Enhance your practice and your practise with medical students

An introduction to teaching medical students in the community with The University of Manchester

2016 - 17
Welcome to the Community Based Medical Education guide to teaching Manchester medical students.

In the 21st century we will continue to see the rise of the generalist and the move of healthcare into community settings. Our ageing population needs doctors who can provide holistic care, integrated across the traditional boundaries of primary, secondary and social care as well being able to manage individuals’ multi-morbidity in a caring and compassionate manner.

That's why we need your help to develop, educate and train our students. As healthcare moves so must they, to maximize their learning from patients. It does require additional work but it is worth it for the satisfaction teaching brings. I hope you and your practice will give serious consideration to being involved in educating medical students, the doctors of tomorrow.

We commit to give you the help, training and support you need to develop your practice and your teaching skills. Our priority is helping you to ensure Manchester medical students can enjoy the highest standards of education to become capable, compassionate and committed doctors.

To reflect the challenges facing the delivery of healthcare in the future the programme at Manchester Medical school is undergoing some significant and exciting changes:

From September 2016/17 Year 3 students will be taught by GPs in the classroom (Clinical Debrief) helping them to be better prepared to undertake block placements in GP in Year 4 (from 2017-18).

Year 5 placements will also become 2 days per week over an 8 week period in 2017-18.

For more details please go to:
http://sites.bmh.manchester.ac.uk/cbme/programmechange1617/
All placements require induction to the practice and time for planning learning for the attachment. Examining the needs of students and how these might best be met by the practice is important at all levels.
Why teach Medical Students?

It’s:

► Fun
► Challenging
► Interesting and allows you to give something back
► A stepping stone for you which helps your personal development and appraisal

Also:

► Students can be useful e.g. performing audits
► It helps prevent ‘burnout’ and promotes career fulfilment
► You can inspire the next generation of doctors and make a positive contribution to the future of the medical workforce
► It enhances the status of General Practice and the perception of the practice by patients, staff and potential future colleagues
► It adds a valuable dimension to your practice team, bringing a fresh perspective and new insights
► You get paid - http://sites.bmh.manchester.ac.uk/cbme/Admin/feeguideandinvoicing
► Training is provided - http://sites.bmh.manchester.ac.uk/cbme/training
Years 1 & 2 - Early Clinical Experience (ECE) – In brief

N.B. Students are not allocated to Preston Health Education Zone practices for ECE.

- 3 x 3 hour visits in each of Years 1 and 2
- Students visit the practice in pairs
- Specific activities and session outcomes for each visit detailed on the ECE webpages http://sites.mms.manchester.ac.uk/cbme/ProgInf/ECEhome
  E.g. students are required to talk to a few patients to appreciate why people come to the doctor, and how or whether their expectations are met.
- Fees = £120 per pair, per 3 hour visit

Advantages

- Student’s first experience of General Practice. A great early opportunity to make a positive, lasting impression on students
- Variety of topics covered in a wide-ranging selection of visits
- Enthusiastic young students eager to practice their communication skills

Challenges

- Good practice organisation needed to meet specific session outcomes
- No continuity
- A flying visit only (3 hours in length)
Years 1 & 2 - In more detail

Early Clinical Experience (ECE) GP visits for medical students comprise 6 half day visits over 2 years. (Visits 1 - 3 in Year 1 and Visits 4 - 6 in Year 2.)

The aim of Early Clinical Experience is to provide authentic contact with patients in the primary care setting to develop learning of health, illness or disease and allow students to understand the roles of the health professional. It is an opportunity to promote General Practice as a potential career early in a student’s training and development.

ECE teaching has expanded in the programme and students have many opportunities to enhance their consultation skills in the new Consultation Skills Learning Centre. The sessions provide an opportunity for students to integrate learning in communication, clinical skills, anatomy, physiology / pharmacology, ethics and psychology. They apply their knowledge and skills to different scenarios with simulated and real patients.

The activities included in each community visit have been designed to complement learning in other areas of the programme. They address knowledge, skills and attitudes to help students learn from their encounters with patients. They also promote students’ care and compassion together with their professional development. Opportunities are provided to explore issues related to cultural diversity, ethics, and the organisation and management of NHS primary care.

Clinical examination has been introduced to the consultation skills sessions. These include cardiovascular, respiratory, abdominal and neurological examinations. Students are taught this process of examination by clinicians, with opportunities to practise with each other and simulated patients.

Primary care is an excellent setting to experience examination of a real patient and a few sessions specifically request this. We appreciate your help in providing such opportunities.

For each of the visits it is suggested that you oversee the students’ activities. Clinical examinations must be supervised by you, with feedback given to students on their performance.

Students must not be involved in any other clinical procedures and have been advised to decline if they are asked to do so.

Please include a briefing at the start of the visit to clarify what is expected from the day and a debrief meeting at the end to reflect on what they have learned.

Visit 6 requires good, constructive feedback from you on a student’s performance of history taking and clinical examination. This helps the student feel prepared for entering Year 3.

In the event that you are not available, please provide a suitable alternative GP to supervise the students.

Brief details of each visit are provided on the following pages.
Visit 1 - Introduction to General Practice

This is the students’ first experience of General Practice. It is an opportunity to:

- find out about the structure of primary care
- observe a GP surgery
- gather information from a patient in a clinical setting
- explore the roles of the different staff members

During this visit you will need to arrange for a suitable patient to talk with the students. (A pregnant woman, new parent, elderly patient or parent of a child with a chronic illness or disability.)

