

Year 1 GP

End of Year report

2024-25



University of
BRISTOL

Centre for Academic
Primary Care

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Introduction

First year students start clinical placement in the first month of their medical course. In 2024-25, 286 year 1 students were placed with 58 teachers in 31 North and South Bristol GP surgeries. They attend in groups of 4 students for 6 or 7 three hour sessions.

Each session starts with a check in with the GP teacher and review of recent learning at the university, specifically linking with CBL and EC labs and then a discussion of themes, and the plan for the session. This involves half the group interviewing a patient (in their home or the surgery) and the other half observing and participating in real GP consultations. The final part of the session involves sharing cases, debrief and further discussion.

The intended learning outcomes did not change this year, other than the addition of clinical skills practice - which came after the academic year had started. The aim was to support new central clinical skills teaching, providing students with the opportunity to practice newly learned clinical skills on fellow students, with supervision and support from the GP teacher.

Feedback from students was obtained centrally after Foundations of Medicine and then at the end of the block. GP teachers are able to give feedback after each session and invited to complete a questionnaire at the end. This year the teachers' feedback was also supported by a focus group at the Festival of Education.

The following pages contains a summary of the end of year feedback from students and GPs, with reflections and actions at the end.



Dr Lucy Jenkins

Year 1 GP Lead

July 2025

Student Feedback

For the third year running, the student feedback forms were standardised across all years for primary care to standardise our processes, allow easy comparisons, and to help with quality assurance. Additional year 1 specific questions were added.

The invitation to complete the feedback surveys accompanied materials for the final two sessions, and the time was allocated for this to be done. There were 166 responses (58% of the year).

Student enjoyment of GP1

The mean student enjoyment rating for GP1 was 4.83/5, where 5 = excellent and 1 = poor. There was a brilliant 4.90 for teacher enthusiasm and 4.86 for welcoming and belonging. Please see below for other mean scores out of 5.

Quality of teaching materials	Communication from UoB	Authentic picture of GP life	Feedback	Enthusiastic teacher	High quality teaching	Enjoyment	Travel time	Reasonable adaptations	Level of responsibility	Efficiently structured	Advance medical knowledge	Welcome and belonging
4.12	4.22	4.81	4.64	4.90	4.88	4.83	3.81	4.87	4.76	4.67	4.47	4.86

General feedback was very positive.

Really enjoyed the GP sessions, I think we had a nice mix of group teaching and speaking to patients in and out of the GP surgery. Got to see a wide variety of conditions and people, and I found it really useful coming back and practising summarising and passing on knowledge to the GP and our peers.

Loved it. Felt that the format worked well (checking, contextualising the session, observing consultation/home visit, debrief) Debrief in particular was helpful as it was an opportunity to hear reflections from other students I hadn't considered or thought of.

...genuinely makes me excited to get up at 7am.

It was fun and informative which I usually don't get when learning. I looked forward to placements.

Students commented on friendly, enthusiastic, inspirational **GP teachers** who put significant effort into preparing and running the sessions, and ensuring all students got the most out of it. A number of students valued pastoral support from their GP teachers as well.

Nearly all students took the opportunity to provide specific personalised feedback for their GP teacher, all of which was positive and has been fed back to them. Some examples are below.

Dr X is friendly and engaging. He catches up with us all informally and addresses any concerns we have before the session. He is good at focusing on our consulting skills, examination skills and medical knowledge throughout the sessions. I appreciate the opportunities we've been given to help examine patients and do observations on each other. He is approachable and I would feel comfortable going to him for help if I had a problem

Our teacher had a very strong structure for our GP sessions, and facilitated an environment where learning, feedback, and the ability to develop our skills was encouraged. Sessions were perfectly

paced, and constant checks along the way of how we were doing allowed for any changes in structure if need be. 10/10

Thank you so much for your time, the sessions have been really engaging and the patients you have selected for us to see have been really useful for our learning. Thank you for also being so friendly and making it feel like a safe space for us to make mistakes in - nothing needs to be changed!

