases, including (where relevant):
 - In primary care, seeing patients initially alone, and then reporting to supervisors and working with multi-disciplinary teams and other health professionals
 - In secondary care, working ward rounds with consultants and junior staff (students should be involved in clerking, presenting their patients, demonstrating signs and background knowledge of the case). It is expected that students, with appropriate supervision, will undertake simple practical procedures such as venepuncture, insertion of venous cannulas, etc.
 - Acute emergency admissions experience, including experience at nights and weekends
 - With the evolution of clinical service and the implementation of Acute Medical and Surgical teams, many firms with foundation doctors no longer participate in direct acute admissions. Where this is the case, direct exposure to acute admissions should be provided by rotational attachment to the acute team's foundation or equivalent junior doctor
 - Active student participation in meetings (including multidisciplinary or clinical meetings, clinical audit, quality, learning events, x-ray meetings and pathology)
- Other teaching/learning should be provided flexibly, according to the opportunities available (e.g. working with members of the MDT, outpatient clinics, theatre sessions, speciality meetings, lectures etc). The teaching should be based around the training opportunities provided for Foundation Doctors. It is not intended for Medicine or Surgery Assistantships to have dedicated undergraduate focused teaching sessions, but these are available in General Practice.
- Each teaching firm normally requires, in addition to the organising Consultant in charge, at least two junior clinical staff. Hospitals are to ensure that job plans and contracts include sufficient time for teaching and supervising Assistantship students.
- **SECONDARY CARE ONLY:** One Assistantship student per F1 maximum. Some students may be allocated to F2 or equivalent junior doctors (F3, Core Trainee or clinical fellow) where there are no F1 doctors in the firm, maintaining the one-to-one principle.
- **SECONDARY CARE ONLY:** All students to be timetabled into the on-call rota, including night and weekend duties.
- **SECONDARY CARE ONLY:** Teaching sessions where students join foundation doctors without interruption for service delivery.
- **PRIMARY CARE ONLY:** Students should have access to a consulting room and 'booked surgery' (with informed patient consent) to see patients for at least 3 independent surgeries a week, supervised by a GP tutor, and an additional 4 activities (e.g. observing, visits, nurse, pharmacy) each week.

Cardiology (P Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9)

- Students should develop clinical skills relevant to the attachment, specifically how to take a cardiovascular history and how to perform a cardiovascular examination.
- The students should receive at least two sessions of bedside teaching per week, totalling a minimum of three hours. This will include teaching on valvular heart disease and heart failure.
- There should be one formal ECG session per week.
- Case Based Discussion: At least one session per week where students present cases they have clerked with the aid of PowerPoint slides. This session should be approximately 1.5 hours in duration allowing for appropriate discussion time.
- Students should have access to any available educational meetings (MDT, echo meetings, etc.).
- Students should attend at least 1-2 cardiology clinics per week plus at least one rapid access chest pain clinic.
- Cardiac Catheter Lab: Students should attend 1–2 lab sessions per week.
- Students should attend cardiac theatres once during their attachment.
- Cardiology Investigations: Students will be required to watch the online echocardiography demonstration and should attend one session of various available investigations/tests (transthoracic echo, transoesophageal echo, how to perform an ECG).
- Ward work: Students should use their time to ensure at least two sessions per week are spent on the wards (clerking patients, performing DOPS, helping and learning from the junior doctors).
- On-call: students can attend part of an on call with either the SHO or registrar during their attachment. This is not compulsory.
- The compulsory student log of activity must be reviewed (alongside the workplace-based assessments) during sign-off. The sign-off must be completed by Cardiology Consultant and/or the cardiology teaching fellow at the end of the attachment.