Further details of all the GP visits are provided on the ECE pages on our website: http://sites.bmh.manchester.ac.uk/cbme/ProgInf/ECEhome

Visit 2 - The Patient Agenda (exploring reasons for consultation)

Students will observe your consultations with walk-in patients or those booked on the day with an acute problem. Please ensure they have opportunities to ask questions throughout.

They will also talk to at least one patient with an acute problem before and after the consultation (in a separate room), to see how and whether their ideas, concerns and expectations (ICE) have been addressed.

Visit 3 - Chronic Disease Management

This visit requires the students to observe your Practice Nurse dealing with patients with chronic diseases and to obtain an understanding of chronic disease management in the community.

They will have the opportunity to speak to a patient with coronary heart disease, heart failure, asthma or COPD. With your supervision they will examine their cardiovascular or respiratory system.

Visit 4 - The Home Visit

This visit requires the practice to arrange for the students to visit a patient in their own home. Suitable patients have a disability or chronic illness (e.g. multiple sclerosis, rheumatoid arthritis, osteoarthritis, learning disability, deafness, visual impairment, stroke, severe COPD, head or neck injuries).

Students will explore the disability and the impact it has had on the patient’s life. They consider the physical, social and economic aspects of the home environment and the information it provides about a patient and their healthcare needs. They debrief their experience of the home visit with you.

Students will also have the opportunity to sit in a surgery with the aim of discussing other patients’ disabilities.

Important - It is essential that a home visit is arranged for the students during this visit as they must write a reflective piece on the home visit for their portfolio.

Any student who does not receive this opportunity will be required to return to the same practice for a visit with no extra remuneration.
Visit 5 - The Medical Interview

Students will sit in on a surgery with you. Each student has the opportunity to interview a patient in another room, watched by their clinical partner, returning with the patient while they see you. The clinical partner gives feedback on their peer’s consultation skills.

You will observe the students performing a relevant clinical examination (cardiovascular, respiratory or neurological) on the patient and provide feedback.

Visit 6 - The Whole Consultation

Students will participate in your surgery with the opportunity to speak to your patients.

Each student will be observed by you taking a history. You will provide them with written feedback on their communication skills, using the Calgary-Cambridge consultation framework and comment on clinical history elements, such as past medical history, drug history, allergies and systems review.

There will also be an opportunity for students to practise cardiovascular, respiratory, abdominal or neurological examination, with observation and feedback from you.

We have a lot more ECE specific information available on our website at: http://sites.bmh.manchester.ac.uk/cbme/ProgInf/ECEhome/).

Evaluation:

Our visits are evaluated for quality assurance. Students are asked to complete an evaluation for every visit. The results for your practice will be sent to you in July / August in our annual Quality Improvement report. If you would like to know more about ECE GP visits, please contact:

Dr Emma Willert - emma.willert@manchester.ac.uk
or
CBME Year 1 & 2 Administrator - years1-2CBME@manchester.ac.uk

Initiating the Session

- preparation
- establishing initial rapport
- identifying the reason(s) for the consultation

Gathering information

- exploration of the patient’s problems to discover the:
  - biomedical perspective
  - the patient’s perspective
  - background information - context

Physical examination

Explanation and planning

- providing the correct amount and type of information
- aiding accurate recall and understanding
- achieving a shared understanding: incorporating the patient’s illness framework
- planning: shared decision making

Closing the Session

- ensuring appropriate point of closure
- forward planning

Building the Relationship

- using appropriate non-verbal behaviour
- developing rapport
- involving the patient
Year 3 – In brief

Clinical Debrief:
- Two 12 week blocks of 2 1/4 hour Clinical Debrief sessions
- Experienced and specially trained GP tutors, employed directly by the university, deliver Clinical Debrief to small groups of 5-9 students in the classroom.
- The emphasis is on case based discussion, clinical reasoning and presentation skills in a supportive environment. Learning outcomes are generated from their discussion in the session by the students themselves.
- Tutors get to know their group and provide pastoral support. They tailor their teaching sessions to the students’ needs.

Year 3: Applied Personal Excellence Pathway (APEP) (formerly the Project Option)

- Single student undertaking an in-depth project, service evaluation or audit
- Topic negotiated with the student
- Fees = £1,500 per student

Advantages
- Get to know one student who may share your enthusiasm for a particular topic
- Complete an in-depth audit, service evaluation or piece of clinical research.

Challenges
- Students differ in the amount of supervision required to produce a useful audit
- Difficult to benchmark when only one student in practice

Student Selected Clinical Placement
- Individual student attending daily for a 4 week block at the end of Year 3
- Students select a general practice placement to gain more knowledge and experience about community medicine, and potentially use this to help inform them about a possible future career option
- Fees: £2176 per 4 week block

Advantages
- Students select their placement - they are more motivated to learn about general practice
- Opportunity to promote general practice as a career to keen students
- Continuity of having the same student every day for 4 weeks
- One student per supervisor
Learning objectives are not specifically defined, but derived from the initial induction meeting.

Challenges

- Supervisor required to be present for 80% of the placement, or nominate a deputy supervisor.
- May require organisation of other community activities for student depending on agreed learning objectives (e.g. community pharmacy, CCG/sector meetings).

Year 3 – In more detail

Clinical Debrief:

Students are prepared for their Year 4 GP placements through two 12 week blocks of Clinical Debrief. These sessions are facilitated by the same GP tutor in small groups of 5-9 students.

They are friendly teaching experiences and promote sharing of experiences.

At the core of Clinical Debrief is the practice of case-based discussion and presentation skills away from the hustle and bustle of the ward. This expands into clinical reasoning, the thought processes behind formulating differential diagnoses and choices for investigation and further management.

