MBBS TEACHING STANDARDS FOR CLINICAL PLACEMENTS

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Contents

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SECTION 1: Overview and background

Introduction

MBBS Teaching Standards for Clinical Placements define:

1. The core requirements for delivering the learning objectives on placements
2. The responsibilities for clinical teachers and organisations providing the clinical placements
3. What students can expect from clinical placements.

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 Education Funding Agreement and the GMC's Promoting excellence: standards for medical education and training and aim to detail specific curricular requirements of City St George's MBBS programme.

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

General requirements for teaching 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 placement providers, managed through strong, collaborative relationships and regular dialogue.

City 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.

A collaborative approach to setting and monitoring of teaching standards offers all participants in the learning process – the education provider, the student and the clinical placement provider – a clear understanding of their respective roles, expectations and responsibilities and ensures outcome-focused engagement in clinical learning, teaching and placement provision process.

Monitoring of Teaching Standards

Performance is monitored at the end of each attachment via student feedback. The key performance indicator is measured by students' overall satisfaction and we set the target score of at least 90% acceptable or above. Placement providers' compliance with teaching standards on clinical placements are monitored through a variety of mechanisms, such as:

- Regular review of formal electronic student feedback
- Periodic quality assurance visits
- Achievement of acceptable, good or outstanding overall student satisfaction with the attachment in line with the KPI (above)
- Rescheduling of all cancelled timetabled teaching sessions
- Student performance on clinical placements
- Regular updates from clinical teachers at sub dean/primary care leads meetings

- Regular meetings of core specialty leads/clinical placement leads
- Regular meetings of trust undergraduate coordinators/medical education managers with the MBBS programme team
- GMC QAA visit feedback
- CQC reports

SECTION 2: Scope of responsibilities

Responsibilities of the student

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

1. Review all pre-placement information shared by the placement team, either on Canvas, by email or other communication methods and follow any instructions pertaining to placement onboarding.
2. Familiarise themselves with the clinical outcomes (clinical practice skills, values and behaviours), core condition lists and assessment requirements relevant to each placement.
3. Attend a placement induction.
4. Always maintain the standards of professional behaviour as outlined in the GMC's Good Medical Practice and detailed in the Becoming a Doctor domain requirements.
5. Attend all scheduled teaching sessions on placement and actively participate in clinical activities as directed or advised by the clinical staff.
6. Take initiative in identifying their own learning needs and actively seek opportunities on placements to meet them.
7. Plan and track their own learning progress in discussion with the clinical staff on placement.
8. 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.).
9. Always comply with placement providers' policies, statutory and professional regulations and codes of conduct and behaviour, including infection control, mandatory local training, information governance, dress code and any other policies as directed by the clinical or education staff.
10. Be always aware of their direct responsibilities for the safety of patients in their care and raise concerns if they have them.
11. Know their limitations and ask for help, when necessary.
12. Always maintain confidentiality.
13. Know how to raise concerns about the placement experience (educational incidents, patient safety, own or colleague's health concerns).
14. 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.
15. Complete end-of-placement feedback to contribute to the continuous feedback-response-improvement cycle, in line with the GMC recommendations.

*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 ensure appropriate supervision. Student clerking/notes should be clearly identified as such and reviewed by a qualified doctor.

- 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.
- Sign prescriptions for any drugs, death certificates or consent forms.
- 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.

Responsibilities of the education provider (City St George's)

1. Liaise with clinical placement providers to discuss and agree capacity for the number of students in each year cohort.
2. Ensure that all students have the occupational health and DBS clearance before commencing their clinical placement.
3. Ensure that all students have met appropriate standards of clinical knowledge, skills and communication skills appropriate to their stage of learning.
4. Provide placement partners with colour-coded posters describing generic competences expected of students at each relevant level of training for display in clinical areas.
5. Ensure that students are informed of and complete mandatory and statutory training prior to commencing their placements, as outlined in the Appendix.
6. 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.
7. Provide relevant training and educational resources access to relevant clinical and educational staff, as required, including the online City St George's MBBS curriculum map (George), Becoming a Doctor Handbooks, etc, in the timely manner.
8. Prior to the start of a new academic year, inform placement providers of any updates or changes essential to the placement delivery, including up-to-date contact details for relevant staff, curriculum changes, student requirements, etc.
9. 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.
10. Provide clinical providers with student feedback collected at the end of each placement.
11. Provide professional development opportunities e.g., Clinical Teachers Day and education courses such as the Postgraduate Certificate in Healthcare & Biomedical Education.

Responsibilities of the placement provider

1. Staffing to support undergraduate learning

1.1. Appoint a suitably qualified clinician to the role of the sub dean (secondary care placements only) to hold overall responsibility for coordinating the delivery and monitoring the quality 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 oversee the process for the dissemination of student feedback to relevant local specialty leads and work with them to agree actions required to address issues raised in the feedback.

1.2. In primary care, the responsibilities of a sub dean as outlined above, are performed by the primary care academic year leads.

1.3. Utilise the undergraduate medical tariff funding appropriately to ensure all clinical teachers have sufficient time for teaching and supervising students included in their job plans and contracts, reducing clinical activity where necessary.

1.4. Ensure administrative support for clinical attachments is effective, including administrative support for clinical teachers/GP tutors involved in undergraduate teaching.

- At least one member of the administrative team supporting students on each placement has access to the City St. George's VLE (Canvas).
- This will require an attachment with the University and will complement students' learning, organisation and communication on placement.
- Ensure undergraduate coordinators/Medical Education Managers attend regular bi-monthly update meetings 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.

2. Effective administration of clinical placement

2.1. Students should receive standard placement timetables at least six weeks before the placement to include:

- usual start/finish time each day
- firm/ward allocation
- expected location
- mode and type of teaching sessions and arrangements for out-of-hours sessions

Local timetables must be accurate, regularly updated and any changes promptly communicated to the students.

Joining instructions, detailed timetables, any mandatory, trust-specific training required, the lead clinician's details and the learning opportunities available should be shared with the students at least two weeks prior to the start of the placement.

2.2. All timetabled/scheduled teaching that has been cancelled should be rescheduled within the placement block.

2.3. The University must be notified immediately of any changes that might significantly affect the students' ability to meet the learning outcomes. If possible, placement providers should offer alternative solutions to ensure learning outcomes are met.

2.4. A comprehensive induction should be held on the first day of the placement, covering:

- all the relevant local trust policies, including attendance and reporting absence

- health and safety policy, including procedures for reporting and managing needle stick injury
- dress code
- raising concerns about patient safety, bullying, racism and harassment
- means of communication with the team, including the first point of contact for students on placement
- how to maximise learning opportunities
- any other useful tips and advice specific to the local area

2.5. For students with a Learner Support Plan (LSP):

2.5.1. The undergraduate coordinator must review the student lists provided by the University to establish which students require reasonable adjustments.

2.5.2. The LSP may be provided by the MBBS Programme Team or directly by the student

2.5.3. The undergraduate coordinator must review the LSP on receipt and in case of queries raise them with the University prior to the start of placement. Any reasonable adjustments must be in place prior to the start of placement and the student must be notified of the arrangements.

2.5.4. The student progress must be monitored throughout the placement to ensure the adjustments are effective.

3. Ensuring clinical teachers are appropriately qualified and competent

3.1. All clinical teachers must have appropriate educational responsibilities included in their job descriptions and appropriate competencies defined in their job specifications.

3.2. All clinical teachers must be familiar with the MBBS curriculum specific to the specialty/area of teaching, in particular the clinical outcomes (clinical practice skills, values and behaviours) for the City St. George's MBBS programme with reference to the level of the student (early years, Transitional, Penultimate or Final Year).

3.3. All clinical teachers should be aware that students must be assessed in clinical practice (knowledge and skills) and professional behaviour, including interaction with the multiprofessional team.

3.4. Clinical teachers must ensure their teaching skills remain up to date and are monitored as part of their appraisal process. As part of this, clinical teachers should:

- attend annual Clinical Teachers' Day designed to support clinical teachers in educating City St. George's students on placements
- consider applying for the University honorary contracts appropriate to their experience
- consider applying for the Postgraduate Certificate in Healthcare & Biomedical Education offered by City St. George's

4. Effective supervision of clinical placements

4.1. All students must have a named clinical supervisor (usually a consultant or GP) to support their learning

4.2. Clinical teachers are expected to:

- Introduce themselves to students at the start of placement, and confirm 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 outcomes (clinical practice skills, values and behaviours) for that placement

- Reschedule all timetabled teaching that needed to be cancelled or find an alternate teacher with similar expertise and advise the University of any changes
- Contribute to the review of the learning environment and student experience.

5. Maximising learning opportunities

5.1. Students should 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 outcomes 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

5.2. Students must have opportunities to develop skills in interpreting laboratory data in the context of the management of patients (clinical biochemistry, clinical immunology, haematology, medical microbiology, pathology, radiology)

5.3. Students should have scheduled, formal, mandatory teaching sessions on clinical investigation teaching to be delivered in the form of tutorials, lectures or demonstrations.

5.4. Students should be encouraged to develop and reinforce their general skills such as infection control.

5.5. Students should be involved in the clinical management of patients in collaboration with clinicians from other specialities and invited to multidisciplinary team meetings.

6. Facilities

6.1. Students must have access to relevant facilities, where reasonably practical, similar to those available to clinical 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. Read-and-write access should be enabled for students, commensurate with their stage of learning. This must be available from the start of the attachment.
- internet with permitted use of City St. George's website, email and CANVAS
- dedicated locker for each student
- dedicated medical student common room (or, if not available, access to the junior doctors' mess)

7. Quality assurance

7.1. 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.

7.2. 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.

7.3. The University must be kept up to date with any local investigations and outcomes, where appropriate.

7.4. Changes and improvements made locally at placement and/or trust level should be regularly communicated to the University.

7.5. Ensure 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

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.

SECTION 3: Clinical Placement Specifications

IMPORTANT NOTE: Placement specific requirements listed in this section must be read in conjunction with Section 2: 'Scope of Responsibilities' – pp. 5-10.

