THE UNIVERSITY OF QUEENSLAND
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General Practice Clinical Unit (GPCU)

Greater Brisbane Clinical School (GBCS)

Handbook for GP Clinical Teachers 2026

CRICOS Provider 00025B • TEQSA PRV12080

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Printed copy date: 17 Dec 2025

This Handbook is regularly updated. The most up-to-date version is available on the GPCU website 'Teaching and Learning' page accessed via the link or the QR code below.

https://medical-school.uq.edu.au/academic-disciplines/general-practice/our-teaching

Welcome

Welcome and thank you for supporting UQ medical student learning in your practice.

We appreciate the time and energy that you and your practice team will be contributing to student learning and trust that you will also benefit from hosting UQ medical students in your practice.

The following pages are designed to assist you in delivering a high quality learning experience for students.

We encourage you also to explore the resources that we have developed to support GP clinical teachers, available on the UQ General Practice website at https://medical-school.uq.edu.au/mayne-academies/general-practice on the Teaching and Learning and UQGP Research sections.
We provide a quarterly Newsletter to practices, also available on our website, and monthly lunchtime drop-in zoom sessions to support GP clinical teachers.

Please contact us at any time via med.mdgp@uq.edu.au. This email is closely monitored and your enquiry will be directed to the appropriate team member.

Our Team	
Professor Katharine Wallis	Head, General Practice Clinical Unit and Mayne Professor of General Practice
Associate Professor Michaela Kelly	Joint Teaching Lead and Year 4 GP Lead General Practice Clinical Unit
Dr Lynne Reid	Joint Teaching Lead and Year 4 GP Lead General Practice Clinical Unit
Dr Annabel Chau	Year 2 GP Lead General Practice Clinical Unit
Dr Monika Coha	Year 2 GP Lead General Practice Clinical Unit
Natalie Best med.mdgp@uq.edu.au Ph. 07 3346 5137	Student Coordinator General Practice Clinical Unit Greater Brisbane Clinical School
Kim Parry med.mdgp@uq.edu.au Ph. 07 3443 8567	Student Coordinator General Practice Clinical Unit Greater Brisbane Clinical School

NB For a full list of our team members please refer to our webpage

GP PLACEMENT DATES 2026

Year 4 General Practice Placements		Year 2 General Practice Placements	
Term 1	12 January – 8 March	**Term 1**	No placement for Year 2
Term 2	9 March – 3 May	**Term 2**	7 April – 31 May
Term 3	18 May – 12 July	**Term 3**	22 June – 16 August
Term 4	13 July – 6 September	**Term 4**	7 September – 1 November

What's new in 2026

Placement length	Both Year 4 and Year 2 students have an 8-week placement
Assessment	All assessment rubrics will be completed through the MyProgress App
Year 4 assessment	3 x Mini-CEX - History, Examination, Explanation/Education to patient POEM (Patient Oriented Evidence that Matters) - discuss topic for student Supervisor Report, end of placement Opportunistically sign off on clinical skills
Year 2 assessment	3 x GP Clinical Tasks Mini-CEX (Clinical Evaluation Exercise) - History Supervisor Report, end of placement
Your responsibility to notify the University	You are required to notify us at med.mdgp@uq.edu.au if: • GP has cancellation or conditions placed on their AHPRA registration • GP has been charged with or found guilty of any criminal offence • Practice accreditation status (e.g. with AGPAL or QPA) changes • If practice ownership, name, location, ABN or public liability insurance changes See details on page 7.
Year 4 scheduled activities	In addition, weekly tutorials run by GPCU, Year 4 students will be engaging in a Longitudinal Learning Program to help prepare them for their internship.

The University of Queensland MD Program

The UQ MD Program is a four-year postgraduate program.

The new UQ MD Program curriculum commenced in 2023, with the intake of the first Year 1 cohort. The new program includes an increased role for General Practice. 2026 will see the full roll out of the new UQ MD program, with students in the new curriculum completing an eight-week General Practice placement in both Year 2 and Year 4:

- Year 2: One fixed, timetabled day (2 sessions) per week, for 8 weeks
- Year 4: More intensive, averaging 5 sessions per week over 8 weeks, with Week 8 as an exam week. Students are expected to attend a minimum of 35 sessions over 8 weeks.

A small cohort of Year 4 students from the old curriculum (teach out) will instead complete a 6-week, 30 session placement. You will be notified if this applies to your student.

The General Practice placements are undertaken in a range of locations in and around Brisbane, regional and rural locations in Queensland, or in New Orleans.

Detailed information about the MD program can be found by going to the Faculty of Medicine's website: https://medical-school.uq.edu.au/study/md-curriculum.

Guidelines for GP Clinical Teachers

General advice

- Students are more likely to consider general practice as a career if they meet positive role models and identify the intellectual challenges of our specialty. Please be positive about general practice.
- Please **do not provide clinical care to your student** while they are on placement with you (except for emergency care). For reasons of both confidentiality and boundaries, we ask students not to seek placements in practices in which they or a close relative is either employed or a patient.