The introduction of a hypothetical patient Ralphie, with broad “themes” each week will support the students in exploring aspects of longitudinal care, advocating a holistic approach to managing complexity in preparation for their general practice placement in Year 4.

Tutors get to know their group and tailor their teaching sessions to the students’ needs. It is a very free space where students can ‘unload’ by debriefing their recent experiences.

Year-long contracts for posts as CD tutors will be advertised intermittently as and when they are required. If you are interested in receiving links to these adverts please join our database via the CBME Administrator: CFT, CDP & CD – asad.zaman@manchester.ac.uk

Year 3 - Applied Personal Excellence Pathway (APEP) (formerly the Project Option)

These are extended student-selected components currently which will run for ten weeks from 27th March – 16th June 2017 in Year 3. (This includes the 2 week Spring vacation period)

Experienced and enthusiastic tutors are encouraged to supervise.

There is some extra funding available for community projects in 2016/17 academic year and we would encourage forward planning to make the most of this opportunity. This is particularly true for ‘Research’ when members of the MDT are involved.

The Applied PEPs (APEPs) encompass both research and ‘non research’ – the latter usually a combination of a literature review, critical appraisal and audit. Students in both should consolidate an ability to critically review literature and understand methodologies including basic statistical analysis where appropriate.
Non-research supervision is a rewarding opportunity to learn more about an aspect of your practice that the QOF ‘doesn’t reach!’ - (past audits have included: Quality of care of chronic hepatitis; Vitamin D deficiency; Reporting of adverse events; Use of interpreters).

Your practice should offer an average of 1 hour’s contact time each week (with email contact where required) to answer questions and read drafts of the report. You will be required to assess a student report at the end of the placement and the student will present the project to a panel of internal assessors by Power Point presentation during the last week of the placement. Unlike a QEPEP you don’t need to offer protected teaching time in surgery, but students may well value some patient contact. We can advise and arrange for second marking if required.

Research options are possible in both primary care and medical education research. Both are relatively ‘young’ research disciplines and there should be opportunities to join projects within Manchester. It is particularly important to engage students early in the academic year as ethical approval can be a lengthy process.

In 2017 APEPs will be moved into Year 3 meaning students in both Years 3 and 4 will complete the APEP. This will coincide with QEPEPs being removed from the programme for the 2016-17 academic year. (This is to allow the programme changes that are being introduced to become embedded.) QEPEPs will before returning in 2018. Please let us know if you need help to cover holidays during the project period.

If you think you could take a student or offer some suggestions on topics of potential interest please contact our Community APEP Lead:

Kirsten Bond - kirsten.bond@manchester.ac.uk

For full Supervisor guidelines and details of the timetable for submitting your APEP proposal please contact the MBChB Year 3 & 4 Teaching Delivery Administrator years3and4mbchb@manchester.ac.uk

N.B. To ensure your placement is funded please discuss with the CBME Year 3, 4 & 5 Administrator (years3-5CBME@manchester.ac.uk) before you ‘sign up’ on Medlea.

**Student Selected Clinical Placement (SSCP)**

SSCPs are student selected clinical placements. They provide an opportunity for students to gain experience in, and learn more about, an area that interests them. It may also be a good opportunity for them to test whether this represents a good prospective career choice.

SSCPs are 4 week block placements with individual students attending every day.

Following the revised programme transitions there will eventually be an SSCP block in Years 3 and 5 (around June/July), but for 2016-17 SSCP will only take place at the end of Year 3 (Mon 19th June - Fri 14th July 2017).

In Year 4 students choose where to go on their elective. These three placements can be seen in combination. SSCP must be within the region covered normally covered by Manchester Medical School, whereas electives can be anywhere.

By the end of the Year 5 SSCP students will be expected to produce a reflective report about the three placements, comparing and contrasting them and demonstrating that their learning objectives for each were met.

Supervisors will be expected to be in attendance for at least 80% of the placement, or
nominate a suitable deputy supervisor in their absence. They will be expected to complete three reviews (initial, mid-point and end of placement), which should be recorded on a placement eForm. Supervisors are encouraged to help students generate and achieve their learning objectives, expand their learning outside of the core curriculum and reflect on their experiences with a view to future placements and career options.

Examples of learning objectives are listed below:

- Increasing my awareness of the provision and delivery of health care in the chosen clinical area by shadowing an NHS manager for a day
- Increasing my knowledge and understanding of disease and its management, including public health aspects, prevention, epidemiology and aspects of clinical management by presenting a case to my supervisor/the clinical team
- Explore future trends and working patterns in the specialty by discussion with doctors in training
- Create opportunities for improving my CV (e.g. audits, case reports)
- Working with the clinical team to be able to understand the roles of other health care professionals in the MDT by presenting patients at the MDT meetings
- Identify and explore aspects of the clinical specialty in order to determine my future career choices by immersing myself in all the activities within the SSCP (e.g. meetings, CPD activities of trainees/doctors, specialist interests, other health care professionals)

If you wish to know more about SSCPs, please contact:

tal.wasty@manchester.ac.uk or erica.sullivan@manchester.ac.uk

or the

Year 3, 4 & 5 Administrator: years3-5CBME@Manchester.ac.uk
Year 4 – In brief

► 1 full day per week (for 12 weeks over the course of a 16 week semester) for 1 or 2 semesters per year
► Students visit the practice in pairs
► Continuity of pairs over the 16 weeks
► Students focus on the module they are learning and like to see patients relating to these modules in the surgery or the patient’s own home
► Students should be able to take consultations under supervision, gain timely feedback on their history and examination skills and learn about chronic disease review. All consultations need to be under supervision.