F YEAR Anaesthetics & Critical Care

Placement	**Anaesthetics & Critical Care**
Year	**F Year (Final Year)**
Academic Core Specialty Lead	Joanne Norman (Anaesthetics) (jnorman@citystgeorges.ac.uk) Maresa Santi (Critical Care) (msanti@citystgeorges.ac.uk)
Purpose of placement	**F Year is about reality, insight and safe action:** • Independent learning: can judge the gap between required and achieved competence and take action • Adapt clinical history and examination to context, question, suboptimal circumstances, and understand the limits of a single encounter • Tailored differentials, prioritise and act on urgent ones, consider atypical ones, check and revise • Tailor investigation strategy, recognise abnormality and take responsibility to act • Familiarity with the diagnostic journey from admission to discharge or multiple episodes in primary care, and the management of uncertainty • Full recognition, initial evaluation and management of the sick patient, liaison with other teams, clear handover and escalation • Partnership with patients and supported self-management • Tailored management plan, agreed with patient and team, summarised for other professionals. Tailored prescribing, • Teamwork, handover and communications, in all aspects of their work **In this placement, students should:** • Be provided with a general introduction to Anaesthetics and Critical Care • **(Anaesthetics):** Understand and work as part of the multidisciplinary perioperative anaesthetic team, including operating theatre personnel and surgical teams. • **(Anaesthetics):** Understand the patient pathway through their perioperative care in an elective and emergency situation. • **(Critical Care):** Learn to assess critically ill patients and assess/manage them in an A-E approach. • **(Critical Care):** Understand normal and abnormal physiology especially as it relates to sepsis and acute respiratory failure. Please see george-sgul.app for the F Year Anaesthetics & Critical Care Clinical Practice Outcomes and core condition list.
Duration	3 weeks comprising of: • **Anaesthetics:** Two weeks of anaesthetics, working in different theatre locations • **Critical Care:** One week in critical care units, e.g. ICU, ITU, HDU, NITU **NOTE:** The clinical placement is preceded by one week of teaching sessions (delivered at the university) including simulation,

	breaking bad news, advanced prescribing and administration of blood products.
Primary setting	**Anaesthetics:** Inpatient theatres **Critical Care:** Critical Care units
Other settings	
Max no. of students per ward	**Anaesthetics:** 2 students per theatre **Critical Care:** 2 per unit
Case mix	**Anaesthetics:** Mixed anaesthetic techniques for patients undergoing a wide variety of different surgical procedures. Patients should have different co-morbid conditions which may influence their perioperative management. **Critical Care:** Broad case mix spanning all disciplines. Placement leads should ensure adequate exposure to cases and teaching on Anaesthetics & Critical Care core conditions (see george-sgul.app).
Teaching & learning	Placement providers should ensure that job plans and contracts include sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching should be delivered by consultant level staff, but on occasion, may also be provided by other appropriately trained healthcare professionals e.g. senior resident doctors (where relevant).

Scheduled/timetabled teaching	**Anaesthetics:** All students must be provided with:
	• A minimum of 7-8 half days per week in theatre (maximum of 2 students per theatre session) with consultants and senior residents, managing theatre lists
	• Pre-operative assessments
	• Teaching (either tutorial, bedside or theatre based format) to cover the following topics:
	  ○ Introduction to anaesthesia
	  ○ Understanding the basic principles of pain management
	  ○ Pre-operative assessment
	  ○ Process of anaesthesia
	  ○ Postoperative care
	• Shadowing resident anaesthetists managing the emergency services of the department
	
	Critical Care: All students must be provided with:
	• A minimum of 7-8 half days in theatre or intensive care units (maximum of 2 students per session)
	• Informal bedside teaching
	• Teaching (either tutorial, bedside or theatre based format) – example topics as follows:
	  ○ Assessing the critically ill patient
	  ○ Sepsis
	  ○ Acute respiratory failure
	
	Other topics to be covered in formal/informal teaching:
	• **Anaesthetics:** Applied anatomy, physiology and pharmacology, understanding basic airway management and learning basic practical skills including venous access, airway skills.

	• **Critical Care:** Revision of respiratory and cardiac physiology Students should also be offered the opportunity to attend any relevant resident doctor teaching sessions.
Clerking expectations	**Anaesthetics:** All students must: • Review patients for the operative list • Follow up patients in recovery postoperatively **Critical Care:** All students must: • Review and present patients on daily ward rounds
Clinical meetings	**Anaesthetics:** All students should attend (where available): • Discussions related to the emergency patient workload • Pain meetings **Critical Care:** All students should attend (where available): • Morbidity & Mortality meetings • Neuroradiology meetings • Long term patient meetings • Daily microbiology ward rounds Other local meetings may be appropriate for students to join.
On-call	All students should be: • Provided with opportunities to spend time with on-call teams. This should be during normal working hours or can be out of hours, if requested by the student.
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Quality improvement/service development projects • Audits Other (optional) additional academic stretch topics could include: **Anaesthetics:** Understanding/explaining how a patient's past medical, surgical and anaesthetic history influences the safe conduct of anaesthesia and surgery. Recognising factors that increase perioperative risk. **Critical Care:** Learning about different ventilator modes. More in depth understanding of vasopressors/inotropes for different pathologies.

F YEAR Assistantship in General Practice

Placement	**Assistantship in General Practice**
Year	**F Year (Final Year)**
Academic Core Specialty Lead	Dr Nicola Buxton (nbuxton@citystgeorges.ac.uk)
Purpose of placement	**F Year is about reality, insight and safe action:** • Independent learning-can judge the gap between required and achieved competence and take action • Adapt the clinical history and examination to context, question, suboptimal circumstances, and understand the limits of a single encounter • Tailored differentials, prioritise and act on urgent ones, consider atypical ones, check and revise • Tailor investigation strategy, recognise abnormality and take responsibility to act • Familiarity with the diagnostic journey from admission to discharge or multiple episodes in primary care, and the management of uncertainty • Full recognition, initial evaluation and management of the sick patient, liaison with other teams, clear handover and escalation • Partnership with patients and supported self-management • Tailored management plan, agreed with patient and team, summarised for other professionals. Tailored prescribing, • Teamwork, handover and communications, in all aspects of their work This placement is designed for Final Year students to become fully engaged and immersed in General Practice. Students value and benefit from the opportunities GP practices provide for them to see patients with undifferentiated symptoms and complexity, integrated with the MDT, understand how primary care is delivered, gain feedback from experienced primary care clinicians and prepare for Foundation Year roles. **In this placement, students should:** • Actively observe and participate in GP and multiprofessional team clinics, home visits and all practice clinical activities • Observe clinical administration, prescribing and practice management and other learning opportunities provided • Develop insight into issues of communication, team-working and the skills required to facilitate a patient's management Please see george-sgul.app for the F Year General Practice Assistantship Clinical Practice Outcomes and core condition list.
Duration	5 weeks
Primary setting	GP spoke practice and hub practice
Other settings	Out of hours clinical providers, prison primary care providers
No. of students per resident doctor	Student to GP tutor ratio 1:1 or 2:1
Case mix	Diverse range of patients reflecting the local population. Size and case mix to provide sufficient patients for students to interview, examine and learn from.

	Placement leads should ensure adequate exposure to cases and teaching on the general practice assistantship core conditions (see george-sgul.app).
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Students should be provided with a range of general teaching and learning opportunities by accessing a broad spectrum of cases. Clinical and educational supervision to be provided by the GP tutor or nominated colleague at the spoke practice 7 sessions per week In-practice learning will be supplemented by a range of online faculty led tutorials and Canvas (VLE) resources and student self-directed learning. Protected time is included in timetables for individual or group teaching.
Scheduled/timetabled teaching	**In the SPOKE practice,** students must be provided with: • Consulting room space/capacity for at least 2-3 supported independent surgeries a week • Access to an additional 4-5 clinical sessions (e.g. observing other GPs, nurses, other HCPs, home visits) **In the HUB practice,** students must be provided with: • 4 hub tutorials in person • 1 formative CCA
Clerking expectations	Students should assess patients and contribute to the planning management of the patient's care, under the supervision and clinical responsibility of the GP tutor. Students must: • Complete 2-3 supported independent consulting clinics p/w • Actively participate in 4-5 other clinical sessions per week
Clinical meetings	All students should attend (where available): • MDTs or clinical meetings • Clinical audits • Practice learning events and meetings
On-call	Students should be supported by their spoke tutors to attend one out of hours session with an external provider, by providing flexibility with one self-directed learning session to enable travel.
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Quality improvement/service development • Audit • Database based research project The university also provides students with details of institutional and national GP prize opportunities. Students can choose to attend a visit in prison based primary care. Spoke tutors are required to support students who wish to do this by enabling absence from one routine clinical session in order to attend.

F YEAR Assistantships in Medicine and Surgery

Placement	**Assistantships in Medicine and Surgery**
Year	**F Year (Final Year)**
Academic Core Specialty Lead	Benjamin Ayres (bayres@citystgeorges.ac.uk)
Purpose of placement	**F Year is about reality, insight and safe action:** • Independent learning-can judge the gap between required and achieved competence and take action • Adapt the clinical history and examination to context, question, suboptimal circumstances, and understand the limits of a single encounter • Tailored differentials, prioritise and act on urgent ones, consider atypical ones, check and revise • Tailor investigation strategy, recognise abnormality and take responsibility to act • Familiarity with the diagnostic journey from admission to discharge or multiple episodes in primary care, and the management of uncertainty • Full recognition, initial evaluation and management of the sick patient, liaison with other teams, clear handover and escalation • Partnership with patients and supported self-management • Tailored management plan, agreed with patient and team, summarised for other professionals. Tailored prescribing, • Teamwork, handover and communications, in all aspects of their work **In this placement, students should:** • Work as the Assistant to the Foundation Doctors (or equivalent junior doctors such as F3, Core Trainees or clinical fellows) on the firm and contribute to the work of the team • Be provided with opportunity to improve their clinical skills and obtain direct experience of practical procedures likely to be useful in their Foundation Year. These skills need to be undertaken with the appropriate supervision and as outlined in the Becoming a Doctor domain. • 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. • Be offered opportunities to develop an insight into issues of communication, team-working and the skills required to facilitate a patient's management. Clinical and educational supervision should be provided by the consultant to whose junior doctor the student is attached. Each teaching firm normally requires, in addition to the organising consultant in charge, at least two junior clinical staff. Please see george-sgul.app for the F Year Medicine Assistantship or Surgery Assistantship Clinical Practice Outcomes and core condition list.
Duration	5 weeks
Primary setting	Hospital based (medical or surgical specialty) – primarily ward based.