Integration with central learning is valued. This works very well for EC labs but was less consistent for CBL.

Gave a lot of context not just for the medical aspect but the sociological aspect too as we got to apply our knowledge and see where these topics come from

Very useful for me to apply the content learned in tutorials and lectures to real life situations as I am a visual learner. She made sure to ask what we had learned that week to ensure it was applied in GP.

Clinical contact linked well with our university learning, particularly in Effective Consulting and CBL sessions. It provided an opportunity to apply the communication skills we've been developing and to witness the real-world impact of patient-centred care. It also reinforced the importance of building a therapeutic relationship, which we discussed extensively in Effective Consulting.

The clinical experiences made the theoretical aspects of CBL feel more relevant and tangible, helping to bridge the gap between textbook cases and actual patient interactions. Overall, it was a valuable complement to our academic studies and helped put our learning into a practical context

Clinical skills practice – this was new to the course this year and was overall felt to be useful.

Helpful to practice clinical skills in a small group where it is was easier to ask questions

Good to go over it again and hear when and how the GP does these tests and examinations

-The GP did not do some things the way we were shown

-I would rather have spent the time with patients as we also did examination practice in hospitals

Teaching resources on OneNote were valued by some, but other students were not aware of them

Thank you for the excellent resources on OneNote. I have enjoyed reading them and they have helped me prepare for my GP sessions.

-We did not receive any specific teaching materials for our GP sessions which the GP expected us to have looked over

-It felt really useful, but I felt overwhelmed by the acronyms

-There should be more signposting to the one note because I think I missed a lot of that information

Patient contact and consultation skills practice – this was universally valued with many students asking for more. Students value being able to consult without the GP teacher there, and some would like 1-1 patient contact.

GP placement has had a significant impact on my confidence and skills when consulting with and examining patients. Being in a real clinical environment has helped me become more comfortable initiating conversations, building rapport, and actively listening to patients. It's also given me a better sense of the structure of consultations and the importance of empathy in patient interactions.

Having the opportunity to practice these skills in a supportive setting has definitely reduced some of the initial nerves and made me feel more prepared for future patient encounters.

Being able to interview patients with only students and not the GP definitely improved my confidence

All the patients I have spoken to were really understanding and willing to engage with conversation

I was worried about talking to patients as a first year but actually it was so helpful, and I feel I have grown so much in the past 8 months

Think it has made me a lot more confident to talk to patients and have a casual conversation whilst still remaining professional.

I think it has made me realise that there really is no pressure when communicating with patients as we are all human

Perspective

Being in a clinical environment so early in the course makes the whole thing real – in a scary and exciting way – but everyone is nice, so it is ok

Made me see that patients are more than just a heart failing to pump or a joint that is worn with age

The practice serves one of the most deprived areas in Bristol, so really opened my eyes to considerations that are overlooked in more affluent areas.

What students want:

- More patient contact, (including without the GP teacher being there)
- To do their own observed consultations

Having 1 on 1 time to interact with patients would be nicer and better to build up confidence

What students would like to change:

Similar to previous years, there was negative feedback regarding the time and inconvenience of **travel to placements**. This year, students fed back about a delay in reimbursement of expenses.

Too far away for such a short time!

We qualified for an uber to placement. It would have been so much better if reimbursement occurred on a faster timescale, as being down £60+ each time was inconvenient in terms of tight budgets (still grateful to have qualified for one instead of the bus though!).

Travelling time is too much – have to get the bus at 7 to get here at 8:15 to make it on time. So the distance is not ideal

It would be nice if students had the opportunity to swap GP practices prior to starting the first placement, as many people travelled illogically further than they needed to, using their time and having an environmental impact. Possibly allocation could include the factor of people's residences.

Timetabling: *the worst aspect was how far apart each session felt with half terms and reading weeks between them.*

In the first term it was a bit random which weeks we went to GP

GP Teacher Feedback

There were **29** responses (50% of teachers). The mean GP teacher enjoyment rating for GP1 was 4.8.