Emergency Medicine (F Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

- Students should develop clinical skills in history taking, physical examination, differential diagnosis and medical record keeping. The skills acquired should involve all systems including general medicine, general surgical, specialist surgery, genitourinary, gynaecological and locomotor systems. They should learn to develop differential diagnosis and management plans.
- The number of students per firm should not exceed 25 spread out over a 24-hour period in groups of up to six
- Students should clerk an average of at least three-five patients per week (self-directed) and should have an opportunity to present half of them. Students should be encouraged to chase investigations and accompany patients during investigations
- Teaching should be provided as tutorials in a seminar room as well as 'real time' teaching on the shop floor

Early Years Clinical Experience (EYCE) (Clinical Science years)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

- Students should be specifically allocated to named ward/departments and clinicians during their hospital placements who take responsibility for student learning.
- Students should be provided with a clear timetable 6 weeks prior to the placement to indicate ward based time, clinical activities and formal scheduled teaching.
- Sufficient flexible learning opportunities such as ward rounds, clinical meetings, patient investigations and theatre lists should be made available and clearly signposted to students.
- Students should spend time gathering information for a medical history as appropriate to the stage of their training and talking to patients about their experiences.
- Students should be allocated to spend time with a wide range of members of multidisciplinary team and develop an understanding of their roles.
- Students should observe, assist in and perform specified stage relevant clinical procedures (DOPS) under supervision.
- Students will be required to produce written or presented reflective work according to the speciality requirements which will be marked by the clinical teams.

General Practice (Clinical Science years)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

The GP Tutor and their practice will:

- Have a patient list of a size and case mix to provide sufficient patients for students to interview, examine and learn from in line with the SGUL learning outcomes and core conditions for the attachment
- Have space for students to interview patients, under direct supervision, and for the post-interview tutorial
- Ensure that practice staff are informed about the teaching programme to ensure a productive learning environment for students
- Attend the placement-specific training provided by St George's for each placement
- Protect time for individual or group teaching and feedback for the students as indicated in the course requirements
- Give adequate opportunities for students to develop communication, consultation and examination skills
- Assess student performance as indicated in the course requirements
- Notify patients that the Practice is involved in the teaching of medical students and give opportunity for patients to opt out of teaching without detriment to their care
- Give students access to computerised patient notes as required
- Have a named administrator who will provide a direct link between the Practice, the students and SGUL and provide up-to-date contact details

General Practice (T Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

The GP Tutor and their practice will:

- Have a patient list of a size and case mix to provide sufficient patients for students to interview, examine and learn from
- Be an advocate for general practice and demonstrate high quality general practice performance including use of clinical governance and quality improvement.
- Have space and capacity for students to individually observe GPs consulting, and where students can interview patients as required
- Ensure that practice staff are informed about the teaching programme to ensure a productive learning environment for students
- Protect time for individual or group teaching and feedback for the students as indicated in the course requirements
- Give adequate opportunities for students to develop communication, consultation and examination skills
- Assess student performance as indicated in the course requirements
- Notify patients that the Practice is involved in the teaching of medical students and give opportunity for patients to opt out of teaching without detriment to their care
- Give students access to computerised patient notes as required
- Give students the same protection from accidents or hazards at work as any employee of the Practice
- Have a named administrator who will provide a direct link between the Practice, the students and SGUL and provide up-to-date contact details
- GP Tutor to attend placement specific training

Genitourinary Medicine (P Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

- Students should be attached to a named doctor covering the GU Medicine walk-in rota
- Students should attend a minimum of two outpatient clinics during their designated rotation
- Students should clerk patients and view as many examinations and laboratory procedures as possible at their designated outpatient clinic under the guidance and supervision of their appointed doctor - CMT doctor, GP registrar, specialist registrar, associate specialist or consultant
- Students should clerk a minimum of four patients (two of each gender) using the clerking proforma setting out the history, examination, diagnosis, investigations, management and progress. Clerkings should be presented to the designated doctor for assessment.
- Students must attend and have their handbook signed by an agreed supervisor for:
 - Outpatient clinic attendance
 - All four clerkings
 - Shadowing nurses for specimen taking & microscopy

- The following flexible learning opportunities should also be offered where available:
 - Additional outpatient clinics
 - HIV and specialist GU clinics
 - HIV inpatient care
 - Opportunities to students who wish to do an SSC or elective within GU Medicine
 - Sexual history lecture attendance