Welcoming the student

- We ask that you meet with your student at the beginning of the placement and **introduce** them to the practice team including GP clinical teachers, other practice staff, and practice policies and procedures.
- We recommend that you ask your student to complete a **confidentiality agreement form** – which is provided to you at the commencement of the placement
- Please **arrange mutually convenient times** for your Year 4 student's clinical sessions.

Supervision of Students

Our students enjoy developing their consultation and physical examination skills under your guidance and being taught procedural skills such as injections and excisions. We encourage you to afford them as many opportunities as practical and comfortable, within your general practice. As the general practitioner you have the direct and principal responsibility for the patient:

- The student should consult the GP clinical teacher about the management of all patients.
- The ultimate management of the patient should be provided by the GP clinical teacher.

Students should never attempt any procedure or activity that has not been cleared by the GP, or that is beyond the student's expected level of expertise or capability. We strongly recommend that you be physically present at the workplace at all times whilst the student is providing clinical care. If you are absent, doctors with general or full unconditional registration should oversee the student. Students should only go on home visits to patients with the GP clinical teacher present and may elicit histories and examine patients in their homes only under direct supervision.

Please note that students have varying levels of previous clinical experience, based for example on their undergraduate degrees and how advanced they are through their medical education. Some students will still need to gain confidence in basic clinical skills.

Expected Student Behaviour

Attendance:

Students are expected to attend consistently at the agreed time, be punctual, and to notify the practice if they will be late or are unable to attend a planned session. Please provide the students with the best method of notifying you in these circumstances. Consistency and reliability are essential, not only for their professional development but also to maintain the goodwill of patients, practice staff, and the broader community who generously support student learning. If a student is absent from their placement, or if you have any concerns about their attendance, please notify us via med.mdgp@uq.edu.au so that appropriate follow-up can occur.

Dress:

Students are asked to dress like a professional and to wear clothing appropriate to the clinical setting, and to be aware of personal hygiene.

Approach to patients:

Students are asked to treat all patients with respect, remembering the ethical and legal requirements of clinical practice. Students should not exchange personal contact details with patients. Students should discuss any emerging or existing issues related to patients with their GP clinical teacher as soon as possible.

Approach to staff:

Students are expected to treat all practice staff with respect and undertake any reasonable requests made by practice staff.

Hand hygiene

Students receive formal instruction in hand hygiene practices, and we appreciate your support in reinforcing the importance of this practice and modelling this to students in your practice.

Student Access Plans

The University of Queensland aims to provide an inclusive environment for students who have a disability or are experiencing exceptional circumstances. These students often develop a 'Student Access Plan' in consultation with a Diversity, Disability and Inclusion advisor. The Student Access Plan is designed to assist students to equitably participate in the program by recommending reasonable adjustments in their courses to accommodate the impact of their condition or circumstance, and to facilitate discussion between the student and clinical teachers responsible for implementing adjustments. If a student has an access plan that affects their GP placement, you may be advised of this by email from the relevant course administrator. We also advise students to raise their plan with clinical teachers directly.

If you have any queries or concerns about the appropriate implementation of adjustments or how these may affect a student's ability to meet course requirements, please contact us in the first instance (med.mdgp@uq.edu.au). Please also note that there may be some students experiencing difficulty whom we are not aware of, and if you have any concerns about students' wellbeing, performance or professionalism please do not hesitate to let us know (med.mdgp@uq.edu.au).

Patient Consent

Consent must be obtained from your patient and recorded in the patient's chart for the student to participate in their consultation with you. This is a requirement of RACGP accreditation standards (see here for further interest). Patient consent should be obtained without the student present, for example at the time of making the appointment or when the patient checks in with reception staff. Please consider confirming patient consent through the consultation if it moves to more intimate or sensitive concerns.

We recommend the common practice of displaying a sign introducing the student in your waiting room (a "Notice for Reception Area" is provided via email prior to the commencement of each block for you to use if you do not already have one).

Medical Indemnity

Medical Student Insurance Cover

Medical students are insured by The University of Queensland for the duration of the approved

course, but not for any extra sessions with your practice outside of their GP course. Your student must obtain approval from the General Practice Clinical Unit before starting any such extra sessions. **Please also note that if the student receives any payment from your practice during their attachment, their status changes to an employee and the University policy does not cover them.**

UQ's insurance policies (including personal accident and public liability) cover UQ students while undertaking UQ approved activities which are related to their course. Supervised General Practice **home visits** and **residential aged care visits** (students should always be accompanied by their GP clinical teacher in these circumstances) **are covered**. Please contact the General Practice Clinical Unit if you have any questions about coverage for other types of visits or activities in your practice at med.mdgp@uq.edu.au

Specific additional considerations are:

1. Motor Vehicle Insurance – Comprehensive motor insurance is required to be held under the placement agreement for any vehicles in which students are passengers during their placement.
2. Where travel more than 50km is involved – travel approval should be sought from and provided by UQ to ensure cover under UQ's travel insurance.
3. If make-up sessions are sought, they should not be undertaken during break weeks.

GP Clinical Teacher Medico-legal Cover

Please confirm with your Medical Defence Organisation your cover for healthcare incidents where the healthcare is provided by someone you are observing, supervising, mentoring or teaching. It is our understanding that complaints relating to medical students in General Practices are extremely uncommon.