Other settings	Dependent on whether students are completing a medical or surgical Assistantship but may include AMU, day surgery unit, theatres, endoscopy, MDTs, radiology meetings. Students should follow their allocated Foundation Doctor.
No. of students per resident doctor	A maximum of one Assistantship student per F1. In some cases, students may be allocated to an F2 doctor or equivalent junior doctors (F3, Core Trainee or Clinical Fellow) where there are no F1 doctors in the firm, but always maintaining the 1:1 principle.
Case mix	As the focus of the Assistantship is to learn the role of the F1, there is less emphasis on acquiring specific specialty knowledge. Whilst this will always be welcome, it is not the primary focus of the placement. Placement leads should ensure adequate exposure to cases and teaching on F Year Medicine Assistantship or Surgery Assistantship Surgery related core conditions (see george-sgul.app) as appropriate to their assigned specialty.
Teaching & learning	Placement providers should ensure that job plans and contracts include sufficient time for teaching and supervising students, reducing clinical activity where necessary. Students should be provided with a range of general teaching and learning opportunities arising from access to a broad spectrum of cases. As the focus of the Assistantship is to learn the role of the F1, there is less emphasis on acquiring specific specialty knowledge. Whilst this will always be welcome, it is not the primary focus of the placement. Teaching outlined below should be consultant led. For the remainder, teaching could be delivered by a variety of healthcare professionals, including core/specialty trainees/CTFs or other appropriately qualified healthcare professionals.
Scheduled/timetabled teaching	Students must be provided with: • Involvement in working ward rounds with opportunities to clerk and present patients, demonstrating signs and background of the case • Acute emergency admissions experience (see 'on-call'). • Scheduled teaching should be based around the training opportunities provided for Foundation doctors with undergraduate students being given access to attend the Foundation doctor teaching programme. It is not required for Medicine or Surgery Assistantships to have dedicated undergraduate focused teaching sessions Other teaching learning to be provided flexibly, according to opportunities available can include: • Working with members of the MDT • Outpatient clinics • Theatre sessions • Specialty meetings
Clerking expectations	All students must: • Be provided with opportunity to clerk and present at least one patient on each ward round.

	In addition to the clerking expectations outlined above, it can be useful to allow Assistantship students the opportunity to be the main point of contact for one or two patients each day (with appropriate supervision and support) so they can get good experience managing questions from other teams/nurses about the patient. This also allows opportunity for students to explore the patient's medical history in greater detail and identify any gaps in their own knowledge.
Clinical meetings	All students should attend (where available): • MDTs or clinical meetings • Clinical audit meetings • X-ray meetings • Pathology meetings
On-call	All students should be: • Timetabled into the on-call rota, including night and weekend duties. 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.
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Quality improvement/service development • Audit • Research opportunities

F YEAR Emergency Medicine

Placement	Emergency Medicine
Year	**F Year (Final Year)**
Academic Core Specialty Lead	Sarah Krishnanandan (sakrishn@citystgeorges.ac.uk)
Purpose of placement	**F Year is about reality, insight and safe action:** • Independent learning-can judge the gap between required and achieved competence and take action • Adapt the clinical history and examination to context, question, suboptimal circumstances, and understand the limits of a single encounter • Tailored differentials, prioritise and act on urgent ones, consider atypical ones, check and revise • Tailor investigation strategy, recognise abnormality and take responsibility to act • Familiarity with the diagnostic journey from admission to discharge or multiple episodes in primary care, and the management of uncertainty • Full recognition, initial evaluation and management of the sick patient, liaison with other teams, clear handover and escalation • Partnership with patients and supported self-management • Tailored management plan, agreed with patient and team, summarised for other professionals. Tailored prescribing, • Teamwork, handover and communications, in all aspects of their work **In this placement, students should:** • Develop clinical skills in history taking, physical examination, differential diagnosis and medical record keeping through seeing acutely unwell, undifferentiated patients. • Acquire skills through exposure to all systems, including general medicine, general surgical, specialist surgery, genitourinary, gynaecological and locomotor systems. • Develop differential diagnosis and management plans as well as recognising the deteriorating patient. • Be encouraged to accompany patients during investigations and consider the results. Please see george-sgul.app for the F Year Emergency Medicine Clinical Practice Outcomes and core condition list.
Duration	4 weeks (with the exception of Frimley Hospital), 2 weeks at major trauma centre (St. George's University Hospitals NHS Foundation Trust) and 2 weeks at other placement provider.
Primary setting	Emergency Medicine department (all settings, including Minors (or urgent treatment centres), Majors, Resus, Paediatric ED
Other settings	
Max no. of students per ward	25 across department in groups of up to 6.
Case mix	Students should have the opportunity to see a wide variety of presentations in paediatrics and adult emergency medicine.

	Placement leads should ensure adequate exposure to cases and teaching on Emergency Medicine core conditions (see george-sgul.app).
Teaching & learning	Placement providers should ensure that job plans and contracts include sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led but can be delivered by a variety of healthcare professionals, including core/specialty trainees/CTFs or other appropriately qualified healthcare professionals.
Scheduled/timetabled teaching	Students must be provided with: • Real time teaching on the 'shop floor' • Face-to-face &/or online tutorials (see below) Teaching sessions covered at St. George's University Hospitals NHS Foundation Trust include*: • Trauma • Sepsis • Acute medical emergencies • Major trauma • Toxicology • Paediatric emergencies • Simulation in the ED Teaching sessions to be covered at the partner placement provider ED's to include*: • Maxillofacial presentations • Acute eye and ENT emergencies • Hand/limb injuries • Acute psychiatric presentations • Burns • Wound management • Acute ophthalmology *Frimley to cover all teaching topics.
Clerking expectations	All students must: • Clerk an average of 3-5 patients per week (self-directed) and should have an opportunity to present at least half of them.
Clinical meetings	All students should: • Be given the opportunity to attend any departmental audit meetings
On-call	On-call is not applicable to Emergency Medicine. Instead, all students should: • Attend a range of shifts, including nights.
Academic stretch opportunities	For students interested in academic stretch: • Students could be signposted to opportunities to carry out Student Selected Components (SSCs) in the ED.

P YEAR AMU

Placement	**Acute Medical Unit (AMU)**
Year	**P Year (Penultimate Year)**
Academic Core Specialty Lead	Nicholas Annear (nannear@citystgeorges.ac.uk)
Purpose of placement	**P Year is where students increase their independence, developing and refining their clinical skills:** • Increasing independence in learning, being able to spot natural learning opportunities • History *to support hypothesis testing and individualised differential diagnosis (DD)* • *Integrate* specialty-focussed examinations and *elicit abnormal signs* • *Refine* differential diagnosis in the light of *patient* and *epidemiological* factors to individualised DD, • *Prioritise, justify* and select initial investigation strategy, *interpret and review DD* as a result • Draw up *full* problem lists, integrating holistic aspects of patient preference and care needs • Recognition of emergencies through ABCDE approach and clinical knowledge • Describe aims and goals of management, *tailored* to the individual and propose *evidence-based* approaches. • Prescribing to take account of comorbidity, concurrent treatment and special circumstances in planning and prescribing **In this placement, students should:** • See acutely ill medical patients, in an Acute Medicine Unit. • Acquire knowledge and experience (where possible) in acute medical emergencies, including sudden breathlessness, chest/abdominal pain, haemorrhage, sepsis, hypotension and confusion. Please see george-sgul.app for the P Year AMU Clinical Practice Outcomes and core condition list (check AMU relevant outcomes under P Year 'integrated medical specialties')
Duration	1 week (can be delivered as a one-week block, or as five individual days, with students rotating out from the 'home' P Year Medicine placement.
Primary setting	Acute Medicine Unit (AMU)
Other settings	Medical Same Day Emergency Care (SDEC) Unit
Max no. of students per ward	Site dependent, depending on size of unit.
Case mix	Variety – depending on patients attending AMU/Medical SDEC. Placement leads should ensure adequate exposure to cases and teaching on AMU core conditions (see george-sgul.app) (check AMU relevant core conditions under P Year 'integrated medical specialties')
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary.

	Teaching outlined below should be consultant led (where possible). Otherwise, teaching could be delivered by core/specialty trainees/CTFs or by other allied healthcare professionals (where appropriate).
Scheduled/timetabled teaching	All students must be provided with: • Bedside teaching (minimum of two hours in the week). This can be provided by consultants, CTFs or senior resident doctors.
Clerking expectations	All students must present at least 4 acute presentations in the week.
Clinical meetings	All students should be given opportunity to attend: • AMU handover • Morbidity & Mortality meetings (where available)
On-call	All students should be: • Timetabled into the on-call rota. This can be during normal placement hours or out of hours (nights, weekends).
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Quality improvement/service development • Audit • Encouragement to actively pursue opportunities to learn from 'interesting' cases

P YEAR Cardiology

Placement	Cardiology
Year	**P Year (Penultimate Year)**
Academic Core Specialty Lead	Sree Kondapally (rkondapa@citystgeorges.ac.uk)
Purpose of placement	**P Year is where students increase their independence, developing and refining their clinical skills:** • Increasing independence in learning, being able to spot natural learning opportunities • History *to support hypothesis testing and individualised differential diagnosis (DD)* • *Integrate* specialty-focussed examinations and *elicit abnormal signs* • *Refine* differential diagnosis in the light of *patient* and *epidemiological* factors to individualised DD, • *Prioritise, justify* and select initial investigation strategy, *interpret and review DD* as a result • Draw up *full* problem lists, integrating holistic aspects of patient preference and care needs • Recognition of emergencies through ABCDE approach and clinical knowledge • Describe aims and goals of management, *tailored* to the individual and propose *evidence-based* approaches. • Prescribing to take account of comorbidity, concurrent treatment and special circumstances in planning and prescribing. **In this placement, students should:** • Develop core clinical skills in relevant to the attachment, specifically how to take a cardiovascular history and how to perform a cardiovascular examination. • Be encouraged to chase investigations and accompany patients during investigations. • Be able to present and discuss ECGs and laboratory results. Please see george-sgul.app for the P Year Paediatrics Clinical Practice Outcomes and core condition list.
Duration	5 weeks
Primary setting	Wards, clinics
Other settings	Investigation areas, cardiac catheter laboratories, on-calls.
Max no. of students per ward	4
Case mix	Placement leads should ensure adequate exposure to cases and teaching on Cardiology core conditions (see george-sgul.app), and to include valvular heart disease, heart failure, coronary heart disease, arrhythmias.
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led but can be delivered by a variety of healthcare professionals, including core/specialty trainees/CTFs or other appropriately qualified healthcare professionals.