Geriatric Medicine (P Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

- Students should develop clinical skills in history taking, physical examination, differential diagnosis and medical record keeping required for the management of older people
- The bedside skills acquired should involve all systems including neurology, cardiovascular, gastrointestinal, respiratory, genitourinary and locomotor systems. Students should learn to develop differential diagnosis and management plans in complex older patients
- The number of students per firm should not exceed four per consultant
- Students should clerk at least six patients over three weeks (self-directed) and should have an opportunity to present all of them. Students should be encouraged to chase investigations and accompany patients during investigations
- Teaching on inpatients should be provided either on dedicated teaching rounds (consultant led) or on business rounds with sufficient time, at least twice per week
- Bedside teaching: The students require on average one 30-minute session per week
- Students should receive at least 60 minutes of small group teaching related to the Geriatric Medicine learning objectives each week
- Students should attend at least one multidisciplinary meeting and understand the principles of complex discharge planning
- Where firms have a routine radiology meeting, students should attend
- Where firms have a routine histopathology meeting, students should attend
- Students should be able to present and discuss ECGs and laboratory results

Medicine (T and P Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

- Students should develop clinical skills in history taking, physical examination, differential diagnosis and medical record keeping. The bedside skills acquired should involve all systems including gastrointestinal, respiratory, neurology, cardiovascular, genitourinary endocrine and locomotor systems. They should learn to develop differential diagnosis and management plans. Students should be able to plan drug therapy and initiate a drug under supervision.
- The number of students per firm should not exceed six
- Students should clerk an average of at least three-five patients per week (self-directed) and should have an opportunity to present half of them. Students should be encouraged to chase investigations and accompany patients during investigation

- Students should acquire experience and knowledge in acute medical emergencies including sudden breathlessness, chest/abdominal pain, haemorrhage, sepsis, hypotension and confusion.
- Teaching should be provided at least once per week in the outpatient clinic with patient numbers adjusted to allow sufficient time for high quality teaching.
- Teaching on inpatients should be provided either on dedicated teaching rounds (consultant led) or on business rounds with sufficient time, at least once per week
- **Summary of direct contact clinical teaching time for each firm**

Bedside	-	2-4 hours per week
Ward round	-	2 hours per week (1hour per ward round)
Radiology meeting	-	1 hour per week
Outpatients	-	1 clinic per week
Other meetings and assessments	-	1 hour per week
Self-directed learning, clerking etc.	-	6 hours
- Two hours bedside, one-hour ward round, and one-hour x-ray teaching should be delivered by a Consultant (totalling four hours per week). For the remainder of the time, teaching could be delivered by core and specialty trainees.
- Collaborative teaching between clinical teams is encouraged to ensure exposure to as broad a range of clinical material as possible
- Where clinical teams have routine radiology or histopathology meetings, students should prepare and present cases
- Students should be able to present and discuss ECGs and laboratory results
- Students should be timetabled into the on-call rota including night and weekend duties during the medical attachment, similar to Foundation year doctors
- During the **P Year Medicine attachment**, and in addition to the above:
 - Students must have a one week equivalent experience in the **Acute Medicine Unit** as outlined in Acute Medicine Unit (P Year) above
 - There must be clinical exposure to **Dermatology** in the outpatient setting as follows:
 - students to attend a 'suspected skin cancer' clinic
 - students to attend an additional general dermatology clinic
 - a specific workplace based assessment as outlined in the Becoming a Doctor handbook must be completed
 - There must be clinical exposure to Rheumatology in the outpatient setting as follows:
 - all students to attend a Rheumatology teaching clinic
 - all students to attend an additional general rheumatology clinic
 - a specific workplace based assessment as outlined in the Becoming a Doctor handbook must be completed
- During the **T Year Medicine attachment**, and in addition to the above:
 - Students must be provided with opportunities to see acutely ill medical patients, preferably in an Acute Medicine Unit over the course of the attachment, presenting at least two acute presentations per week

Neuro+ (P Year)

Core Requirements (to be read in conjunction Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