Your responsibility to notify the University

Please note that it is your responsibility to notify the University immediately should any criminal charges be placed upon you or should any conditions or cancellation occur to your AHPRA Registration. You must notify us if you have been charged with or found guilty of any criminal offence which is relevant to your ability to perform the inherent requirements of this position, or have engaged in, or to your knowledge have been investigated for, any other behaviour that would be incompatible with the position or which may adversely affect the University's reputation if subsequently disclosed.

All UQ teaching practices should be accredited General Practices (e.g. AGPAL, QPA etc.). You must notify us if your practice accreditation status changes. Please also notify us if your practice changes ownership, name, ABN, public liability insurance or moves locations as this may require updating of the placement contract documents.

Please use med.mdgp@uq.edu.au to make any of these notifications.

Occupational exposures, practice incidents

Students are encouraged to inform you and/or your practice staff of any exposure to blood or body fluids. In the event of any student exposures or other incidents relating to the student which affects staff, student or patient safety, please contact our team so we can provide you with assistance as needed. Please contact the General Practice Clinical Unit on 3443 8567, (med.mdgp@uq.edu.au) We will also contact the student to advise them of UQ protocols to be completed based on the incident. Please also ensure that the student completes a UQ Incident Report Form Report an incident or hazard - Current staff - University of Queensland for any exposure incidents.

Troubleshooting and Managing Concerns

Please notify Student Coordinators as soon as possible if there are difficulties with any aspect of the placement. GPCU academics will be available to give advice as needed. These worries/difficulties can range from concern about the student's knowledge or clinical skills, concern that the student is unwell, to more serious concerns around student-patient, student-teacher, or student-staff interactions. Please notify if a student is harmed in any way during their placement (med.mdgp@uq.edu.au).

Please contact us if you are worried about a student. Please contact us if the student is absent from their placement. We want to hear from you. The GPCU email inbox med.mdgp@uq.edu.au is monitored regularly by the professional staff team, who will ensure your concern is managed promptly, sensitively and discreetly and forwarded to the appropriate staff member for response.

Support for Students

UQ has a range of resources for students who need support. These include a dedicated website.

The UQ **Medical School Student Support Team** provides support across the Medicine Program: All appointments are confidential. Email: med.mss@uq.edu.au

Ph: 1300 275 870 (If you are calling from overseas, please follow these instructions).

After Hours Crisis Support: 1300 851 998 ((If you are based overseas, please call your local crisis support line – external to UQ).

Website: https://medical-school.uq.edu.au/current-students/medical-school-student-support-team-0

There is also external support available:

Queensland Doctors' Health Program https://dhq.org.au ph. 3833 4352, which provides support for any doctor or medical student across Queensland.

Support for GP Clinical Teachers

Teaching Resources

The **UQ General Practice website** provides a range of teaching resources:

- https://medical-school.uq.edu.au/academic-disciplines/general-practice/our-teaching
- The latest version of this GP Clinical Teacher Handbook
- Teaching webinars
- PowerPoints from recent GPCU events and GP clinical teacher lunch time drop-in sessions
- GP2U videos – Some of our GP clinical teachers discuss their experiences and tips about Teaching history taking, clinical reasoning and communication skills; Learning procedural skills; Feedback conversations with students; Challenges for clinical teachers; and Feedback in General Practice
- Teaching articles and tips
- GPCU newsletters and a description of UQ GP teaching opportunities for your practice.

Practice Incentives Program (PIP) Teaching Payments

Practice Incentives Program (PIP) Teaching Payments may be claimed for UQ clinical sessions that the students spend under your supervision or the supervision of your GP colleagues (including GP registrars) in accredited practices. PIP forms will be emailed to the practice at the beginning of the placement. For further information regarding the Teaching Payment, refer to the PIP Teaching Incentive Guidelines.

Continuing Professional Development (CPD) hours

General practitioners can claim CPD hours for teaching medical students in their practice.

The RACGP will approve up to a maximum of 30 hours CPD per GP per year for involvement in teaching in clinical practice, allocated as 15 hours Educational Activity and 15 hours Reviewing Performance. The RACGP is required by the Australian Medical Council to audit 5% GP CPD records per year. You will need to lodge and claim your own hours.

Tips for GP clinical teachers on claiming CPD hours:

1. The General Practice Clinical Unit, University of Queensland will provide a letter confirming practice provision of clinical placements for medical students at the end of each semester.

2. Keep a log of your hours teaching and/or your practice teaching roster.

3. Login to your RACGP CPD dashboard to claim your CPD hours for teaching.
   a. Educational activities (EA) (up to 15 hours per GP clinical teacher per year for teaching):
      - Log of dates and time spent teaching where possible with a summary of key discussion points and reflections.

   b. Reviewing Performance (RP) (up to 15 hours per GP clinical teacher per year for teaching):
      - If the teaching and/or case-based discussions prompted reflection on your own practice and performance, you could claim hours in the performance review category, keeping a log of reflective notes.
      - A log of reflective notes may include your consideration of the questions in the table below:

Examples of reflective questions
What were the main topics covered?
What were the key learnings?
Was this activity relevant to your practice? Why/why not?
Will you change your practice because of this activity? If so, how?
Are there any barriers to implementing changes to practice, and if so, how will you overcome these?