Fees = £169.60 per pair, per full day visit (12 days per 16 week commitment)

N.B. In the Preston Health Education Zone only:
Students based at Lancashire Teaching Hospitals NHS Foundation Trust (Preston) attend 1 full day per week for 6 weeks during semester 1 during the Mind and Movement module.

Advantages

► Regular visits and continuity of students over the sixteen week period
► Manageable for part-time GPs to fit around other practice activities

Challenges

► Learning for students maximized when you can find patients relating to their learning needs, which can take preparation time and effort to arrange.
► Your surgeries need at least 30% additional time, or 30% reduction in patient numbers, to ensure that you are able to give timely feedback to students on their performance, and for case discussion.

Year 4: Applied Personal Excellence Pathway (APEP) (formerly the Project Option)

► Single student undertaking an in-depth project, service evaluation or audit
► Topic negotiated with the student
► Fees = £1,500 per student

Advantages

► Get to know one student who may share your enthusiasm for a particular topic
► Complete an in-depth audit, service evaluation or piece of clinical research

Challenges

► Students differ in the amount of supervision required to produce a useful audit
► Difficult to benchmark when only one student in practice
Year 4 - In more detail

There are two main learning themes in Year 4:

- Families & Children (F&C)
- Mind & Movement (M&M). (N.B. The greatest demand is for Monday community attachments in M&M.)

Students attend your practice, on a day of your choosing, for 12 weeks of a 16 week block in each semester. (Your local administrator should be able to provide you with the actual dates students will be attending 4 weeks before the placements are due to begin.)

The students have no other hospital or lecture commitments on their community days.

N.B. If you are thinking of taking students for their F&C block please consider how you will give them the opportunity to gain relevant experience as students commonly report that they do not get enough exposure to midwives/baby clinics/immunisations.

Students attend in pairs for full days. They don’t need to spend the whole day in GP consultations but you should aim to include one surgery session per day where students are active participants (NOT just sitting in and observing). They should be in the hot seat interviewing and examining patients; taking and presenting their histories; having their clinical and communication skills observed; forming differential diagnoses and developing management plans under your supervision.

Timely and constructive feedback on these activities is crucial to their learning. To do this your surgeries need at least 30% additional time or 30% reduction in patient numbers.

Students have specific objectives related to the rest of their learning within the programme and it will be useful for them to meet patients with specific conditions.

It is essential to allocate some time at your first session with the students to set their learning agenda. Find out which cases they particularly want to see over the course of the placement and any other learning opportunities which would be helpful. Patients can be seen in the surgery, at their home or other community locations.

Year 4 Applied PEP (formerly the Project Option)

These are extended student-selected components currently which will run for eleven weeks at the end of Year 4 (8th May – 21st July 2017).

For further information please refer to the APEP information in the Year 3 section on page 10.

Assessments

You will be required to complete online feedback for each student at the end of their placement. This should be completed in discussion with the student so that they can benefit from your feedback on their strengths and areas to improve.

U-PSAs

Students are required to undertake workplace-based assessments (WPBAs). They may ask you, or your colleagues, to undertake these assessments of their skills and knowledge. The essential clinical skills observations are called Undergraduate Practical Skills Assessments or U-PSAs. You may be familiar with this kind of assessment, either from your own training or from interactions with Foundation Year doctors and trainees.
They are straightforward with clear instructions and feedback forms on Medlea. Some of the U-PSAs can be assessed by your practice nursing team, GP trainees or FY2 doctors but they cannot be signed off by a health care assistant.

U-PSAs over the five years of the course, which are suitable to be carried out in general practice include:

- hand washing and infection control
- measuring temperature
- blood pressure, pulse and saturations,
- venepuncture
- blood glucose
- urinalysis / pregnancy test / taking an MSU
- sub-cutaneous and intramuscular injection
- nose and skin swabs
- recording an ECG
- prescribing safely.

Resources
In addition to active surgery sessions there are a lot of activities that students can learn from in the practice. We have produced an iBook “101 things to do when not seeing patients in general practice”. It is packed full of ideas and activities.


If you do not have an iPad or iPhone it is available as a pdf on the Medical School learning portal MedLea @: https://www.medlea.manchester.ac.uk/files/Community

The book covers a myriad of topics that are designed to promote discussion and reflection. Some require discussion with a GP, or other staff, and some are for personal study with links to useful articles.

Other
You might also like to have available resources such as books (or electronic resources) that students can use to learn from in their spare time, such as “OSCES for PLAB and Medical Students”.

Additional activities for students (all require appropriate supervision):

- Student-led mini tutorials to meet learning objectives.
- Running chronic disease management sessions with practice nurse.
- Attending baby clinics, giving vaccinations.
- Taking blood from patients.
- Reviewing incoming pathology results and proposing actions.
  Reviewing repeat prescriptions.
Involvement in audit projects within the practice.

Seeing their PBL case of the week at home or in the surgery.

Accompanying you on home visits.

Medication reviews.

Spending time with members of the extended team, e.g. health visiting and district nursing teams.

We will provide training for you so you know what to do. Please see the training page on the CBME website http://sites.bmh.manchester.ac.uk/cbme/training

Learning should always be active and not just observing.

Quality and Evidence Personal Excellence Paths (QEPEPs)

QEPEPs are flexible, student selected modules. They allow the student to follow a single subject or multiple themes, which reflect and compliment their career development and interests.