Scheduled/timetabled teaching	Students must be provided with: • At least one bedside teaching session per week, totalling a minimum of 1.5 hours and to include teaching on valvular heart disease and heart failure • 1-2 cardiology clinics per week (with patient numbers adjusted to allow for sufficient time for high quality teaching) • 1 rapid chest pain clinic • 1-2 catheter lab sessions per week • 2 ECG teaching sessions • 1 observation of a cardiac investigation (transthoracic echo, transoesophageal echo, how to perform an ECG). All students should have watched the online echocardiography demonstration available on Canvas (Cardiology module) prior to attending.
Clerking expectations	All students must: • Spend a minimum of two sessions per week on the wards, clerking patients, performing DOPS, and helping and learning from the junior doctors. • Be provided with a weekly opportunity to present cases they have clerked, with appropriate case discussion time.
Clinical meetings	All students should attend: • Departmental teaching sessions • Echo meetings
On-call	All students should be: • Provided with opportunity to attend part of an on-call with either the SHO or registrar. This is not compulsory.
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Specialist clinics and experiences • Quality improvement/service development • Audit

P YEAR Geriatric Medicine

Placement	**Geriatric Medicine**
Year	**P Year (Penultimate Year)**
Academic Core Specialty Lead	Mark Cottee (mcottee@citystgeorges.ac.uk)
Purpose of placement	**P Year is where students increase their independence, developing and refining their clinical skills:** • Increasing independence in learning, being able to spot natural learning opportunities • History *to support hypothesis testing and individualised differential diagnosis (DD)* • *Integrate* specialty-focussed examinations and *elicit abnormal signs* • *Refine* differential diagnosis in the light of *patient* and *epidemiological* factors to individualised DD, • *Prioritise, justify* and select initial investigation strategy, *interpret and review DD* as a result • Draw up *full* problem lists, integrating holistic aspects of patient preference and care needs • Recognition of emergencies through ABCDE approach and clinical knowledge • Describe aims and goals of management, *tailored* to the individual and propose *evidence-based* approaches. • Prescribing to take account of comorbidity, concurrent treatment and special circumstances in planning and prescribing **In this placement, students should:** • Develop clinical skills in history taking, physical examination, differential diagnosis and medical record keeping required for the management of older people. • Learn to develop differential diagnosis and management plans in complex older patients. • Integrate with the ward team, taking the opportunity to learn by working alongside the resident doctors • Take histories, perform examinations and other clinical tasks under supervision • Chase investigations and accompany patients during investigations. • Practise presenting and discussing ECGs, radiological images and laboratory results. Please see george-sgul.app for the P Year Geriatric Medicine Clinical Practice Outcomes and core condition list.
Duration	3 weeks
Primary setting	Inpatient wards dedicated to the care of frail older patients
Other settings	Outpatient clinics, front door frailty teams
Max no. of students on ward	4
Case mix	Frail older patients with complex care needs. Placement leads should ensure adequate exposure to cases and teaching on Geriatric Medicine core conditions (see george-sgul.app).

Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led (including ward rounds), **for a minimum of 6 hours per week**. For the remainder, teaching could be delivered by core/specialty trainees/CTFs.
Scheduled/timetabled teaching	Students must be provided with: • Twice weekly consultant-led teaching rounds, or business rounds, with sufficient time for high quality teaching • An average of one 30-minute bedside teaching session per week • A minimum of 1 hour of small group teaching related to the Geriatric Medicine learning objectives per week. • Optional outpatient clinics if available
Clerking expectations	All students must: • Clerk at least 6 patients over 3 weeks (self-directed) and have the opportunity to present all of them.
Clinical meetings	All students should attend: • At least 1 multidisciplinary meeting and understand the principles of complex discharge planning • Routine radiology meetings (where available) • Routine histopathology meetings (where available)
On-call	All students should be: • Offered optional on-call sessions where these exist. This can be during normal placement hours or out of hours (nights, weekends).
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Quality improvement/service development (potentially as an SSC project) • Audit (potentially as an SSC project)

P YEAR Genitourinary Medicine (GUM)

Placement	**Genitourinary Medicine**
Year	**P Year (Penultimate Year)**
Academic Core Specialty Lead	Malika Mohabeer (malika.mohabeer2@nhs.net)
Purpose of placement	**P Year is where students increase their independence, developing and refining their clinical skills:** • Increasing independence in learning, being able to spot natural learning opportunities • History *to support hypothesis testing and individualised differential diagnosis (DD)* • *Integrate* specialty-focussed examinations and *elicit abnormal signs* • *Refine* differential diagnosis in the light of *patient* and *epidemiological* factors to individualised DD, • *Prioritise, justify* and select initial investigation strategy, *interpret and review DD* as a result • Draw up *full* problem lists, integrating holistic aspects of patient preference and care needs • Recognition of emergencies through ABCDE approach and clinical knowledge • Describe aims and goals of management, *tailored* to the individual and propose *evidence-based* approaches. • Prescribing to take account of comorbidity, concurrent treatment and special circumstances in planning and prescribing **In this placement, students should:** • Be provided with experience of assessing, investigating and making management plans for patients with common presentations to the GUM clinic. Please refer to the P Year Obstetrics & Gynaecology GUM specific core conditions and Clinical Practice Outcomes on george-sgul.app.
Duration	One full day or two half-days
Primary setting	Outpatient genito-urinary medicine clinic
Other settings	HIV clinic
Max no. of students on ward	N/A
Case mix	Unselected walk-in patients and booked patients covering common presentations such as vaginal discharge, urethritis, genital ulceration, inter-menstrual bleeding, pelvic pain and dyspareunia, contraceptive issues. Placement leads should ensure adequate exposure to cases and teaching on GUM related core conditions (see george-sgul.app).
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led but can be delivered by a variety of healthcare professionals, including core/specialty trainees/CTFs or other appropriately qualified healthcare professionals.

	Students should be attached to a named doctor covering the GU Medicine walk-in rota who is teaching and supervising for the duration of the clinic (CMT doctor, GP registrar, specialist trainee, associate specialist or consultant).
Scheduled/timetabled teaching	All students must be provided with an opportunity to shadow nurses for specimen taking and microscopy
Clerking expectations	All students must: • Clerk as many patients as possible (minimum of four patients with a mix of gender identities) using the clerking proforma, setting out the history, examination, diagnosis, investigations, management and progress. Clerkings should be presented to the designated doctor for assessment.
Clinical meetings	All students should attend clinical meetings as available.
On-call	N/A
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made 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

P YEAR Medicine

Placement	**Medicine**
Year	**P Year (Penultimate Year)**
Academic Core Specialty Lead	Nicholas Annear (nannear@citystgeorges.ac.uk)
Purpose of placement	**P Year is where students increase their independence, developing and refining their clinical skills:** • Increasing independence in learning, being able to spot natural learning opportunities • History *to support hypothesis testing and individualised differential diagnosis (DD)* • *Integrate* specialty-focussed examinations and *elicit abnormal signs* • *Refine* differential diagnosis in the light of *patient* and *epidemiological* factors to individualised DD, • *Prioritise, justify* and select initial investigation strategy, *interpret and review DD* as a result • Draw up *full* problem lists, integrating holistic aspects of patient preference and care needs • Recognition of emergencies through ABCDE approach and clinical knowledge • Describe aims and goals of management, *tailored* to the individual and propose *evidence-based* approaches. • Prescribing to take account of comorbidity, concurrent treatment and special circumstances in planning and prescribing. **In this placement, students should:** • Develop clinical skills in history taking, physical examination, differential diagnosis and medical record keeping. • Consider all systems including gastrointestinal, respiratory, neurology, cardiovascular, genitourinary, endocrine and locomotor systems. • Learn to develop differential diagnosis and management plans. • Be able to plan drug therapy and initiate a drug under supervision. • **(In Acute Medicine Unit week):** Students should acquire knowledge and experience (where possible) in acute medical emergencies including sudden breathlessness, chest/abdominal pain, haemorrhage, sepsis, hypotension and confusion. • Be encouraged to chase investigations and accompany patients during investigations. • Be able to present and discuss ECGs and laboratory results. Please see george-sgul.app for the P Year Medicine Clinical Practice Outcomes and core condition list.
Duration	5 weeks (including 1 week equivalent experience in the **Acute Medicine Unit** as outlined in Acute Medicine Unit (P Year) above.
Primary setting	General medical ward.