UQ Academic Title Holder (ATH) Applications

You are entitled to apply to become a UQ Academic Title Holder, for example UQ Senior Lecturer. The benefits include:

- Acknowledgement of your contribution; recognition of excellence through promotion
- UQ library access, including online access to Therapeutic Guidelines and the Australian Medicines Handbook
- Opportunity for closer involvement in the MD Program – participate in the Objective Structured Clinical Exams (OSCEs), Multiple Mini Interviews, Personal Advisor Network
- Support for developing your research profile

How to apply for a UQ Academic Title

Information can be found on the Academic Title Holder page. Go to the ‘Application’ section and follow the prompts.

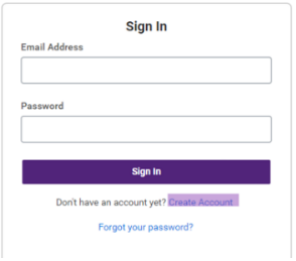
If you are a **Fellow**, scroll down to the post entitled '**Academic Title Holder (Level C) – Faculty of Medicine'** and click on the link. If you are a **Registrar**, scroll down and select '**Academic Title Holder (Level B) – Faculty of Medicine'.** Level C is Senior Lecturer status, Level B is Lecturer status.

To fill in the online form you will need:

- Basic CV – qualifications, where you work, teaching experience, research experience (if applicable)
- APHRA registration document to upload

Once you are ready to begin:

- Click on the APPLY button just under the Heading at the top
- Select the Apply Manually option
- In the next screen you will click on the 'Create Account' link to complete the registration (see image below and highlighted with purple)



When you are through to completing the Questionnaire please:

- Select '**Greater Brisbane Clinical School**' in the first drop-down picklist in the Questionnaire
- Select **'General Practice Clinical Unit'** in the second field's drop-down list Discipline is **General Practice**
- Make sure to include details about your teaching our UQ medical students at your practice in the **'Contributions to Teaching at UQ'** field
  - Provide details evidencing your contributions to UQ teaching e.g. GP Clinical Teacher for Yr 2 GP placement students, participation in workshops etc.
  - Add a name of the contact person you have at UQ – either a Clinical Lead or Student Coordinator.

The UQ ATH applications are approved by the Head of the GPCU. Please ensure that you include in your application your contribution to UQ, for example "providing clinical placements for both Y4 and Y2 medical students".

Year 4 General Practice Placement

From 2026, the Year 4 General Practice Placement is 8 weeks in duration. Students will be averaging 5 sessions per week over 8 weeks. There is an expectation that students will complete at least 35 sessions. Students have a weekly tutorial for 7 weeks, with week 8 focused on assessment.

Teach-out: A small cohort of Year 4 students in the old curriculum will instead complete a 6-week, 30-session placement. You will be notified if this applies to your student.

Timetabling and Participation

Students are expected to spend at least 35 sessions (with a session being a half day, not less than 3 hours) in a General Practice clinical setting, during the 8-week Year 4 General Practice Placement, under the supervision of their teaching GP/s. We expect sessions to be spread evenly

across the 8 weeks, i.e. students cannot complete their placement after only 4 intensive weeks for example.

Learning Outcomes

By the end of the placement, students should be able to:

1. Demonstrate knowledge of the epidemiology, pathophysiology, clinical features and management of (a) common, and (b) serious / important presentations in general practice.
2. Demonstrate competency in the clinical skills required to diagnose and manage patient presentations in general practice (i.e. communication skills, history-taking, physical examination, ordering and interpreting relevant office and laboratory investigations, and performing minor office procedures).
3. Demonstrate competency in clinical reasoning and the ability to formulate a diagnosis (and/or differential diagnosis) and problem list, for patients presenting in general practice.
4. Develop appropriate management plans with patients and carers presenting in general practice.
5. Demonstrate an understanding of factors influencing a patient's experience of illness and health (e.g. age, gender, socioeconomic status, physical, psychosocial, cultural, environmental, genetic).
6. Recognise and appropriately negotiate relevant ethical and professional issues which arise in clinical and collegial/professional encounters.
7. Incorporate prevention and health promotion strategies into clinical encounters where appropriate.
8. Incorporate evidence-based medicine into clinical encounters where appropriate (e.g. rapidly identify valid primary evidence on the core clinical questions of frequency, risk, diagnosis, treatment, prognosis - and apply this knowledge to relevant observed problems in general practice).
9. Demonstrate a sound understanding of the role and responsibilities of general practitioners in the Australian health care system, including the importance of effective clinical handovers.

GPCU Teaching for Year 4 Students

There are weekly tutorials for students, with assessment in week 8. Students meet for 2.5–3-hour case-based discussions, facilitated by GPCU staff. In these tutorials, students will review de-identified cases of interest from their week in General Practice, discuss ethical and professional issues which have arisen, and practise their consultation skills. Students also have access to a suite of recorded lectures and reading resources.

Student learning has been grouped into weekly themes, covering conditions and topics best suited to learning during General Practice placements as listed below.

