



Hull York Medical School

Policy on Students Visiting Patients at Home

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1. Introduction

- 1.1. This Policy applies to any students on primary care clinical placement who see patients in their own homes (or the home of a family member or friend at which the patient is staying or a care home or other community care facility).
- 1.2. Seeing patients at their own home in a primary care placement is an essential part of learning to be a doctor or a PA. During home visits students will be able to take histories and examine patients to improve their clinical skills. They will also have an opportunity to develop an understanding of how patients' medical problems can affect their functionality, mobility and quality of life. Seeing a patient at home adds to the richness of the history and often provides a greater understanding of the background to a problem or the patients' responses and reactions to illness.
- 1.3. Home visits may on occasion be undertaken by an unaccompanied Final Year student in the MB BS programme and Second Year student in MSc PA programme. For other year groups, it would be anticipated that visiting without supervision would be in pairs of students.

2. Aims

- 2.1. This guidance aims to ensure that home visiting by students is properly risk-assessed and managed in order to protect the Practice, the GP tutor, the student, the patient and the general public. This guidance should be adopted as practice policy.

3. Indemnity and insurance

- 3.1. Students have discretionary professional indemnity through a medical defence organisation (usually the Medical Protection Society or Medical Defence Union).
- 3.2. The supervising clinician in a practice will also have their own professional indemnity insurance which will indemnify them as the responsible clinician who has sent the student to the home visit and the student has acted according to their instructions as

part of the Clinical Negligence Scheme for General Practice (CNSGP) and possibly additionally as part of a medical defence union (MPS, MDU, MDDU).

- 3.3. The Practice will have public and employers' liability insurance cover that includes students while on placement at that Practice. The Practice liability insurance normally covers for harm to students while on practice business outside the practice premises.
- 3.4. The medical student must speak to their motor insurer to ensure their motor insurance is valid for community placement-based learning.

4. Procedure for Practices Facilitating Unaccompanied Student Home Visits

- 4.1. While on placement at a practice, students should be regarded as 'employees' of the practice in terms of health and safety legislation and general welfare.
- 4.2. The Practice, students and their supervising GPs have a choice as to whether or not to accept organisational, professional or personal risk relating to students doing home visits alone.
- 4.3. Before every home visit, the supervising GP should ascertain the level of risk the student would be exposed to during the visit (see below). This risk may be physical or psychological. If the risk is deemed to be anything more than minimal, the student should not be permitted to do that home visit alone.
- 4.4. It is essential that it is made explicit to students that if at any point during the home visit, they feel unhappy, unsafe or concerned about their wellbeing, they should leave the house and contact the Practice as soon as possible.

5. Guidance for Students Undertaking Home Visits Solo or in Pairs

- 5.1. All home visits must be deemed clinically or educationally appropriate by the student's supervising GP beforehand. It is envisaged visits by solo students or students in pairs will be arranged by the supervising GP to a chronic patient rather than to acute requests for a visit by the patient or carer.
- 5.2. The student(s) allotted a home visit should be given the opportunity to share concerns about solo/pair visiting ahead of the proposed visit, The GP supervising the student(s) should consider in the context of these expressed concerns whether solo/pair visiting is still appropriate, and student(s) should not be compelled to visit solo/in pairs where they have expressed significant and reasoned concerns. In these circumstances, where practical, a supervised visit might be arranged. Queries about these issues can be directed by the Supervising GP to the Director of Primary Care Education.
- 5.3. To minimise any risk to the students, patients and public, please ensure the following steps are taken prior to each home visit:
 - 5.3.1. Students should be made aware of the practice's procedures for student home visits. The supervising GP should ensure these procedures are followed to ensure the students are safe and protected.
 - 5.3.2. The supervising GP is responsible for performing the risk-assessment of a home visit before the visit takes place. See examples of 'unsafe' visits.