Other settings	• 1 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 (with specific assigned clinics and workplace based assessments as outlined below). • There must be clinical exposure to **Rheumatology** in the outpatient setting (with specific assigned clinics and workplace based assessments as outlined below).
Max no. of students on ward	6 per firm/clinical team.
Case mix	Medical specialty specific and dependent on inpatient/outpatient clinical cases. Placement leads should ensure adequate exposure to cases and teaching on general medicine core conditions (see george-sgul.app).
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led, **for a minimum of four hours per week**. For the remainder, teaching could be delivered by a variety of healthcare professionals, including core/specialty trainees/CTFs or other appropriately qualified healthcare professionals. Where specialised medical care is delivered, teaching should include general medical learning opportunities for a broader student experience. Collaborative teaching between clinical teams is encouraged to ensure exposure to as a broad a range of clinical material as possible.
Scheduled/timetabled teaching	Students must be provided with: • 2-4 hours of bedside teaching per week • 2 hours of (consultant led) ward round or business round teaching per week • A minimum of 1 outpatient clinic per week with patient numbers adjusted to allow sufficient time for high quality teaching • (Dermatology): 1 ‘suspected skin cancer’ clinic • (Dermatology): 1 additional ‘general dermatology’ clinic • (Rheumatology): 1 ‘rheumatology teaching clinics’ • (Rheumatology): 1 additional ‘general rheumatology’ clinic **(NOTE:** of the required Medicine workplace based assessments, one must be completed in Dermatology, one must be completed in Rheumatology).
Clerking expectations	All students must: • Clerk between 3-5 patients per week (self-directed) and be provided with opportunity to present at least half of these.
Clinical meetings	All students should attend: • Radiology and histopathology meetings – 1-2 hours per week (where available)
On-call	All students should be:

	• Timetabled into the on-call rota. This can be during normal placement hours or out of hours (nights, weekends).
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Quality improvement/service development • Audit • Encouragement to actively pursue opportunities to learn from 'interesting' cases

P YEAR Neuroplus

Placement	**Neuro+**
Year	**P Year (Penultimate Year)**
Academic Core Specialty Lead	Hena Ahmad (hahmad@citystgeorges.ac.uk)
Purpose of placement	**P Year is where students increase their independence, developing and refining their clinical skills:** • Increasing independence in learning, being able to spot natural learning opportunities • History *to support hypothesis testing and individualised differential diagnosis (DD)* • *Integrate* specialty-focussed examinations and *elicit abnormal signs* • *Refine* differential diagnosis in the light of *patient* and *epidemiological* factors to individualised DD, • *Prioritise, justify* and select initial investigation strategy, *interpret and review DD* as a result • Draw up *full* problem lists, integrating holistic aspects of patient preference and care needs • Recognition of emergencies through ABCDE approach and clinical knowledge • Describe aims and goals of management, *tailored* to the individual and propose *evidence-based* approaches. • Prescribing to take account of comorbidity, concurrent treatment and special circumstances in planning and prescribing. **In this placement, students should:** • Acquire experience across the subspecialties - neurology, neurosurgery, stroke and rehabilitation medicine • Gain experience of assessing and managing patients with neurological conditions • **(At the regional St. George's University Hospitals NHS Foundation Trust neuroscience centre)** undertake on-call shifts in neurology/stroke, attend neurosurgical meetings, observe neurosurgical procedures, join additional specialist clinics and attend multidisciplinary teaching on neuro-rehabilitation. • **(At district general hospitals)** be attached to a neurology consultant once a week, attending outpatient clinics, observing and participating in consultations, clerking patients and viewing procedures. Please see george-sgul.app for the P Year Neuroplus Clinical Practice Outcomes and core condition list.
Duration	5 weeks
Primary setting	Neurology, neurosurgery, stroke and neurorehabilitation wards, day unit and infusion lounges at St. George's University Hospitals NHS Foundation Trust (main placement and formal teaching)
Other settings	• Neuro outpatient clinics at other secondary care partner placement providers. • Neurorehabilitation experience at Queen Mary's Hospital.

Max no. of students per ward	35-40 students (at St. George's University Hospitals NHS Foundation Trust), timetabled across neurology, neurosurgery, stroke and neurorehabilitation wards, day unit and infusion lounges.
Case mix	Mix of acute and chronic patients covering general and specialist (tertiary level) cases. Placement leads should ensure adequate exposure to cases and teaching on Neuroplus core conditions (see george-sgul.app),
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led but can be delivered by a variety of healthcare professionals, including core/specialty trainees/CTFs or other appropriately qualified healthcare professionals. For all neuro outpatient clinics (at partner placement providers), students must be allocated to a consultant.
Scheduled/timetabled teaching	**As part of the main placement (at St. George's University Hospitals NHS Foundation Trust),** students must be provided with: • Stroke case presentation session • Neurology clinical bedside teaching sessions • Neurosurgery theatre session • Neurology or stroke on-call session (with clerking) • Shadowing stroke team • Weekly neuro-radiology session • Clinical demonstration session • Clinical tutorials • Clinical skills sessions In addition to the above, students must complete the following at partner placement providers: • One day placement at a rehabilitation centre **(Queen Mary's Hospital)** • 3-5 outpatient clinics at allocated **district general hospital**.
Clerking expectations	**As part of the main placement (at St. George's University Hospitals NHS Foundation Trust), all students must:** • Clerk and present a minimum of 4 patients (one stroke, one neurology, one neuro-rehab 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 are to be reviewed at the final consultant led sign-off session **In neuro outpatient clinics (at district general hospitals**), all students must: • Clerk and view as many procedures e.g. LPs, as possible, under the guidance and supervision of the appointed consultant. Where this is not possible (e.g. stroke patients, neurosurgery, some procedures) these may be undertaken at St. George's.
Clinical meetings	**As part of the main placement (at St. George's University Hospitals NHS Foundation Trust),** all students should attend: • Neurosurgery morning meeting

	• Neuroradiology meeting • Neurology ward MDT meeting
On-call	**As part of the main placement (at St. George's University Hospitals NHS Foundation Trust),** all students are expected to: • Complete at least one on-call. This can include evenings and weekend shifts.
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Quality improvement/service development • Audits • Research projects (e.g. for SSCs) • Additional neurology specialist clinics, • Neurosurgical outpatient clinics, • Additional clerking opportunities (wards, clinics, day unit, ward referrals) • Additional on call slots • EEG and EMG demonstration (if available)

P YEAR Obstetrics & Gynaecology

Placement	Obstetrics & Gynaecology
Year	**P Year (Penultimate Year)**
Academic Core Specialty Lead	Suruchi Pandey (suruchi.pandey@stgeorges.nhs.uk)
Purpose of placement	**P Year is where students increase their independence, developing and refining their clinical skills:** • Increasing independence in learning, being able to spot natural learning opportunities • History *to support hypothesis testing and individualised differential diagnosis (DD)* • *Integrate* specialty-focussed examinations and *elicit abnormal signs* • *Refine* differential diagnosis in the light of *patient* and *epidemiological* factors to individualised DD, • *Prioritise, justify* and select initial investigation strategy, *interpret and review DD* as a result • Draw up *full* problem lists, integrating holistic aspects of patient preference and care needs • Recognition of emergencies through ABCDE approach and clinical knowledge • Describe aims and goals of management, *tailored* to the individual and propose *evidence-based* approaches. • Prescribing to take account of comorbidity, concurrent treatment and special circumstances in planning and prescribing. **In this placement, students should:** • Have exposure to the full spectrum of obstetric and gynaecological care, enabling students to build core clinical competencies in women's health. • Be provided with learning opportunities to include history taking, examination, differential diagnosis, management planning and understanding multidisciplinary care in both acute and elective settings. • Gain experience of consent process understanding and communication in sensitive settings Please see george-sgul.app for the P Year Obstetrics & Gynaecology Clinical Practice Outcomes and core condition list.
Duration	5 weeks.
Primary setting	Labour ward, antenatal and postnatal wards, gynaecology inpatient setting and acute gynae unit, outpatient clinics (general gynaecology), theatre (main theatre and day surgery theatres)
Other settings	Specialist clinics including hysteroscopy, colposcopy, early pregnancy, fibroid and endometriosis clinics
Max no. of students on ward	2
Case mix	Placements should provide exposure to a range of obstetric and gynaecological patients/cases, including, but not limited to: • Normal and high-risk pregnancies • Gynaecological emergencies (e.g. ectopic pregnancy, ovarian torsion)

	• Observation and assistance in normal vaginal delivery • Caesarean section exposure • Benign and malignant gynaecology (e.g. fibroids, endometriosis, ovarian cancer) • Reproductive health (e.g. contraception, menopause, infertility) • Obstetric complications (e.g. pre-eclampsia, gestational diabetes) • Early pregnancy complications and loss Placement leads should ensure adequate exposure to cases and teaching on Obstetrics & Gynaecology core conditions (see george-sgul.app).
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led (where possible). Otherwise, teaching could be delivered by core/specialty trainees/CTFs or by other allied healthcare professionals (where appropriate).
Scheduled/timetabled teaching	All students should be provided with: • Bedside teaching (from both junior doctors and midwives) • Ward round teaching • Theatre and clinic shadowing (including ante-natal clinics, gynaecology clinics), with opportunistic case discussions • Labour ward • A minimum of 2 structured tutorials per week • Governance and MDT meeting observation • Simulation sessions (e.g. obstetric and gynaecological examination) • Case based discussion opportunities • Ad hoc debriefs post-emergency cases
Clerking expectations	All students must: • Clerk patients in both obstetric and gynaecology settings, with opportunity to present their findings and participate in management planning.
Clinical meetings	All students should attend: • Daily handover meetings (acute gynae and labour ward) • Monthly gynae morbidity and mortality (M&M) meetings • Teaching ward rounds
On-call	All students should be: • Timetabled to attend part of the daytime on-call with the on-call team.
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Specialist clinics and experiences • Quality improvement/service development • Audit • Observation of rare or complex cases with senior clinicians • Encouragement to develop a clinical question and search the literature • Invitation to participate in departmental teaching sessions

P YEAR Paediatrics

Placement	Paediatrics
Year	**P Year (Penultimate Year)**
Academic Core Specialty Lead	Sophie Vaughan (svaughan@citystgeorges.ac.uk)
Purpose of placement	**P Year is where students increase their independence, developing and refining their clinical skills:** • Increasing independence in learning, being able to spot natural learning opportunities • History *to support hypothesis testing and individualised differential diagnosis (DD)* • *Integrate* specialty-focussed examinations and *elicit abnormal signs* • *Refine* differential diagnosis in the light of *patient* and *epidemiological* factors to individualised DD, • *Prioritise, justify* and select initial investigation strategy, *interpret and review DD* as a result • Draw up *full* problem lists, integrating holistic aspects of patient preference and care needs • Recognition of emergencies through ABCDE approach and clinical knowledge • Describe aims and goals of management, *tailored* to the individual and propose *evidence-based* approaches. • Prescribing to take account of comorbidity, concurrent treatment and special circumstances in planning and prescribing. **In this placement, students should:** • Gain a broad paediatric experience, including, but not limited to, premature babies, toddlers and young children up to adolescents across a variety of different settings including paediatric wards, neonatal units, outpatients and the paediatric emergency department. • Develop skills to competently assess infants, children and teenagers and begin management of common conditions. • Develop paediatric clinical skills. • Understand the paediatric clinical process and case management. Please see george-sgul.app for the P Year Paediatrics Clinical Practice Outcomes and core condition list.
Duration	5 weeks
Primary setting	Paediatric department
Other settings	Neonatal unit, Emergency Department or Acute Assessment Unit, outpatient clinics.
Max no. of students on ward	N/A for placement, but clinical patient based sessions should be limited to 6 students per patient per case.
Case mix	Placement leads should ensure adequate exposure to cases and teaching on Paediatric core conditions (see george-sgul.app).