- The placement includes Neurology, Stroke, Neurosurgery, Neuro-Rehabilitation & Audiology.
- Students to complete at least three WBAs (as outlined in the Becoming a Doctor handbook), with a post MRCP doctor.
- Students should be allocated a Neurology consultant at a specified DGH.
- Attendance at four general neurology outpatient clinics (if available; minimum of two), most or all with their designated consultant and additional self-selected clinics (optional if available).
- All students to be timetabled into the on-call rota including evenings and weekend duties.
- Students should clerk patients and view as many procedures (e.g. LP's) as possible at their designated DGH, under the guidance/supervision of their appointed consultant. Where this is not possible (e.g. stroke patients, neurosurgery, some procedures) these may be undertaken at St George's.
- Students must clerk and present a minimum of four patients (one stroke, one neurology case, one neuro-rehab case and one neurosurgical case), clearly set out by history, examination, case synthesis diagnosis, investigations, management and progress (except in rehab where a goal orientated approach is needed). These clerkings will be reviewed at the final consultant led sign-off session.
- When in-person rehabilitation experience available, the rehab clerking is assessed by presentation on the day of the rehab placement.
- Students must attend and have handbook log-sheet signed supervising clinical teachers for:
 - Outpatient clinic attendance
 - Stroke case presentation session
 - One neurology clinical bedside teaching session
 - One neurosurgery theatre session
 - One neurology/stroke (with clerking) and where possible, one neurosurgery on call (with clerking) session
- Students must attend the following core sessions:
 - Topic teaching: 3 Audiology, 3 Stroke, 6 Neurology, 1 joint Audiology-Neurology; 2 joint Neurology-psychiatry; 5 Neurosurgery; 3 Neuro-rehabilitation
 - One day placement at a rehabilitation centre (hybrid/in person)
 - Half day visit to Royal Hospital for Neurodisability (Putney), if available
 - Weekly Neuro-radiology session
 - Attendance at all clinical skills/case presentation sessions, unless other compulsory activity
- Flexible learning opportunities such as online resources, neurosurgical outpatient clinics, neurology specialist clinics, additional clerking opportunities (wards, clinics, day unit, ward referrals) and additional on call slots should be made available to students. EEG and EMG demonstration (if available).
- Students will attend a sign-off session for the review of logbooks, clerking, completion of online MCQ, DGH and any other available feedback for final grading on A, P and CP.

Obstetrics & Gynaecology (P Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

- The number of students per teaching firm should not exceed six

- All students to be timetabled to attend a minimum of the following clinical activities each week:
 - Ante-natal clinic
 - Gynaecology clinic
 - Theatre
 - Labour ward
 - Postgraduate meeting
- All students to be timetabled into the on-call rota including night and weekend duties.
- Formal academic clinical teaching will be provided to a minimum of:
 - Core O&G tutorials (minimum 2 per week)
 - Teaching seminars split between first 2.5 days of attachment and last day
 - Formative end of block written assessment

Paediatrics (P Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

- Teaching Units will be expected to provide:
 - Paediatric experience
 - Training in paediatric clinical skills
 - Facilitate understanding of the paediatric clinical process
- Teaching units are also needed as part of the assessment of the students, focussing on professionalism, understanding of case management and practical clinical skills
- All students to be taught and become proficient in the following practical skills:
 - History taking – Emergency Department, outpatients, ward-based children
 - Examination of respiratory system, cardiovascular system, abdomen, CNS, skin, ENT, head
 - Developmental examination
 - Neonatal examination
- Clinical skills teaching needs to be provided with a minimum of one ward-based examination skills session each week
- To provide basic practical experience in the assessment and management of children with common and non-acute medical conditions
- To be exposed to and understand the assessment of children with psychological disorders and complex developmental needs
- All students to be timetabled into the on-call rota including night and weekend duties.
- Students will be expected to have the opportunity:
 - To see a minimum of two children each week on their own
 - Attend four outpatient clinics
 - Attend three Emergency Department or Acute Assessment Unit sessions
 - Attend two NNU sessions
 - Attend one developmental clinic
 - Attend two Child & Adolescent Mental Health Assessments
- One case-based tutorial each week should be organised for the student group to facilitate understanding of cases they have seen
- Consultants and trainees working with students in their area should expect to be asked and to explain aspects of their clinical work to the students with them, as clinical workload allows

- Attachments must allocate students to on-call sessions and make arrangement such that students are clear as to how their formal teaching will be conducted. Further optional learning opportunities must be outlined to students, and how to access these.