QEPEP’s cover a wide range of topics and allow the students to develop their knowledge in topics within the MB ChB programme (e.g. Cardiology, Paediatrics), or pursue subjects allied to the programme (e.g. Sports Medicine, Forensic Medicine).

Each QEPEP is underpinned by the guidance within GMC Tomorrows Doctors ‘Doctor as a Scientist and Scholar’. They were introduced in 2013-14 in order to focus on Quality Improvement & Clinical Governance.

They inform the student experience and develop their skills in the following areas:

- Critical skills, investigation and analysis
- Applied research methods
- Understanding quality improvement and audit

QEPEPs will be delivered in a staggered manner during the transition to the revised programme over the next few years. They will run in a 4 week block at the end of Year 3 but there will be no QE PEP in 2016-17. One module will run in Year 4 in 2017-18 and in Years 4 & 5 from 2018-19.

Our QEPEP supervisors are healthcare professionals with experience and enthusiasm for teaching.

Students undergo assessment by the PEP supervisor in the following:

- Production of a document in each separate QEPEP - either a Lay document or Written Report (If the student completes a Lay Document in the first QEPEP they will complete a QEPEP written report in the next round and vice versa)
- Formative assessment of attendance, professionalism / conduct and ability to work in a team

General information about PEPs can be found at:
http://www.mms.manchester.ac.uk/about-us/whymanchester/education/pep/
http://sites.bmh.manchester.ac.uk/cbme/ProgInf/pep
Year 5 – In brief

- 4 weeks full-time, up to eight blocks per year
- One student per GP supervisor ideally
- Most placements needed late Aug – December
- Student undertakes an apprenticeship – they are encouraged to run their own mini-surgeries with longer consultation times under supervision, learn to draft letters, look at results, undertake chronic disease reviews and manage co-morbidities.
- Fees = £1952 per student (4 full weeks) from late Aug – Dec, £1600 per student from Feb – May (Students identified as needing extra support are paid at a higher rate)

Advantages

- Get to know one student as they start to feel like a doctor
- Final Year students are confident enough to start assisting around the surgery

Challenges

- Can feel like hard work having a student full time
- Ideally needs space for the student to consult in parallel

Year 5 hybrid

- 4 weeks - one to 4 days per week, up to 8 times per year
- One student per GP supervisor normally
- Student spends the remainder of the week in another GP practice or in Community Psychiatry or Community Paediatrics
- Fees (per day) = £97.60 pre-exempting exam, £80/day post-exempting (Please note that practices allocated a student with additional support needs will receive £120 per day per student in the pre-exempting blocks and £110 in the post exempting blocks.)

Advantages

- Get to know one student as they start to feel like a doctor
- A good option for part-time GPs or busy surgeries
- Less onerous than a full-time Year 5 student
- Can be combined with taking Year 4 students on different days of the week

Challenges

- Need to keep track of when the student will be with you

Learning should always be active and not just observing.
Year 5 – In more detail
(this information will change in 2017/18 and again in 2018/19)

The GP Apprentice - preparing for professional life.

Year 5 consists of eight 4 week blocks. Students attend General Practice full time (8 - 10 sessions / week) for one of these 4 week blocks.

You can sign up for as many blocks as you wish. Be aware that after the January exempting exam community blocks are optional. As students also have an eight week StEP (an approved elective or “Subject to Endorsement Placement”) and a 4 week hospital assistantship during this period, the numbers choosing community will be low. This means that only a fraction of our practices will be used for blocks 5 - 8 in Year 5.

Please try to avoid signing up for times when you know you will be on holiday as it is vital that you are available for the whole of the block.

How are students allocated?
Students choose their Year 5 placement from a catalogue. Your catalogue entry should detail what makes your placement different from others so that students will actively choose your surgery. This is particularly important if you are far from the student's usual hospital base.

To fit in with your surgery hours you may ask students to attend for early starts or evening surgeries. Please discuss this with them as some may have commitments to part-time work, be carers, or reliant on public transport.

Students normally attend the practice singly. More than one student can be taken in a practice at any one time but they would not normally be paired up. We expect 100% attendance. Any student falling below 80% attendance (for whatever reason) must be reported to your local community administrator (see the “Local contacts” page).

Rapid Induction
It is important that you sit down together on the first day to assess the student’s capabilities and learning needs. Because the placement is only four weeks, each student will need a rapid induction to the practice so that they can ‘hit the ground running’. Students need to settle into a pattern of seeing patients as soon as possible.

What will students do whilst in practice?
It is important that students understand how general practice works and have the opportunity to do everything you do as a GP (under supervision) during their four week placement.

Students need to take the lead and conduct consultations for at least 3 sessions per week. They will need longer appointment slots, as well as close supervision. They can see patients on their own but in each case their diagnosis and management plan needs to be closely checked. A doctor needs to see the patient before they leave the surgery.

Students can:

- Take histories
- Examine patients (with chaperones)
- Undertake simple investigations such as blood tests and smears (supervised)
- Review and explain results (supervised)
Suggest management plans (that you must ratify)
Draft referral letters
Review repeat prescriptions (supervised)
Undertake chronic disease review (supervised)
Give vaccinations
Go on home visits (accompanied or going ahead)

The management of the patient remains your responsibility.

They cannot:
Make decisions unsupervised
Sign prescriptions or sick notes, or make referrals that you do not oversee

Hybrid placements allow tutors the opportunity to take Year 5 students even if they work part-time or if the surgery is not able to offer full time placements for any other reason. The placement works like a normal Year 5 placement but for 1-4 days per week rather than 5. The remaining days will be spent either at another GP surgery or with Community Paediatrics or Community Psychiatry.