- Week 1 – Introduction & General Practice Overview and Aboriginal and Torres Strait Islander health
- Week 2 – The Australian Healthcare System, Cardiovascular & Respiratory Health
- Week 3 – Sexual and Reproductive Health and inclusive healthcare
- Week 4 – Skin Medicine, Mental Health & Fatigue
- Week 5 –Social Determinants of Health, Paediatrics and Endocrinology
- Week 6 – Musculoskeletal Medicine, Care of the Older Adult, Pain Medicine, Palliative Care
- Week 7 - Refugee Health, GIT, Headache and Emergencies in General Practice
- Week 8 – Exam week

Assessment Year 4 General Practice Placement

Student Assessment Tasks Requiring GP Assistance

Please see Appendix One for more information about assessment requirements and workflows.

Three x Mini-CEX (Clinical Evaluation Exercise) - History taking, Examination and Explanation/Education to Patient

The Mini-CEX tasks are designed to provide students with feedback on their skills in history-taking, examination, and explanation/education to patients. Examples of the Mini-CEX Explanation/Education to Patient task could include:

- Explain a procedure/investigation to a patient e.g. explain to a patient how to collect a mid-stream urine
- Explain a diagnosis/condition to a patient e.g. explain what gastroesophageal reflux is
- Explain how to use a device e.g. how to use an asthma puffer or monitor blood pressure
- Explain the management of a condition to a patient e.g. explain an asthma management plan, educate patient on how to take the oral contraceptive pill.

An appropriate patient for these tasks is to be chosen by the supervising GP and patient consent to participate in the process sought. The student's performance is observed, and your feedback will be recorded in the MyProgress App.

Please see Appendix Two for more information about the Mini-CEX and the template the student will use.

Supervisor Report (completed at the end of placement)

The Supervisor Report contributes important assessment information about the student. When several GPs at your practice have contributed to the student's teaching and learning, please seek input from these colleagues before completing the Supervisor Report. You are also encouraged to seek feedback about the student from any members of your practice team who interacted with the student. The Supervisor Report will be completed using the *MyProgress* student mobile app. Students may also email the Supervisor Report to you for completion at a time convenient to you on your own device (e.g., computer). Please ensure this is done by the student's assessment due date.

Please see Appendix Two for more information about the Supervisor report and the template the student will use.

Patient-oriented Evidence that Matters (POEM)

You and your student will identify a clinical question or area of practice that you are both interested in exploring further. The student will identify a peer-reviewed research article and prepare a single page summary to share with you along with a copy of the article. Once you and the student have discussed the POEM, the student will ask you to complete the marking form via the MyProgress student mobile app.

Please see Appendix Three for more information about the POEM and the template the student will use.

Further Assessment Tasks to Be Completed by the Student

- Multiple Choice Question (MCQ) Examination.
- A role-played clinical case assessment. Conducted by GPCU staff in week 8 of each placement.
- In-tutorial assessment. Based on tutorial participation over the block.

Other Learning Activities:

Longitudinal Learning Program:

During the Year 4 General Practice Placement, students will engage in a Longitudinal Learning Program, a series of tutorials across year 4 focusing on preparation for Internship. This program focuses on four themes: the acutely unwell patient, safe prescribing, ward call, and multimorbidity.

Pre-Hospital Trauma Simulation:

Pre-Hospital Trauma simulation – some students will participate in pre-hospital trauma simulation during their GP term. For students studying in Brisbane, these will be scheduled for a half day on a weekend.

The Year 2 General Practice Placement

The Year 2 General Practice placements provide students with valuable learning experiences within the General Practice environment. Evaluations have shown positive experiences for both students and GPs.

Timetabling and Attendance

The student will spend one day (not less than 6 hours) at the practice each week, for 8 weeks throughout the semester. Students have other scheduled learning activities on the other four days of the week. If a placement session cannot be undertaken as planned on the student's scheduled day, for whatever reason, it is not expected that this will be re-scheduled.

GPCU teaching for Year 2 students

Seminars and Tutorials

Students will undertake an online *Orientation module* prior to commencing placement at your practice. This tutorial is designed to provide students with an understanding of expectations whilst on clinical placement and highlight how they might best learn within the GP setting. Students will also attend one tutorial during the semester, delivered by GPCU staff. This tutorial will not affect placement attendance. Students are not expected to attend on public holidays, e.g., EKKA. If this affects your student's placement, can you please notify them in advance as to whether your practice will remain open on the public holiday.

Assessment Year 2 General Practice Placement

Please note that all Year 2 GP Assessment is required to be logged via the MyProgress App. This will usually be done on the student's phone or the device where this application is installed. The student may refer to this app as ePAD. You may have noticed that some of the descriptors and rubrics for the assessment tasks have changed. This is because the UQ medical program is transitioning from the former program to a new MD curriculum. Please contact us mdgp@uq.edu.au if you want to clarify anything about assessment marking.

Please see Appendix One for more information about assessment requirements and workflows.

Student Assessment Tasks Requiring GP Assistance

Mini-CEX (Clinical Evaluation Exercise) x1 History taking
The Mini-CEX task is designed to provide students with feedback on their history-taking skills. An appropriate patient for this task is to be chosen by the supervising GP and patient consent to participate in the process sought. The student's performance is observed, and your feedback will be recorded in the MyProgress App.
Supervisor Report (completed at the end of placement)

The Supervisor Report contributes important assessment information about the student. When several GPs at your practice have contributed to the student's teaching and learning, please seek input from these colleagues before completing the Supervisor Report. You are also encouraged to seek feedback about the student from any members of your practice team who interacted with the student.