Palliative Care (P Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

- Attendance is mandatory and students must be signed off by the specified supervisor of each activity i.e. lectures, placements and seminars
- Students are expected to spend a day on clinical placement in a hospice to gain an understanding of this unique setting
- Students are expected to spend half a day on clinical placement with a hospital palliative care team to gain an understanding of the role of palliative care in the acute sector
- Students are expected to contribute to interactive seminars and case discussions during their formal teaching programme

Psychiatry (P Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

- Students should be attached to one firm for five weeks
- Students should, in agreement with their consultant, attend relevant sessions within the team such as care planning review meetings and team meetings.
- Students should clerk a minimum of five patients and present these to a doctor.
- They should see a patient with:
 - schizophrenia
 - mood disorder
 - alcohol or substance use
 - anxiety or similar disorders (incl. eating disorder, body dysmorphic disorder)
 - organic disorder or dementia
- Students must complete an evening on-call
- Students should attend weekly clinical base problem tutorials (minimum of four)
- Students are required to complete a minimum of five specialist visits, from a list provided at the start of the attachment. These must include two mandatory sessions (on call, as stated above (item 5) and Liaison psychiatry).
- Students must submit a referral letter of an assessment or a write up of a consultation they have observed or been involved in
- Students must present to their supervisor, evidence of the activities completed during the psychiatry placement. This will be demonstrated through students completing personal timetables and using the clinical outcomes record
- Students must attend three mandatory workshops with expert by experience participation on the following topics: Eating Disorders, Intellectual Disability and Alcoholic Anonymous. In addition, they must attend a small group clinical skills session on risk assessment and management.

Surgery (P Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

General Surgery attachment includes 1 week each of: Upper GI, Lower GI, Breast, Urology and Acute Surgical Admissions

- Number of students per firm should not exceed six per consultant
- Minimum of one-hour formal consultant or registrar bedside teaching by each firm each week.
- All students on the firm must have experience of the management of emergency cases
- All students to be timetabled into the on-call rota including night and weekend duties.
- Weekly ward rounds to include time for student teaching by each firm
- Weekly teaching in outpatient clinic with patient numbers adjusted to allow sufficient time for high quality teaching
- Teaching in operating theatre with opportunities for medical students to assist in cases that they have clerked if appropriate
- Number of patients clerked per week on firm per student three-five
- Collaborative teaching between firms is encouraged
- Develop clinical skills in history taking physical examination and medical record keeping for all surgical specialities
- Surgical radiology teaching within the timetable
- Surgical pathology teaching within the timetable
- Regular review of student clerking by workplace assessments
- Clinical teachers should monitor completion of student's COR and advise students how to remedy gaps in experience

Surgery (T Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

- Timetable must be accurate and updated in a timely manner by surgery co-ordinator
- Number of students per firm should not exceed six per consultant
- Minimum of one-hour formal consultant or registrar bedside teaching by each firm each week
- All students to be timetabled into the on-call rota for general surgery and to attend pre-operative assessment unit
- Weekly ward rounds to include time for student teaching by each firm
- Weekly teaching in outpatient clinic with patient numbers adjusted to allow sufficient time for high quality teaching
- Teaching in operating theatre with opportunities for medical students to assist in cases that they have clerked if appropriate
- Number of patients clerked per week on firm per student three-five

- Collaborative teaching between firms is encouraged
- Surgical radiology teaching within the timetable
- Surgical pathology teaching within the timetable
- Timetable must be accurate and updated in a timely manner by surgery co-ordinator
- Clinical teachers should monitor completion of student's COR and advise students how to remedy gaps in experience

Surgical Specialties (P Year)

Core Requirements (to be read in conjunction with Section III - 'General requirements for teaching medical students on clinical placements' – pp. 5-9).