	Placements should provide basic practical experience in the assessment and management of children with common, acute and chronic conditions. Students should be exposed to and understand the assessment of children with psychological disorders and complex developmental needs.
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led (where possible), for a minimum of four hours per week. For the remainder, teaching could be delivered by core/specialty trainees/CTFs.
Scheduled/timetabled teaching	All students must be provided with: • Outpatient clinics (minimum of 4). • Emergency Department or Acute Assessment Unit experience (minimum of 3). • Neonatal session and learn how to do a newborn baby check (minimum of 1 half day). • Developmental clinic/community child health clinic (minimum of 1 clinic). • Child & adolescent mental health assessments (minimum of 1) – can be in the emergency department, on the paediatric ward or in a specific clinic. • One case-based tutorial each week should be organised for the student group to facilitate understanding of cases they have seen (minimum of 1 hour, trainee, AHP or consultant led). • Paediatric clinical skills teaching, including a minimum of one ward-based examination skills session per week (minimum of 1 hour, trainee, AHP or consultant led).
Clerking expectations	All students must: • Independently clerk a minimum of 2 children per week.
Clinical meetings	All students should attend: • A range of clinical meetings e.g. safeguarding, radiology, other MDTs.
On-call	All students should be: • Allocated on-call sessions. This can be during normal placement hours or out of hours (nights, weekends).
Academic stretch	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Specialist clinics and experiences • Quality improvement/service development • Audit

P YEAR Palliative Care

Placement	Palliative Care
Year	**P Year (Penultimate Year)**
Academic Core Specialty Lead	Joanna Davies (joanna.davies@stgeorges.nhs.uk)
Purpose of placement	**P Year is where students increase their independence, developing and refining their clinical skills:** • Increasing independence in learning, being able to spot natural learning opportunities • History *to support hypothesis testing and individualised differential diagnosis (DD)* • *Integrate* specialty-focussed examinations and *elicit abnormal signs* • *Refine* differential diagnosis in the light of *patient* and *epidemiological* factors to individualised DD, • *Prioritise, justify* and select initial investigation strategy, *interpret and review DD* as a result • Draw up *full* problem lists, integrating holistic aspects of patient preference and care needs • Recognition of emergencies through ABCDE approach and clinical knowledge • Describe aims and goals of management, *tailored* to the individual and propose *evidence-based* approaches. • Prescribing to take account of comorbidity, concurrent treatment and special circumstances in planning and prescribing. **In this placement, students should:** • Gain an understanding of the principle and practices of palliative care both within hospices and within the hospital setting. Please see george-sgul.app for the P Year Palliative Care Clinical Practice Outcomes and core condition list.
Duration	1 week (including formal teaching and 1 day hospice placement) plus half a day clinical placement with hospital based palliative care team (takes place during P Year General Surgery placement) to gain an understanding of the role of palliative care in the acute sector.
Primary setting	City St George's, University of London.
Other settings	Hospices, partner hospitals.
Max no. of students per ward	2 students per clinical placement.
Case mix	Patients with palliative care needs in different settings. Placement leads should ensure adequate exposure to cases and teaching on Palliative Care core conditions (see george-sgul.app).
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led but can be delivered by a variety of healthcare professionals, including

	core/specialty trainees/CTFs or other appropriately qualified healthcare professionals.
Scheduled/timetabled teaching	All students must be provided with: • 1 day of lectures (university) • Half day Patient Perspective session (hospice) • Half day reflection and case study learning (university) • 1 day hospice placement (hospice) • Half day with a hospital based palliative care team (at same hospital providing the P Year General Surgery placement)
Clerking expectations	Not required. However, opportunities may arise during the hospice visit and students may be offered opportunity to clerk patients.
Clinical meetings	Not required. However, where available, either during hospice visit or hospital half day experience, students should be offered the opportunity to attend. This is optional for students.
On-call	N/A
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Quality improvement/service development • Audit

P YEAR Psychiatry

Placement	**Psychiatry**
Year	**P Year (Penultimate Year)**
Academic Core Specialty Lead	Victoria Fernandez (vfernand@citystgeorges.ac.uk)
Purpose of placement	**P Year is where students increase their independence, developing and refining their clinical skills:** • Increasing independence in learning, being able to spot natural learning opportunities • History *to support hypothesis testing and individualised differential diagnosis (DD)* • *Integrate* specialty-focussed examinations and *elicit abnormal signs* • *Refine* differential diagnosis in the light of *patient* and *epidemiological* factors to individualised DD, • *Prioritise, justify* and select initial investigation strategy, *interpret and review DD* as a result • Draw up *full* problem lists, integrating holistic aspects of patient preference and care needs • Recognition of emergencies through ABCDE approach and clinical knowledge • Describe aims and goals of management, *tailored* to the individual and propose *evidence-based* approaches. • Prescribing to take account of comorbidity, concurrent treatment and special circumstances in planning and prescribing. **In this placement, students should:** • Develop core clinical competencies in mental health, such as assessment, diagnosis, risk evaluation, and communication with patients with psychiatric conditions. • Develop professional values, empathy, and a deeper understanding of mental illness and its impact on patients and families. • Apply theoretical knowledge to real-world clinical settings. • Gain experience of interprofessional learning within multidisciplinary mental health teams. Please see george-sgul.app for the P Year Psychiatry Clinical Practice Outcomes and core condition list.
Duration	5 weeks
Primary setting	Community mental health team.
Other settings	• 1 week in an inpatient ward. • Specialist visits across a range of external settings/organisations.
Max no. of students on ward	2
Case mix	Placement leads should ensure adequate exposure to cases and teaching on Psychiatry core conditions (see george-sgul.app), which includes seeing patients with the following conditions: • schizophrenia • mood disorder • alcohol or substance use

	• anxiety or similar disorders (incl. eating disorder, body dysmorphic disorder) • organic disorder or dementia
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led but can be delivered by a variety of healthcare professionals, including core/specialty trainees/CTFs or other appropriately qualified healthcare professionals.

Scheduled/timetabled teaching	All students must be provided with:
	
	Mandatory
	
	• Weekly Clinical Problem Based Learning (CPBL) teaching session. 1 per week. Students must attend a minimum of 3.
	• Clinical skills session on risk assessment and management (to be included in CPBL).
	• Workshops (in week one):
	  ○ Learning Disability & Autism and ADHD
	  ○ Alcoholics' Anonymous
	  ○ Psychiatry in Primary Care
	  ○ Eating Disorders
	
	Optional
	
	• Clinical skills-focused teaching (Monday afternoon) – consultant-led
	• BDD and OCD lecture plus Q&A (week one)
	• Academic programme as per relevant timetable
	
	NOTE: In addition to the community/hospital based activity above, students must complete a minimum of 3 specialist visits from a list provided at the start of the attachment. Students arrange these themselves and must ensure to include 2 mandatory sessions on call and liaison psychiatry.

Clerking expectations	All students must: • Clerk a minimum of 5 patients and present these to a doctor
Clinical meetings	All students should (in agreement with their consultant), attend: • Care planning review meetings • Team meetings • Other relevant meetings (determined by supervising consultant)
On-call	All students should be: • Allocated one on-call session during the placement. This takes place at Springfield Hospital.
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • More specialist visits (beyond the mandatory requirement) to explore subspecialities that may be of particular interest • Quality improvement/service development • Audit

P YEAR Surgery (General)

Placement	**Surgery (General)**
Year	**P Year (Penultimate Year)**
Academic Core Specialty Lead	Myutan Kulendran (mkulendr@citystgeorges.ac.uk)
Purpose of placement	**P Year is where students increase their independence, developing and refining their clinical skills:** • Increasing independence in learning, being able to spot natural learning opportunities • History *to support hypothesis testing and individualised differential diagnosis (DD)* • *Integrate* specialty-focussed examinations and *elicit abnormal signs* • *Refine* differential diagnosis in the light of *patient* and *epidemiological* factors to individualised DD, • *Prioritise, justify* and select initial investigation strategy, *interpret and review DD* as a result • Draw up *full* problem lists, integrating holistic aspects of patient preference and care needs • Recognition of emergencies through ABCDE approach and clinical knowledge • Describe aims and goals of management, *tailored* to the individual and propose *evidence-based* approaches. • Prescribing to take account of comorbidity, concurrent treatment and special circumstances in planning and prescribing. **In this placement, students should:** • Develop clinical skills, history taking, physical examination and medical record keeping across all surgical specialties. Please see george-sgul.app for the P Year Surgery Clinical Practice Outcomes and core condition list.
Duration	5 weeks, comprising of 1 week of each of the following surgical specialties: • Upper GI • Lower GI • Breast • Urology • Acute Surgical Admissions
Primary setting	Hospital surgical wards, theatres, outpatient clinics, SAU
Other settings	Same Day Emergency Care (SDEC)
Max no. of students on ward	6 per consultant
Case mix	Placement leads should ensure adequate exposure to cases and teaching on General Surgery related (upper GI, lower GI, breast, urology and SAU) core conditions (see george-sgul.app).
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led but can be delivered by a variety of healthcare professionals, including

	core/specialty trainees/CTFs or other appropriately qualified healthcare professionals. Collaborative teaching between firms is encouraged.
Scheduled/timetabled teaching	Students must be provided with: • A minimum of 1 hour of formal consultant or registrar bedside teaching by each specialty firm per week • Weekly ward round teaching (with adjusted time to allow for sufficient time for high quality teaching) • Weekly teaching in outpatient clinics (with patient numbers adjusted to allow for sufficient time for high quality teaching) • Teaching in operating theatres with opportunities for medical students to assist in cases they have clerked (if appropriate) • Experience of the management of emergency cases • Surgical radiology teaching • Surgical pathology teaching
Clerking expectations	All students must: • Clerk a minimum of 3-5 patients, per specialty firm, per week
Clinical meetings	All students should attend (where available): • Morning surgical handover meetings • MDT meetings • Radiology meetings
On-call	All students should be: • Timetabled into the on-call rota, including night and weekend duties
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Quality improvement/service development • Audit • Database based research project