Clear and open communication with the other placement provider and the student are vital to the smooth running of a hybrid placement. This will ensure that the student needs and ILOs are met, as well as allowing monitoring of attendance and to keep track of the student’s whereabouts.

The day(s) and number of days per week the student attends would be fixed for each block, but you could choose to offer different numbers of days for different blocks (e.g. Block 1 Mondays only, Block 3 Mondays and Wednesdays)

For further information or discussion regarding hybrid placements please contact: CBME Year 3, 4 & 5 Administrator - years3-5CBME@manchester.ac.uk

Assessing students in practice
Mid-way through and at the end of their placement you must complete an assessment form on MedLea. If you are not yet registered on MedLea a password will be provided. The assessment should be completed in conjunction with the student, to enable them to benefit from feedback on their strengths and areas to improve.

Students are also required to undertake workplace-based assessments (WPBAs). These include case management discussions (U-CMDs), observed clinical encounters, which may involve history taking, examination or explanations (U-CEX) and essential clinical skills observations (U-PSAs). You will probably be familiar with this kind of assessment, either from your own training or from interactions with Foundation Year doctors and GP Trainees. Instructions and feedback forms are available on MedLea or can be completed via the student’s iPad.

U-PSAs can also be assessed by practice nurses, FY2 doctors and GP trainees but they cannot be signed off by a health care assistant.
U-PSAs over the five years of the course, which might be carried out in general practice include:

- hand washing and infection control
- measuring temperature
- blood pressure, pulse and saturations
- venepuncture
- blood glucose
- urinalysis / pregnancy test / taking an MSU
- peak flow rate / demonstration of use of an inhaler
- subcutaneous and intramuscular injection
- nose and skin swabs
- recording an ECG
- prescribing safely.

Learning outside the consulting room

We have produced an iBook “101 things to do when not seeing patients in general practice”, which covers a myriad of topics that are designed to promote discussion and reflection. It is downloadable free from the iBook store or as a pdf on MedLea (the Medical School’s learning portal):

https://www.medlea.manchester.ac.uk/files/Community

(N.B. You will need to log in to MedLea to access this.)

Students can be attached to another doctor, registrar or practice nurse for sessions but make sure that all your colleagues are willing to let the student take an active part in the consultation.

Students will also appreciate other activities which help them to prepare for their examinations. Your trainees could set up a mini-OSCE for them, inviting in patients with particular conditions or clinical signs for example. Trainees can give tutorials under supervision, fulfilling the trainee requirement to develop teaching skills and the students need for help in meeting their learning objectives.

Above all students should not be left to observe passively, they should be active participants in everything that goes on in the practice.

Special Interests:

Students may choose a particular practice because of a particular interest or specialty of one of the GPs or other professionals within the practice e.g. Police surgeon, CCG board member, GPwSI in mental health. YOU can publicise your activities when writing about your practice on the Year 5 availability form.

The exempting exam in January

Students take an exam in January that allows them to be exempt from Finals in May. This has been developed to reduce the likelihood of students failing finals and being unable to graduate and move into Foundation jobs. Practices taking successful students after the exempting exam, report a great change in the approach as students stop focusing on “what do I need for the exams?” and start preparing for the world of work.
Students needing extra support
Some students may be struggling and need additional help and support during Year 5 in order for them to be ready for finals. In particular, those students who fail the exempting exam in January are offered a support practice before Finals in May.

If you have been successfully taking fifth year students for some time you may want to consider becoming a support practice. There is extra payment for this in recognition for the higher level of input needed.

If you would like to discuss this possibility please contact the CBME Year 3, 4 & 5 Administrator - years3-5CBME@manchester.ac.uk who will put you in contact with an experienced supervisor or academic who can help.
### Structure of fifth year

<table>
<thead>
<tr>
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<th>Community</th>
<th>DGH</th>
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#### Exempting Examination in January

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#### Final Examinations in May

* Cancer Care and Consolidation  ** Subject to Endorsement Placement (aka Elective)*

Before the exempting examination in January (i.e. in blocks 1 – 4) all students are required to attend a GP placement in the community.

After the exempting exam, students may choose to do one or more blocks in community.
**Example of a Year 5 student timetable** (N.B. early starts and late finishes are possible after discussion with the student)

<table>
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<tr>
<th>Week</th>
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<th>Thursday</th>
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<tbody>
<tr>
<td>1</td>
<td>9–9.30 Meet lead GP, agree learning objectives 9.30–10 Meet PM, intros to staff, facilities, computer 10–12 phone triage 1-2 home visit 2-5 shadow surgery</td>
<td>9–12 own surgery with supervision 1-2 review results</td>
<td>9-12 own surgery with supervision 12-1 home visit 2-5 baby clinic</td>
<td>Joint surgery 9-12 asthma clinic 12-1 repeat prescribing 2-5 own surgery with supervision</td>
<td>8-11 own surgery with supervision 12-1 home visit 1-1.30 weekly feedback Afternoon self-study in area of interest</td>
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<tr>
<td>2</td>
<td>8-11 phone triage 1-2 home visit 2-5 midwife surgery</td>
<td>9–12 own surgery with supervision 1-2 review results 2-5 drug service visit</td>
<td>9-12 own surgery with supervision 12-1 home visit Asthma clinic</td>
<td>9-12 diabetes clinic 12-1 repeat prescribing 2-5 own surgery with supervision</td>
<td>8-11 own surgery with supervision 12-1 home visit 1-1.30 weekly feedback Afternoon self-study in area of interest</td>
</tr>
<tr>
<td>3</td>
<td>9-12 phone triage 1-2 home visit 7-10 shadowing OOH doctor</td>
<td>9–12 own surgery with supervision 1-2 review results 2–3 Practice meeting 3-5 Joint admin session</td>
<td>9-12 own surgery with supervision 12-1 home visit Diabetes clinic</td>
<td>9-12 smear clinic 12-1 repeat prescribing 2-5 own surgery with supervision</td>
<td>8-11 own surgery with supervision 12-1 home visit 1-1.30 weekly feedback Afternoon self-study in area of interest</td>
</tr>
<tr>
<td>4</td>
<td>9-12 phone triage 1-2 home visit 7-10 shadowing OOH doctor</td>
<td>9–12 own surgery with supervision 1-2 review results 2-5 Joint surgery</td>
<td>9-12 own surgery with supervision 12-1 home visit CV clinic</td>
<td>9-12 flu clinic 12-1 repeat prescribing 2-5 own surgery with supervision</td>
<td>8-11 own surgery with supervision 12-1 home visit 1-1.30 assessment Afternoon self-study in area of interest</td>
</tr>
</tbody>
</table>
Student posters, publications and presentations