The four week Surgical Specialties attachment should include:

- Two weeks comprising of
 - **Trauma & Orthopaedics** (experience of both elective orthopaedic and acute trauma patients)
 - **Plastics** (experience of wound healing, dressing, ulcer management and skin cancer clinic where possible)
 - **Vascular** (clinics, theatre lists, MDTs, vascular lab etc and time spent with interventional radiology team)
- Two weeks comprising of ENT, Head and Neck and Ophthalmology
 - **Ear, Nose and Throat** (three theatre sessions, four outpatient clinics including head and neck cancer MDT and clinic)
 - **Ophthalmology** (four outpatient clinics, one ophthalmology theatre session)
- One day of thoracic surgery
- All students to be timetabled into the on-call rota including night and weekend duties.

APPENDIX A

SGUL guidance on involving medical students in the provision of clinical care

Introduction

Medical students are involved in clinical care, with the consent of patients. Normally, there is little risk of hazard to the patient due to the limited involvement and responsibility of students, but on occasion students may be involved in performing aspects of care which are potentially hazardous for patients, even under direct supervision e.g. ordering investigations or some practical procedures.

This guidance seeks to balance:

- the educational needs of medical students to be involved in clinical care to learn and develop as medical professionals;
- the rights of patients to expect high quality care and to choose whether supervised students are involved in the delivery of care;
- the provision of safe healthcare in a learning environment

Context for the performance of procedures and other patient care by medical students

This guidance covers students working on both placements encountered through the SGUL MBBS curriculum both UK based and international; and also, all placements on elective (within, and outside the UK).

Medical students are not qualified doctors and are not registered by the General Medical Council.

Practical procedures and other involvement in clinical care by medical students takes place in clinical environments which host SGUL undergraduates.

The actions of, and involvement in patient care by, medical students is under the supervision of the senior clinical attachment lead, normally the responsible General Practitioner or Consultant.

Medical students training in NHS clinical placements are indemnified through the indemnity of their senior clinical supervisors – usually NHS indemnity for NHS Consultants, and indemnity arranged by supervising NHS General Practitioners.

Students on electives are responsible for arranging and ensuring adequate indemnity for their clinical or other practice in host placements. Students on electives are supervised by host clinicians.

Expectations of patients regarding student involvement in patient care

The involvement of medical students in patient care is contingent on meaningful patient consent to their involvement (including the consequences of student involvement), as set out in the GMC guidance on clinical placements and patient consent ^{1,2,3,4}.

Expectations of students regarding student involvement in patient care

The responsibilities of medical students are set out in the joint General Medical Council/Medical Schools Council guidance: Achieving good medical outcomes and Medical students: Professional values and fitness to practise.^{4,5} The guidance stresses the importance of patient consent to the involvement of medical students, and in particular, that medical students should ensure patients are aware of the student's unqualified status.

The guidance also requires students not to exceed their capabilities, and to seek supervision when they are uncertain of their capabilities.

Supervision by clinical teams

The GMC recognises that clinical care is usually delivered by medical staff (and others) of differing seniority and experience, and makes explicit how the Consultant's supervisory responsibility may be delegated to others in the clinical team providing appropriate training and support is provided^{1,2}

'Different grades of doctors are able to provide different levels of supervision for medical students.

(a) Consultants or General Practitioners should be the doctors who have overall responsibility for the supervision of medical students. They can make informed judgements as to the day-to-day supervision that the individual medical student requires based on the previous experience of that student and the types of tasks they may have to complete.

(b) Middle grade doctors, including specialty trainees and specialty doctors, can support students by providing educational and coaching opportunities. They are able to provide supervision to medical students where a consultant has approved for them to do so.

(c) F1 and F2 doctors can oversee students in carrying out simple tasks but they should not have overall responsibility for supervision of the medical student. F1 and F2 doctors should act in this limited capacity only where they are fully competent to carry out the task that they are observing themselves. Other registered healthcare professionals may observe the work of medical students in a similar way to an F1 or F2 doctor.