- 5.3.3. The supervising GP should contact the patient for consent purposes before the visit to ensure they are happy to be seen by a student initially and should also discuss the nature of the visit and what to expect of the student. Patients and carers should be informed about the arrangements for the supervision of the students and the completion of the consultation by the supervising GP.
- 5.4. Students should not perform an unsupervised procedural skill during home visiting. Specifically (but not exclusively), for clarity, this includes to **never** do any of the following unsupervised:
 - 5.4.1. Physical examinations which require the patient to remove clothing
 - 5.4.2. Venepuncture.
 - 5.4.3. Administration of any injections.
 - 5.4.4. Administration of topical, oral or rectal medications.
 - 5.4.5. Catheterisation.
- 5.5. There must be an agreed form of communication between the student and the supervising GP in place before the visit takes place: see Section 6: Procedures for Students to follow before a Visit. If the student has any concerns about the patient's wellbeing those concerns must be communicated to the supervising clinician as soon as practically possible.
- 5.6. The supervising GP must ensure that the student reports the results of the visit to them in a timely fashion. This should always be within the same clinical session (the same half day), in order to:
 - 5.6.1. Confirm the student is safe.
 - 5.6.2. Safely and promptly complete the consultation.
 - 5.6.3. Give feedback to the student and address any concerns that may have arisen.
 - 5.6.4. Ensure any record of the visit made by the student is complete and accurate.
- 5.7. After the visit, the supervising GP is responsible for checking the patient's state is as reported by the student and for following up any concerns raised or actions identified.

6. Procedure for Students to Follow before a Home Visit

- 6.1. Before a visit, students should give their mobile number to reception and also be given the practice's number (a direct line rather than one to a switchboard or queuing system).
- 6.2. Students should inform staff when they leave to go on a visit and give their estimated time of return.
- 6.3. Students should inform staff when they have returned from the visit.
- 6.4. Students should give staff a pre-agreed 'secret code word' ('JAMBOREE') which if the student mentions on the telephone whilst on a visit will signify they feel they are in danger. In the event of the secret word being used, the GP Tutor or nominated Deputy

will be informed immediately. In those circumstances, the GP Tutor will decide, on the basis of a risk assessment, whether to attend immediately and/or to inform the Police. HYMS requires GP practices to have internal Standard Operating Procedures (SOP) in place to deal with such situations. HYMS will have internal processes to ensure that GP practices put their SOP in place.

- 6.5. If doing more than one visit at a time, they should describe to staff (in broad terms) their intended route.
- 6.6. The practice should have an appropriate alternative supervision plan in place for students in case the GP supervisor is not available.
- 6.7. Extra consideration of risk should be undertaken in the following circumstances where it may be unsafe for students to be unaccompanied:
 - 6.7.1. Patients with history of violent/aggressive behaviour.
 - 6.7.2. Patients with severe psychosis/schizophrenia.
 - 6.7.3. Patients with any other form of severe mental disorder which might present a risk to an unaccompanied student visiting
 - 6.7.4. Patients who have previously made inappropriate advances to health/social care profession staff
 - 6.7.5. Patients with history of severe substance misuse problems (recreational drugs and/or alcohol).
 - 6.7.6. Patients with potentially culturally sensitive responses to such visits, unless prior to the visit, the patient has agreed to the visit with the GP supervisor.
 - 6.7.7. Patients with a previous conviction for serious crime (including physical and sexual assault offenses).

7. Procedure after the Student Visit

- 7.1. The supervising GP must ensure that the student(s) reports the results of the visit to them in a timely fashion.
- 7.2. This should always be within the same clinical session (the same half day), in order to:
 - 7.2.1. Confirm the students are safe.
 - 7.2.2. Safely and promptly complete the consultation.
 - 7.2.3. Give feedback to the students and address any concerns that may have arisen.
 - 7.2.4. Ensure any record of the visit made by the students is complete and accurate.
- 7.3. After the visit, the supervising GP is responsible for checking the patient's state is as reported by the students and for following up any concerns raised or actions identified.

8. Reporting and Management of Adverse Incidents

- 8.1. If there is any adverse incident as part of the home visit, students should report any incidents to the appropriate Phase team (MB BS) or Postgraduate Programme Officer (PA) via email as soon as possible in the first instance.
- 8.2. The GP supervisor should notify Director Primary Care Education for any adverse incidents regarding a student involved in a home visit.
- 8.3. The Director of Primary Care Education is responsible for resolution and escalation of adverse incidents using the appropriate internal process.
- 8.4. The Director of Primary Care Education is responsible for reviewing the reporting and management of adverse incidents mechanism in consultation with the Director of MB BS Programme (or nominated Deputy) and/or Director of MSc PA.

9. Acknowledgement

- 9.1. The Hull York Medical School thanked the kind permission of Dr Matt Webb at Keele University, Department of Primary Care Policy for adapting the Policy.

Appendix 1: Tutor checklist for student unaccompanied home visits