Many students undertake audits or other small projects whilst on their general practice placements. Presenting their work is a good experience for the student, showcases the good work done in practice and can provide valuable messages and ideas to be taken up by other surgeries.

We have had considerable success in helping student to present the work that they have done at national conferences, such as the RCGP annual conference. In 2013 Manchester students made up over a quarter of all poster presenters and two students won best audit poster.

Why not encourage your students to think about publishing or presenting their work?

Advice about how to go about this can be found on Medlea (https://www.medlea.manchester.ac.uk/files/Community#anchor41), so we look forward to seeing you and your students at the next RCGP conference.

Placement evaluation and quality assurance

The General Medical Council stipulates that all medical schools must have robust evaluation and quality processes in place for all their clinical placements. Therefore it is vitally important that we know what kind of educational experience our students have in the community with you and your practices. Through their feedback scores and comments, we can then support and advise you on how to maintain or improve the service you provide to them as tutors. We can also organise training events, such as workshops, if common themes for improvement are found.

It is pleasing that for the last five years, evaluation scores for our community placements have been improving year on year. The average scores for the different year groups for 2015-16 were: Year 3 (4.50), Year 4 (4.47), and Year 5 (4.61) out of 5. This is evidence of all the hard work you put in and we thank you for this.

Every year we will send you a full report containing the evaluation scores and comments that students have made. In addition, a lecturer responsible for your CCG area, will visit you once every 3 years to undertake a Quality Assurance practice visit. Extra visits may be needed in between if there is negative feedback that needs to be addressed quickly, but thankfully these are few.

If you have any questions about the quality assurance or evaluation processes for community placements please contact:

Tal Wasty – CBME Lead for Evaluation – tal.wasty@manchester.ac.uk
Andy Conway – Quality Enhancement Coordinator – andy.conway@manchester.ac.uk/0161 275 1879

I can’t take students where I work, but I’d love to teach – what can I do?

It’s great that you’d like to teach, so we’d like to make use of your expertise. All sessions are based at the University or local hospitals. We have a range of activities that you can apply for:

- Clinical Debrief tutor
- Academic Advisor
- Community-focused prescribing tutor
Early Clinical Experience tutor
OSCE examiner
Small group tutor
Student selection panel for admissions to medical school

How do I get started?

If you’ve not had learners in the practice previously we recommend you start with Early Clinical Experience or a QEPEP. Once you have built up some confidence, and attended training sessions, then add students from Year 5 to your repertoire. Finally you may want to take Year 4 or vary which students you take year by year. Some larger practices take students from all years and employ additional GP time (partnership or salaried) from the income generated.

We would encourage you to approach student placements as something which is done ‘instead of’ routine practice rather than ‘as well as’. Of course you will still be seeing patients but the day does need some reorganisation and additional allocation of time, i.e. longer appointment times. Trying to do this as a ‘bolt-on’ in addition to what is already a very busy day in practice just does not work. However, having reorganized your time you can look forward to a day in the week which is different and stimulating, both for you and for your students. The funding is really to support you in making those changes to create the extra time required in the day.

What about training?

We require the Lead tutor from all our new practices to attend PRIMEGP (Professionals in Medical Education) Core Parts 1 & 2 before we start allocating students to you. (Active Postgraduate GP Trainers are only required to attend Part 1.)

PRIMEGP Core covers all the essentials you need, such as Developing a good learning environment, Clinical Reasoning, the Manchester programme, assessment and feedback.

Dates of all our training courses for the whole of the 2016-17 academic year can be found on the Training and events page of our website @:
http://sites.bmh.manchester.ac.uk/cbme/training/

All our training is provided free of charge, with a range of dates and times to try and suit you. Our academic team can provide additional training on request, tailored to your requirements. You could also identify and attend other courses available outside the University to meet your training needs.

N.B. Once you have started teaching students there is a commitment to undertake 6 hours of training per year as part of your contract with the University.

Are there any other benefits?

Yes! You will have free membership of the University of Manchester Libraries which includes access in person to an extensive range of journals, databases and books.

How do I sign up?

Speak to the community administrator for your area (see the “Local contacts” page below) who will ask the Lecturer for your CCG to contact you to discuss this. Once they are satisfied and you have attended any training needed we can enrol you for our next student intake.