P YEAR Surgical Specialties

Placement	**Surgical Specialties**
Year	**P Year (Penultimate Year)**
Academic Core Specialty Lead	Bejal Shah (bshah@citystgeorges.ac.uk)
Purpose of placement	**P Year is where students increase their independence, developing and refining their clinical skills:** • Increasing independence in learning, being able to spot natural learning opportunities • History *to support hypothesis testing and individualised differential diagnosis (DD)* • *Integrate* specialty-focussed examinations and *elicit abnormal signs* • *Refine* differential diagnosis in the light of *patient* and *epidemiological* factors to individualised DD, • *Prioritise, justify* and select initial investigation strategy, *interpret and review DD* as a result • Draw up *full* problem lists, integrating holistic aspects of patient preference and care needs • Recognition of emergencies through ABCDE approach and clinical knowledge • Describe aims and goals of management, *tailored* to the individual and propose *evidence-based* approaches. • Prescribing to take account of comorbidity, concurrent treatment and special circumstances in planning and prescribing **In this placement, students should:** • Develop clinical skills, history taking, physical examination and medical record keeping across all surgical specialties. Please see george-sgul.app for the P Year General Surgery & Surgical Specialties Clinical Practice Outcomes and core condition list, with specific reference to the relevant sub-specialties.
Duration	Four weeks, as follows: • Two weeks of Trauma & Orthopaedics, Plastics and Vascular • Two weeks of ENT, Head and Neck and Ophthalmology
Primary setting	Surgical wards, theatres, outpatient clinics at main allocated hospital
Other settings	
Max no. of students on ward	Depending on subspecialty, students can be placed in clinics/theatres (as timetabled) individually or as a pair or in some cases, e.g. ophthalmology, students can be placed together in small groups.
Case mix	Placement leads should ensure adequate exposure to cases and teaching on Surgical Specialties (ENT, Head & Neck, Ophthalmology, Plastics, Vascular and Trauma & Orthopaedics (including acute and elective)) related core conditions (see george-sgul.app).

Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led. For the remainder, teaching could be delivered by a variety of healthcare professionals, including core/specialty trainees/CTFs or other appropriately qualified healthcare professionals.
Scheduled/timetabled teaching	Students must be provided with: **Trauma & Orthopaedics:** • Outpatient clinics • Theatre sessions (with a mix of both elective orthopaedic and acute trauma patients) • Daytime on-calls **Plastics** • Outpatient clinics e.g. wound healing and dressing clinic, ulcer management clinic, skin cancer clinic (where available) • Theatre sessions • Daytime on-calls **Vascular** • Outpatient clinics • Theatre sessions • Daytime on-calls • Sessions with interventional radiology team (where available) **Ear, Nose & Throat** • Outpatient clinics (including head and neck cancer clinic) • Theatre sessions • Daytime on-calls **Ophthalmology** • Outpatient clinics • Theatre sessions In addition to the above, students are provided with weekly virtual teaching. Outpatient clinics should have patient numbers adjusted to allow for sufficient time for high quality teaching.
Clerking expectations	All students must: • Clerk a number of both acute and elective patients each week and be provided with opportunity to present these to a member of the team.
Clinical meetings	All students should attend (where available): • Vascular MDT • Head & neck cancer MDT • Morning surgical handover meetings
On-call	All students should be: • Timetabled into the on-call rota. This can be during normal placement hours or optional out of hours (nights, weekends).

Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Quality improvement/service development • Audit • Small research projects • Case reports • Systematic review • Encouragement to actively pursue opportunities to learn from 'interesting' cases

T YEAR General Practice

Placement	**General Practice**
Year	**T Year (Transition Year)**
Academic Core Specialty Lead	Sangeeta Patel (sapatel@citystgeorges.ac.uk)
Purpose of placement	**T Year students are getting started with clinical method in placements, integrating classroom learning with clinical practice:** • Linking clinical, academic and personal knowledge, scientific knowledge with real patient cases • Achieving fluency with the full clinical history, starting to think about more challenging communication scenarios and problem focussed history • Achieving fluency in the full clinical examination and starting to think about problem focussed examination • Pattern recognition and (untailored) differentials • Labs, CXR, AXR, ECG, CT head, interpretation, principles of planning • Understand the concept of a diagnostic threshold • Creating a problem summary and a problem list from this summary • Using the problem list as the starting point for a basic management plan • A few emergency presentations including shock, the ABCDE approach • Understand the patient narrative and recognise value of shared decision making • Fluent in taking a medication history, can write a number of straightforward prescriptions • Presenting cases and understand /witness the multidisciplinary and multiprofessional context **In this placement, students should:** • Observe and critically reflect on GPs and allied health professionals as they triage and consult with patients. • Be involved in history-taking and examination as appropriate. • Develop clinical reasoning skills, consultation skills including taking focussed histories, examinations, differential diagnosis and establishing initial management plans • Develop consultation skills through role-plays and mini-CEXs Please see george-sgul.app for the T Year General Practice Clinical Practice Outcomes and core condition list.
Duration	5 weeks
Primary setting	General Practice
Case mix	Diverse range of patients reflecting the local population. Size and case mix to provide sufficient patients for students to interview, examine and learn from.

	Placement leads should ensure adequate exposure to cases and teaching on general practice related core conditions (see george-sgul.app).
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching on site should be led by the GP tutor and delivered by GPs and other allied healthcare professionals with whom the student is placed for that session. Hub tutorials are delivered by experienced GPs online. Seminars are delivered by the university primary care academic leads and senior lecturer staff.
Scheduled/timetabled teaching	Students must be provided with: • 17-19 sessions in primary care (with teaching and feedback with patients as appropriate). • 9-10 hub tutorials • 3 seminars* * Seminars are delivered by the university primary care academic leads and senior lecturer staff.
Clerking expectations	Students should witness consultations as scheduled and be given opportunity to conduct part of the consultation (as judged appropriate by the GP/healthcare professional they accompany).
Clinical meetings	Students should be encouraged to attend appropriate clinical meetings taking place in the practice.
On-call	N/A
Academic stretch opportunities	For students interested in academic stretch, students should be encouraged to learn from particular patients' own experiences in the wider public health context.

T YEAR Medicine

Placement	Medicine
Year	**T Year (Transition Year)**
Academic Core Specialty Lead	Gaggandeep Alg (galg@citystgeorges.ac.uk)
Purpose of placement	**T Year students are getting started with clinical method in placements, integrating classroom learning with clinical practice:** • Linking clinical, academic and personal knowledge, scientific knowledge with real patient cases • Achieving fluency with the full clinical history, starting to think about more challenging communication scenarios and problem focussed history • Achieving fluency in the full clinical examination and starting to think about problem focussed examination • Pattern recognition and (untailored) differentials • Labs, CXR, AXR, ECG, CT head, interpretation, principles of planning • Understand the concept of a diagnostic threshold • Creating a problem summary and a problem list from this summary • Using the problem list as the starting point for a basic management plan • A few emergency presentations including shock, the ABCDE approach • Understand the patient narrative and recognise value of shared decision making • Fluent in taking a medication history, can write a number of straightforward prescriptions • Presenting cases and understand /witness the multidisciplinary and multiprofessional context **In this placement, students should:** • Clerk patients with a range of common medical presentations and core conditions. • Experience how a medical ward team works together including medical team, nursing colleagues, pharmacists and other allied health professionals. • Develop communication with patients and their families. • Understand medicolegal principles and ethics (where appropriate). • Chase investigations, accompany patients during investigation, present and interpret the results of investigations. • Students should acquire experience and knowledge in acute medical emergencies including sudden breathlessness, chest/abdominal pain, haemorrhage, sepsis, hypotension and confusion. Please see george-sgul.app for the T Year Medicine Clinical Practice Outcomes and core condition list.
Duration	5 weeks
Primary setting	General medical ward.

Other settings	Outpatient clinics, MDTs, radiology meetings, Acute Medical Unit (where practical and where this does not affect the student experience within other cohorts/placements)
Max no. of students on ward	6
Case mix	Medical specialty specific and dependent on inpatient/outpatient clinical cases. Placement leads should ensure adequate exposure to cases and teaching on general medicine core conditions (see george-sgul.app).
Teaching & learning	Placement providers should ensure that job plans and contracts include sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led (where possible), for a minimum of **four hours per week**. For the remainder, teaching could be delivered by core/specialty trainees/CTFs or other appropriately qualified healthcare professionals. Where specialised medical care is delivered, teaching should include general medical learning opportunities for broader experience. Collaborative teaching between clinical teams is encouraged to ensure exposure to as a broad a range of clinical material as possible.
Scheduled/timetabled teaching	Students must be provided with: **INPATIENTS:** Teaching should be provided either on dedicated teaching ward rounds (consultant led), or on business rounds with sufficient time, and include: • Bedside teaching – 2-4 hours per week • Ward round – 2 hours per week (1 hour per ward round) • Radiology meeting – 1 hour per week (where available) • Other meetings and assessments - 1 hour per week **OUTPATIENT CLINICS:** At least once a week, teaching should be provided in the outpatient clinic (with patient numbers adjusted to allow sufficient time for high quality teaching).
Clerking expectations	All students must: • Clerk an average of 3-5 patients per week (self-directed) and have the opportunity to present at least half.
Clinical meetings	All students should attend: • MDTs • Daily board rounds • Routine radiology or histopathology meetings (where available) for 1-2 hours per week and prepare and present cases accordingly.
On-call	All students can be: • Timetabled into the general on-call rota. This can be during normal placement hours or out of hours (nights, weekends).
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Quality improvement/service development • Audit