We encourage you to complete the Supervisor Report with your student and to use this as an opportunity to provide feedback to the student. The Supervisor Report is completed using the *MyProgress* student mobile app. Students may also email the Supervisor Report to you for completion at a time convenient to you on your own device (e.g., computer). Please ensure this is done by the student's assessment due date.

GP Clinical Tasks x 3

Students will also have a small number of clinical and procedural skills to observe, assist with or perform themselves, under observation by the GP, for example measure and record blood pressure. How involved the student should be with these tasks is at the GP supervisor's discretion. Patient consent and student capability also need to be considered. A clinical staff member must sign off on completing the three GP clinical tasks. A list of suggested tasks can be found on the following page.

The table on the next page lists tasks which students may have opportunities to perform under supervision, assist with, or observe in the General Practice setting.

PERFORM UNDER DIRECT SUPERVISION	ASSIST OR OBSERVE	OBSERVE ONLY
Examination • Routine observations - BP / Pulse / Temperature / O2 Saturations • Adult measurements Height/Weight/Waist Circumference/BMI • Paediatric measurements – Height, weight, head circumference • Vision Testing (Snellen Chart, Visual Fields) • Use of otoscope • Use of ophthalmoscope	**Examination** • Fluorescein dye to eye • Local anaesthetic drops to the eye • Nebuliser set up	**Examination & Procedural** • Foreign body removal - eye • Ear syringing • Ankle Brachial Index (ABI) • Clinician conduct speculum examination +/- bimanual examination • Insertion of intrauterine device • Insertion of Implanon • Ingrown toe-nail wedge resection • Iron infusion • Venesections • Intra-articular injection/aspiration
Bedside Investigation • Use a glucometer • Urine dipstick testing • Urine pregnancy testing	**Bedside investigations** • Urine drug screen	**Patient Education** • Discussion of community resources available
Consultation Skills • Explain how to perform an MSU • Explain how to use a puffer/MDI/spacer	**Consultation Skills** • Explain how to take a self-collect CST • Motivational interviewing	**Specific consults** • New diagnosis chronic condition e.g. diabetes. asthma, hypertension • Antibiotic stewardship • Appropriate use/rationalisation of investigation (pathology or imaging) • Travel consult • Contraception • Sexually Transmitted Infections • Preconception / Antenatal / Postnatal Visit • Vaccination (live vs inactivated) • Referral for emergency • Referral for outpatient consult • Breaking bad news
Procedural Skills • Apply an arm sling or ankle bandage • Perform an ECG • Perform spirometry • Perform aseptic technique • Perform minor wound care • Perform wound dressing • Perform injection (IM or SC) • Collect a swab for bacterial culture • Assist in suturing • Perform skin scraping	**Procedural Skills** • Assist with cryotherapy • Assist with skin biopsy (shave/excision) • Assist with venepuncture	**General Practice Logistics & Frameworks** • Discussion & formulation • General Practice Management Plans (GPMP) & Team Care Arrangements (TCA) • Mental Health Care Plans • Health assessment • Routine child health check • End of life planning (AHD, EPOA, statement of choices) • Certificates (Medical, Work Cover, Centrelink) • Fitness to Drive Assessment • Occupational Assessment

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UQ Medical Student GP Placements 2026

	Year 2	Year 4
Placement duration	8 weeks	8 weeks
Sessions *(1 session = minimum of 3 hours)*	1 day (2 sessions) per week	~35 sessions over 8 weeks (approx. 5 sessions per week)
Session days and times	Same day each week (rescheduling not possible)	Negotiated between student and practice
Named Clinical Supervisor *(GP Clinical Teacher)*	Most sessions with named clinical supervisor, but students may undertake sessions with other GP clinical teachers within the practice. Continuity of GP clinical teacher is encouraged.	Most sessions with named clinical supervisor, but students are encouraged to undertake sessions with other GP clinical teachers within the practice.
Student prior knowledge and experience *(Note: Students have a range of undergraduate qualifications and prior experience)*	• Has received teaching in history-taking, system examinations, communication skills and basic procedural skills • Learning mainly in simulated environments • Limited prior patient contact	• Rotating through other clinical immersions in Year 3 and 4 (Med, Surg, O & G, Child and Adolescent Health and Mental Health completed in Year 3)
Suggested learning activities	• Initially, observing consultations and discussing aspects of cases seen together • As the placement progresses, students could take a focused history, do focused examinations under supervision, and formulate differential diagnoses	• Ideally, students will have some opportunity to see patients on their own to take a history and present this to their GP clinical teacher • Students could perform examinations under supervision, then discuss their findings with their GP clinical teacher. • Students will be gaining proficiency in clinical reasoning, discussing differential and provisional diagnoses, and may be able to suggest aspects of a management plan
Assessment	• 3 x GP clinical tasks • Mini-CEX (Clinical Evaluation Exercise) (History) • Supervisor Report, end of placement	• 3 x Mini-CEX (History, Examination, Patient Explanation/Education • Supervisor Report, end of placement • Discuss topic for student POEM (Patient Oriented Evidence that Matters) • Opportunistically sign off on clinical skills
GP may claim **CPD hours for teaching** (*max 30 hours /year, up to 15 hours EA + 15 hours RP)*	✓	✓
GP may apply for **UQ Academic Title**	✓	✓
Practice may claim **PIP payment including** for registrars teaching medical students *(Max 2 x sessions per day, per GP-student pair).*	✓	✓