You can also contact Andy Conway (Quality Enhancement Coordinator):
0161 275 1879 / andy.conway@manchester.ac.uk
### Central Contacts

<table>
<thead>
<tr>
<th>Name</th>
<th>TITLE</th>
<th>EXT.</th>
<th>EMAIL</th>
<th>Room</th>
</tr>
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<tbody>
<tr>
<td><strong>Academics</strong></td>
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</tr>
<tr>
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<tr>
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<tr>
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<tr>
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<tr>
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<td><a href="mailto:rebecca.farrington@manchester.ac.uk">rebecca.farrington@manchester.ac.uk</a></td>
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<td>Sabia Dayala</td>
<td>Clinical Lecturer (Teaching)</td>
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<td><a href="mailto:sabia.dayala@manchester.ac.uk">sabia.dayala@manchester.ac.uk</a></td>
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<tr>
<td>Sarah Sharp</td>
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<td>Tal Wasty</td>
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</tr>
<tr>
<td>Andy Conway</td>
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<td><a href="mailto:andy.conway@manchester.ac.uk">andy.conway@manchester.ac.uk</a></td>
</tr>
<tr>
<td>Asad Zaman</td>
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<tr>
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<tr>
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<tr>
<td>Kristian McDermott</td>
<td>CBME Finance Administrator</td>
<td>51857</td>
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<tr>
<td>Lori Stewart</td>
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<tr>
<td>Lucy Finnigan</td>
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<tr>
<td>Mandy Brownhill</td>
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<td>1.301</td>
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<tr>
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</tr>
<tr>
<td>Sarah Graves</td>
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<td><a href="mailto:sarah.graves@manchester.ac.uk">sarah.graves@manchester.ac.uk</a></td>
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</table>
# Local Contacts

## Health Education Zone (HEZ)

### Central Manchester Foundation Trust

<table>
<thead>
<tr>
<th>Base Hospital Contact</th>
<th>Associated CBME Lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lisa Williams</strong></td>
<td>Dr Kirsten Bond (Heywood, Middleton &amp; Rochdale CCG) <a href="mailto:kirsten.bond@manchester.ac.uk">kirsten.bond@manchester.ac.uk</a></td>
</tr>
<tr>
<td>Undergraduate Community Coordinator</td>
<td>Dr Isobel Heyworth (Oldham CCG) <a href="mailto:isobel.heyworth@manchester.ac.uk">isobel.heyworth@manchester.ac.uk</a></td>
</tr>
<tr>
<td>0161 276 4964</td>
<td>Hiten Mitha (North Manchester CCG) <a href="mailto:hiten.mitha@manchester.ac.uk">hiten.mitha@manchester.ac.uk</a></td>
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<tr>
<td>lisa.williams@<a href="mailto:4@cmft.nhs.uk">4@cmft.nhs.uk</a></td>
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</tr>
<tr>
<td></td>
<td>Dr Emma Willert (Central Manchester CCG) <a href="mailto:emma.willert@manchester.ac.uk">emma.willert@manchester.ac.uk</a></td>
</tr>
</tbody>
</table>

### Lancashire Teaching Hospitals NHS Foundation Trust

<table>
<thead>
<tr>
<th>Base Hospital Contact</th>
<th>Associated CBME Lecturer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Louise Crossley</strong></td>
<td>Dr Michael Unwin (Greater Preston CCG) <a href="mailto:michael.unwin@manchester.ac.uk">michael.unwin@manchester.ac.uk</a></td>
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<td>Curriculum Coordinator - Primary Care</td>
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<tr>
<td>01772 528 134</td>
<td>Dr Sabia Dayala (Blackpool &amp; Fylde and Wyre CCG) <a href="mailto:sabia.dayala@manchester.ac.uk">sabia.dayala@manchester.ac.uk</a></td>
</tr>
<tr>
<td><a href="mailto:louise.crossley@lthtr.nhs.uk">louise.crossley@lthtr.nhs.uk</a></td>
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### Salford Royal Foundation Trust

<table>
<thead>
<tr>
<th>Base Hospital Contact</th>
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<tbody>
<tr>
<td><strong>Matt Royle</strong></td>
<td>Sarah Sharp (Bury &amp; Salford CCG) <a href="mailto:sarah.sharp-2@manchester.ac.uk">sarah.sharp-2@manchester.ac.uk</a></td>
</tr>
<tr>
<td>Community Placement Coordinator</td>
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<td>0161 206 3179</td>
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</tr>
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### University Hospital of South Manchester Trust

<table>
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<th>Base Hospital Contact</th>
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<tr>
<td><strong>Vacant</strong></td>
<td>Dr Lisa Collins/Dr Chris Barratt (Stockport CCG) lisa.collins--manchester.ac.uk <a href="mailto:christopher.barratt@manchester.ac.uk">christopher.barratt@manchester.ac.uk</a></td>
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<td>Undergraduate Community Coordinator</td>
<td>Dr Jess Grundy (South Cheshire CCG) <a href="mailto:jess.grundy@manchester.ac.uk">jess.grundy@manchester.ac.uk</a></td>
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<td>0161 291 5787</td>
<td>Hiten Mitha (South Manchester &amp; Trafford CCG) <a href="mailto:hiten.mitha@manchester.ac.uk">hiten.mitha@manchester.ac.uk</a></td>
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<td>Dr Julia Riley (North Wales) <a href="mailto:julia.riley-3@manchester.ac.uk">julia.riley-3@manchester.ac.uk</a></td>
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<td>Sarah Sharp (East Cheshire, North Derbyshire &amp; Vale Royal CCG) <a href="mailto:sarah.sharp-2@manchester.ac.uk">sarah.sharp-2@manchester.ac.uk</a></td>
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