(d) All those responsible for supervising, coaching or overseeing medical students should be trained, supported and briefed to carry out this role.¹

Principles guiding the involvement of medical students in patient care

Most supervised student involvement in patient care (history, examination, case discussions, and non-hazardous procedures) involves little risk to patients and can be justified to the patient and Medical School. When involving a student in the delivery of clinical care, the supervising Consultant or General Practitioner should consider the following issues:

- i) Is the procedure/care to be performed by the student part of care that is necessary and indicated for this patient?
- ii) What is the degree of potential hazard to the patient from the procedure? Is the risk of any hazard increased by performance of the procedure/care by an undergraduate medical student, even under direct supervision?
- iii) Is learning to perform a practical procedure appropriate to the level of training of the learner? For medical students, normal reference would be to the SGUL MBBS curriculum, SGUL 'Becoming a Doctor' documentation and the Foundation Programme Curriculum⁶. For procedures/care outside the undergraduate curriculum and which is normally performed by qualified doctors only, is there an educational case to be made by the supervising Clinician for student involvement?
- iv) Has the Consultant/General Practitioner evaluated the student's level of experience or skill in deciding whether to involve them in this aspect of patient care?
- v) Is the proposed clinical supervisor (Consultant/General Practitioner, or delegated clinician see above or reference 1) competent in the procedure or care concerned and able to directly supervise the student?
- vi) Can the Consultant/General Practitioner provide a reasoned account to the patient, employer and Medical School of his or her decision to involve a student in the delivery of specific care?

For more invasive and potentially hazardous procedures, even when supervised and with patient consent (such as, but not exclusively, lumbar punctures, chest drains, central lines, organ biopsy, insertion of intrauterine device), the increased risk to the patient and the minimal educational benefit to the student in occasionally performing a procedure normally performed by qualified doctors, would not be seen to justify the performance of a procedure by a student.

Are students able to perform practical procedures on patients who are unable to consent to student involvement ?

Where patients lack capacity to provide consent e.g. in settings such as intensive care, or in relation to individuals with cognitive impairments for any reason, the responsibility lies with the clinical supervisor to weigh the appropriateness of a student being involved in any aspect of care and to

take responsibility for the student's participation. In so doing, the supervisor should consider the principles cited above, and also consider:

- vii) Is this a procedure or clinical experience that can only be obtained when working with patients who lack capacity?

Which procedures are medical students normally allowed to do?

SGUL MBBS students will normally perform (if considered competent to do so by their clinical supervisors), under supervision and with patient consent, the clinical care as required by the SGUL curriculum - including practical procedures required by the Becoming a Doctor domain (see separate Becoming a Doctor handbook). This list of procedures has been mapped to the GMC Outcomes for Graduates, in preparation for the Foundation Programme Curriculum ^{3,4}.

PLEASE NOTE: Blood transfusion, venepuncture for cross-matching for group and save and NG tube placement are simulated only activities facilitated for SGUL medical students in their Final year and students are not expected or required to do this on patients before graduation. Trust safety guidance would preclude this at most clinical sites.

Students may be taught other procedures/aspects of care during clinical attachments, but decisions about whether students should be taught any procedure would be subject to the principles cited above.

References

1. [Clinical placements for medical students \(gmc-uk.org\)](http://gmc-uk.org)
2. [Promoting excellence: standards for medical education and training \(gmc-uk.org\)](http://gmc-uk.org)
3. [Decision making and consent - GMC \(gmc-uk.org\)](http://gmc-uk.org)
4. [Achieving good medical practice - GMC \(gmc-uk.org\)](http://gmc-uk.org)
5. [Medical students: Professional values and fitness to practise](#). GMC/MSG Guidance. GMC. 2009.
6. [New UK Foundation Programme Curriculum 2021 - UK Foundation Programme](#)
7. [Outcomes for graduates - GMC \(gmc-uk.org\)](http://gmc-uk.org)