T YEAR Surgery

Placement	Surgery
Year	**T Year (Transition Year)**
Academic Core Specialty Lead	Abul Siddiky (asiddiky@citystgeorges.ac.uk)
Purpose of placement	**T Year students are getting started with clinical method in placements, integrating classroom learning with clinical practice:** • Linking clinical, academic and personal knowledge, scientific knowledge with real patient cases • Achieving fluency with the full clinical history, starting to think about more challenging communication scenarios and problem focussed history • Achieving fluency in the full clinical examination and starting to think about problem focussed examination • Pattern recognition and (untailored) differentials • Labs, CXR, AXR, ECG, CT head, interpretation, principles of planning • Understand the concept of a diagnostic threshold • Creating a problem summary and a problem list from this summary • Using the problem list as the starting point for a basic management plan • A few emergency presentations including shock, the ABCDE approach • Understand the patient narrative and recognise value of shared decision making • Fluent in taking a medication history, can write a number of straightforward prescriptions • Presenting cases and understand /witness the multidisciplinary and multiprofessional context **In this placement, students should:** • Understand and experience, principally, the non-operative aspects of surgery such as patient selection, optimisation, documentation and consent • Develop communication with patients and their families • Students should understand medicolegal principles and ethics (where appropriate). • Follow through these experiences into the operating theatre where possible • Be provided with access to relevant articles or guidance or protocols of common pathologies within the specialty to supplement learning Please see george-sgul.app for the T Year Surgery Clinical Practice Outcomes and core condition list.
Duration	5 weeks
Primary setting	General surgical ward.
Other settings	Outpatients, Day Surgery Unit, main theatres, endoscopy
Max no. of students on ward	6
Case mix	Acute and elective patients, Level 1 +/- 2&3 care, outpatients.

	Placement leads should ensure adequate exposure to cases and teaching on general surgical core conditions (see george-sgul.app).
Teaching & learning	Placement providers should ensure that job plans and contracts include sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led. For the remainder, teaching could be delivered by a variety of healthcare professionals, including core/specialty trainees/CTFs or other appropriately qualified healthcare professionals. Where specialised surgical care is delivered, teaching should include general surgical learning opportunities for a broader student experience. Collaborative teaching between clinical teams is encouraged to ensure exposure to as a broad a range of clinical material as possible.
Scheduled/timetabled teaching	Students must be provided with: • 1 hour minimum of bedside teaching at least once a week (ideally consultant level but can be delivered by appropriate senior resident doctors/CTFs). • Weekly teaching during ward rounds • Weekly teaching in outpatient clinics • Weekly teaching in operating theatre (with opportunities for students to assist in cases they have clerked, where appropriate). • Preoperative assessment unit experience.
Clerking expectations	All students must: • Clerk an average of 3-5 patients per week (self-directed) and have the opportunity to present at least half of these.
Clinical meetings	All students should attend: • Mortality & Morbidity meetings • MDTs • Radiology/Pathology meetings (where available) • Departmental educational meetings • Audit meetings (if coincides with placement timetables)
On-call	All students should be: • Timetabled into the general surgical on-call rota. This can be during normal placement hours or out of hours (nights, weekends).
Academic stretch opportunities	For students interested in academic stretch, the following (optional) learning opportunities should be made available: • Audit • Small research projects • Case reports • Systematic review • Encouragement to actively pursue opportunities to learn from ‘interesting’ cases

CLINICAL SCIENCES YEARS Early Years Clinical Experience

Placement	**Early Years Clinical Experience (EYCE)**
Year	**Clinical Sciences (MBBS5 Years 1 & 2)**
Academic Core Specialty Lead	Nasreen Aziz (naziz@citystgeorges.ac.uk)
Purpose of placement	The Early Years Clinical Experience (EYCE) provides an opportunity for students to be introduced to and learn about the clinical environments including wards, theatres, and radiology environments, prior to commencing their formal clinical training in years T, P and F. In addition to the clinical environment appreciation, students gain general clinical and professionalism learning, through their experience of speaking to patients, working with a wide range of health care staff and carrying out appropriately defined procedures. Please see george-sgul.app for the MBBS5 EYCE Clinical Practice Outcomes.
Duration	Three 2 week blocks spread across MBBS5 Years 1 and 2. Plus a (university delivered) preparation week.
Primary setting	Clinical areas are dependent on whether a student is completing a Medicine, Surgery or Senior Health/Radiology EYCE block and will include wards, surgical theatres, multi-disciplinary meetings, radiology areas.
Other settings	
Max no. of students per ward	The maximum number of students who are able to attend a ward will be determined by the ward bed capacity and staffing and all students across different years allocated to the ward. The number varies between 5 and 8 and will be determined by the consultant and ward teams.
Case mix	Dependent on student allocations (within Medicine, Surgery or Senior Health/Radiology).
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be consultant led but can be delivered by a variety of healthcare professionals, including core/specialty trainees/CTFs or other appropriately qualified healthcare professionals.
Scheduled/timetabled teaching	Students should be allocated to spend time with a wide range of members of the multidisciplinary team to develop an understanding of the individual roles and responsibilities, including shadowing medical staff on ward rounds and on the ward, in theatre, shadowing nursing staff on shifts and time with other allied health professionals to learn about their roles. For example, all students must be provided with: • Opportunities to join ward rounds • Opportunities to follow patient investigations • Access to theatres (EYCE surgery only), where available

	• Access to departmental teaching/other teaching sessions relevant to their stage of learning NOTE: Students will also complete self-directed online learning.
Clerking expectations	All students must: • Be provided with opportunities to talk to patients and gather information for a medical history (appropriate to the stage of training).
Clinical meetings	All students should be given opportunity to attend: • MDTs • Clinical governance meetings • Other clinical meetings specific to the allocated ward/team
On-call	N/A
Academic stretch opportunities	N/A

CLINICAL SCIENCES YEARS GP visits

Placement	**General Practice**
Year	**Clinical Sciences (MBBS5 Years 1 & 2 and MBBS4 Year 1)**
Academic Core Specialty Lead	Adrian Brown (abrown@citystgeorges.ac.uk)
Purpose of placement	To evaluate how care is delivered in primary care and to consider a holistic view of patients and their conditions.
Duration	2 hours per placement
Primary setting	GP surgery, consulting room
Other settings	
Max. no. of students	
Case mix	A selected patient (relevant to session outcomes outlined in the GP tutor handbook) is recruited for each teaching session.
Teaching & learning	Placement providers should ensure sufficient time for teaching and supervising students, reducing clinical activity where necessary. Teaching outlined below should be Led by the GP tutor and delivered by GPs and other allied healthcare professionals with who the student is placed for that session.
Scheduled/timetabled teaching	All students must be provided with: • A two-hour teaching session, which includes the patient encounter, followed by a structured tutorial.
Academic stretch opportunities	For students interested in academic stretch: • Students can use their patient experience for their M4 Year 1 Student Selected Component (SSCG) project.

APPENDIX - Mandatory and Statutory Training

Mandatory and Statutory Training schedule for City St George's MBBS students from 2025-2026

Introduction

In accordance with the terms of the NHS England Education Funding Agreement, the University, in partnership with clinical placement providers, agreed the list of mandatory and statutory training offered to students prior to placements. The key principles in compiling the below list include patient safety, educational necessity, usefulness for clinical preparation, existing contents within the core curriculum, and the availability of administrative resource required to monitor the completion process. The following schedule has been consulted with the Sub Deans/Primary Care Leads Committee and approved by MOAC.

Training	When	How evidenced	Assessment/Monitored	Notes/comments
Data Security Awareness (Level 1)	First term of M5Y1 and M4Y1 (from 2025-2026) Updated in T Year Foundation module	Elfh certificate uploaded on Canvas	Becoming a Doctor domain (Other professional behaviour)	2 reminders will be sent.
Infection Prevention and Control (Level 2)	T Year Foundation module (from 2025-2026)	Elfh certificate uploaded on Canvas	Becoming a Doctor domain (Other professional behaviour)	2 reminders will be sent. EYCE and GP in Clinical Sciences years rely on curriculum and teaching sessions on handwashing until T Year.
Child Safeguarding (Level 1 equivalent)	T Year together weeks (from 2026-2027)	Compulsory lecture	Not evidenced	Elfh resources not appropriate - safeguarding children level 1 too many triggers + Level 2 too advanced
Adult Safeguarding (Level 1 equivalent)	Introduce in M4Y1 (from 2025-2026). Already in M5Y2	Compulsory lecture	Not evidenced	
Resuscitation (Basic Life Support)	First term of M5Y1 and M4Y1	Delivered by St. George's NHS trust. Certificate uploaded on Canvas	Becoming a Doctor domain (Other professional behaviour)	
Moving and handling	First term of M5Y2 and M4Y1	Delivered by St. George's NHS trust. Certificate uploaded on Canvas	Becoming a Doctor domain (Other professional behaviour)	Elfh Level 1 covers responsibilities and rights and +basic health advice and is not useful/appropriate for medical students.

Summary

F2F teaching delivered by St. George's University Hospitals Trust

Resuscitation	First term M4Y1, M5Y1
Moving and handling	First term M5Y2, M4Y1 (term 2/3)

E-learning for health

Data security awareness level 1	First term M5Y1 and M4Y1
Infection prevention and control level 1	(If admin capacity, level 1 before EYCE)
Infection prevention and control level 2	T Year Foundation module
Repeat data security awareness level 1	T Year Foundation module

E-assessment

All evidenced by elfh certificate, part of the 'Other Professional Behaviour' element of the Becoming a Doctor domain if not evidenced after 2 reminders

Other

Resuscitation Adult Level 2 elfh	T Year Foundation module, possible formative assessment
Moving and handling e-assessment	T Year Foundation module, possible formative assessment
Child safeguarding	T Year 'together weeks', mandatory but not evidenced
Adult safeguarding	M4Y1/M5Y2, mandatory but not evidenced

***Note**: City St. George's does not record completion of Prevent training*

Glossary

BD	Becoming a Doctor (assessment domain)
elfh	e-learning for health
EYCE	Early Years Clinical Experience
M4	MBBS 4-year medicine programme (graduate entry)
M5	MBBS 5-year medicine programme (school leaver entry)
MOAC	MBBS Operations, Assessment & Curriculum (senior leadership group)