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Assessment Requirements and Workflow

Year 2 Assessments Requiring GP Input:

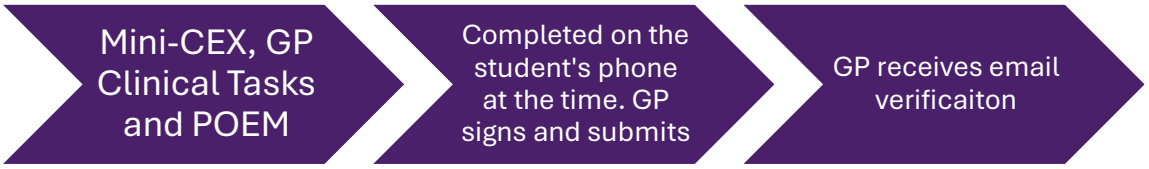
- 3 x GP clinical tasks (see page 15 for examples)
- Mini-CEX (Clinical Evaluation Exercise) (History)
- Supervisor Report, end of placement

Year 4 Assessments Requiring GP Input:

- 3 x Mini-CEX (History, Examination, Patient Explanation/Education
- Supervisor Report, end of placement
- Discuss topic for student POEM (Patient Oriented Evidence that Matters)
- Opportunistically sign off on clinical skills

Mini-CEX, GP Clinical Tasks and POEM

Mini-CEX, GP Clinical Tasks and POEM - these are completed at the time of the assessment on the student's phone. Please sign and submit. You will receive an email confirmation. There is no further action required.



The Clinical Supervisor Report

Towards the end of the 8-week term, students will alert you that this needs to be completed and will email you a link to the Clinical Supervisor Report form for completion. Please complete this when convenient. If you cannot locate this form in your emails, please check your junk mail as sometimes this form can be directed there, depending on email settings.

NB **It is important that this assessment is completed in a timely way and must be submitted by the end of the term.**

Appendix Two: Assessment rubrics and flow

Mini-CEXs

Each Mini-CEX follows a similar format with areas the student completes before handing the assessment over to you for completion.

Student to Complete

A Mini-CEX is a Mini-Clinical Evaluation Exercise, that enables clinicians to observe students performing key clinical tasks and engage in a feedback conversation to support skill development.

Immersion *

- ○ Critical Care Plus
- ○ General Practice
- ○ Clinical Extension

Brief de-identified case details *
(student to complete)

Where did the MiniCEX take place? *

- ○ Clinical environment
- ○ Tutorial setting
- ○ Simulated setting

Assessor to Complete

Each Mini-CEX has a description, rubric and common elements

- Brief description of the task – see below for each Mini-CEX
- Rubric for the task- see below for each Mini-CEX

Common parts of the form:

○ I have had a conversation with the student and discussed their performance including strengths and opportunities for improvement (you are asked to acknowledge that this has taken place)

Assessor Feedback
If you have assessed a student as below or well below standard, please include specific information about these areas of performance.

Assessor to add details as relevant

Assessor position:
You will be prompted to select an option – in General Practice this will be either 'Consultant' or 'Registrar'
Assessor name: [insert name]
Practice/Assessor email (for receipt): [insert email address]
This must be an email address attached to your clinical practice/organisation; to ensure assessment integrity, the medical school cannot accept sign-offs from personal email accounts e.g. Gmail accounts

Mini-CEX (History)

Description

Observe the student elicit an accurate, structured medical history from the patient and, when relevant, from family, carers, or other sources appropriate to the context.
The student should summarise key findings and describe the significance of findings from the history where required.
The student should demonstrate active listening skills and communicate with clarity and sensitivity in their history-taking.
Assess the student's skills as you see them. Please engage in a feedback conversation to support the student's development

	Well Below Standard	Below Standard	At/Above Standard	Well Above Standard
History	○	○	○	○
Communication with Patients/Families	○	○	○	○
Patient-centred care	○	○	○	○
Professional conduct & accountability	○	○	○	○

Mini-CEX (Examination)

Description

Observe a student perform an accurate, structured physical or mental state examination of the patient.
The student should summarise key findings and be able to describe their significance.
The student should obtain consent and adjust their examination to be culturally respectful and appropriate to the patient's context.
They should communicate with clarity and sensitivity whilst examining the patient

Assess the student's skills as you see them. Please engage in a feedback conversation to support the student's development

	Well Below Standard	Below Standard	At/Above Standard	Well Above Standard
Examination	○	○	○	○
Communication with Patients/Families	○	○	○	○
Patient-centred care	○	○	○	○
Professional conduct & accountability	○	○	○	○

Mini-CEX (Patient explanation/education)

Description

To determine the student's ability to explain a diagnosis, procedure, investigation, result of an investigation or management of a condition.
The student should demonstrate concise and accurate communication of important information to the patient in a manner that the patient understands. The student should demonstrate active listening skills, check for patient understanding and communicate with clarity and sensitivity.
Assess the student's skills as you see them. Please engage in a feedback conversation to support the student's development

	Well Below Standard	Below Standard	At/Above Standard	Well Above Standard
Communication with Patients/Families	○	○	○	○
Patient-centred care	○	○	○	○
Professional conduct & accountability	○	○	○	○

MD-MEDI7400 Clinical Supervisor Report

Clinical Supervisor to Complete

This form is a summary of the student's performance based on your observations and other staff where relevant

Sources of feedback you have incorporated to complete this form *
Select one or more

- ☐ Registrars/Specialist Trainees
- ☐ Other medical staff
- ☐ Nurses
- ☐ Other health professionals
- ☐ Administration/clerical staff
- ☐ Other

Performance Standard *
Please consider performance across the following assessment domains.

(**At Standard** = minimal level of competence for student commencing pre-intern training in preparation for internship)

	Well below standard	Below standard	At/above standard	Well above standard
Communication with patients, families and carers	○	○	○	○
History from a patient, or curated from the clinical record	○	○	○	○
Examination physical examination, mental state examination	○	○	○	○
Clinical Reasoning diagnostic synthesis and reasoning	○	○	○	○
Investigations appropriate selection and interpretation	○	○	○	○
Therapeutics safe and effective knowledge of prescribing (medications, other therapies)	○	○	○	○
Management Planning multidisciplinary care, health promotion, follow up care	○	○	○	○
Patient-centred care a whole person approach to patient care	○	○	○	○
Collaborative practice communication with colleagues and teamwork skills	○	○	○	○
Professional conduct and personal accountability	○	○	○	○
Professional Development responds to feedback, reflects on practice	○	○	○	○

Cultural capability and safety *
Appropriate consideration and interactions

(*If you cannot assess the student's competence in cultural capability and safety, please select Not Applicable*)

Cultural capability and safety

Cultural capability and safety	**not applicable** ○	○	○	○	○

Appendix Three:

POEM

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CREATE CHANGE

General Practice Patient-oriented Evidence that Matters

POEM stands for Patient-Oriented Evidence that Matters – a concept developed by David Slawson and Allen Shaughnessy, educators in family practice in the United States.[1,2]

How is a POEM defined to the students you are supervising

POEMs need to meet three criteria:

- Address a question that is relevant and important to General Practitioners – e.g. helping them provide high quality, evidence-based care to their patients in the community.
- Address an issue that GPs and their patients care about – e.g. symptoms, morbidity, quality of life. The evidence should be directly relevant to patients, such as whether a treatment will help them live longer, feel better, or avoid serious health problems or disability.
- Have the potential to change the way we practise.

A POEM is written in a succinct, no-nonsense conversational style designed to have maximum impact on the reader. A single page template has been provided to help students be succinct.

What you need to do

1. Once the student has settled into your practice, they will let you know that they have been tasked with researching a clinical question you are both interested in, finding a research article that helps answer the question, and preparing a one-page summary to share with you as well as the article
2. Once you and the student agree on a question or topic, the student will commence their investigation, find a relevant, recent article, read it, and prepare the POEM
3. Please arrange a mutually convenient time for the student to briefly present the POEM and research article to you – we estimate this will take approximately 15- 30 minutes
4. Once the student has presented and discussed the POEM with you, could you please acknowledge this via the *MyProgress* app on the student's phone.
5. You will be asked to consider the students' efforts in three areas. If you believe the student could have done better, provide the student with feedback and ask them to present the revised POEM for review.

Rubric Criteria	Completed	Any comments?
Collaborative Practice The student and I decided on a clinical question or topic, and the student provided a summary of research findings for discussion	◯	
Scholarship The student identified and analysed research relevant to the question and considered its relevance to General Practice	◯	
Professional Development The student considered how the research finding might inform clinical practice	◯	

CPD Hours

Please note that your engagement in this activity may be suitable to record CPD hours in the educational activity and reviewing performance categories. If you conduct an audit of a small number of patients in relation to the POEM, you could also be eligible to claim hours in the Measuring Outcomes category.

General Practice Patient-Oriented Evidence that Matters

STUDENT NAME		GP NAME	

CLINICAL QUESTION – the clinical question, you and your GP want to know more about (max 50 words)

KEY MESSAGES – the most important information from the research article reviewed (max 150 words)

CITATION - the research article reviewed (max. 50 words)

WHY DID YOU CHOOSE THIS ARTICLE? (max. 100 words)

STUDY DESIGN e.g. Cohort study, Randomised Controlled Trial (RCT)

FUNDING SOURCE - who funded the research (max. 25 words)

STUDY SETTING - where did the study take place, who were the participants

A POEM must:

- **Address a question we face as General Practitioners**
- **Address an issue that we and our patients care about** e.g. symptoms, morbidity, quality of life
- **Have the potential to change the way we practise**[1,2]

SUMMARY (max. 200 words)

HOW WILL THIS EVIDENCE IMPACT YOUR PRACTICE? (Max 50 words)

GP Name		Signature		Date	

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AUSTRALIA

CREATE CHANGE

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