GPs rated the quality of the teaching materials as 4.9 and the communication from the central team as 4.8. These are slightly higher than last year. The change from 6 to 4 students in nearly all groups has been very well received.

Students energise me and help me to be a better GP!

Really enjoyed teaching – it is a key part of our strategic practice plan

Administrative and academic support from the university team is valued, as is the **CPD** offered.

I appreciate the really careful preparation from the university.

Excellent administrative support from central teaching team, and year leads when I had concerns

The workshops work well – please keep doing them face to face!

Teaching resources were valued. *Helpful session plans with extra activities if needed.*

-the lesson plans are possibly a bit long still.

-Some of the students fed back that they would like some indication of the session before hand.

The session plans supported **integration**, but sometimes this was not possible. *It was useful having the teaching plan/what they have covered in lectures and therefore found it easy to link in. I had the blue stream and sometimes their university learning did not necessarily link up with the session.*

Most stuck to the suggested session structure, but valued flexibility: *I like that the tutorials had some structure, but were also left open to interpretation from the tutor, adapting to the context of the practice and patient demographic, and allowing ad-hoc learning opportunities*

Half of the **patient interviews** were on home visits and half in the practice. GP teachers felt that the visits were beneficial: *saw it as a privilege and gave great insight into their life- much more so than if patient came into practice to talk to them.* This is balanced with the time taken to travel there and the fact that visits are harder to organise/find the right patient.

Observed consultations worked well. GP teachers employed various methods to involve students and were able to link with the area of COGConnect covered in EC. GP teachers would like to involve students more in consultations and to be able to observe them consulting to give specific feedback.

Clinical skills practice was felt to be helpful for the students, but some GP teachers felt ill-prepared, and that there was inadequate time for this. Some felt that this reduced the opportunity for early patient contact.

It was challenging to fit in teaching a whole examination in several of the sessions as well as the home visits and appointments. I wonder if it would be better to keep to a shorter clinical skill as there is so much value for patients and students in those really in-depth conversations

Practising examinations meant there is not enough time to cover everything thoroughly

The late addition of practising examination skills meant that I didn't feel I was able to see students much during patient interactions which made feedback difficult at end of placement. Maybe one session where I am observing them take histories from patients with chronic conditions?

Patient selection was a challenge at times. *I think actually expert patients aren't ideal. Instead it is best if a person coming with an issue speaks with the students, this way there is a problem to focus on. The students agreed with me on this.*

Reflections and actions

This was really positive feedback which will be shared with all stakeholders

1. **Smaller groups** are popular with GP teachers and students. Plan to continue this.
2. Some students were not aware of/accessing the **preparatory materials**
 - Ensure all students are aware that this info is on OneNote for each session via the Intro lecture/newsletter/GP teacher and encourage that they all prepare using this.
 - Ask GP teachers to advise PHC of students who are repeatedly not preparing for the sessions.
3. **Some GP teachers felt that the session plans were too long.**

Plan to shorten the GP teacher resource to max 4 pages, including ILOs, central learning, session plan and essential supporting info, with links to further relevant info, available on the PHC website.
4. **Patient contact and learning activities**
 - There can be time constraints in the sessions where clinical skills practice and home visits are scheduled
 - Some students would like to spend more time talking to patients without the GP teacher there
 - Some students and GP teachers would like more practice specifically on history taking, and/or to talk to patients about a current health issue rather than a more general chat/life history.
 - It can be hard for the GP teachers to find a 'good' and available patient linked to the CBL system of the fortnight for the patient interview/home visit.
 - Travel to and from a home visit can take time out of an already busy session
 - GP teachers have commented that they would like more opportunity to observe the students interacting with patients. This would enable more specific progress review and feedback

Actions regarding patient contact and learning activities

- Remember and ensure students understand that GP surgeries work differently and there is no one-size-fits-all, so there will be some variation in learning activities on placement.
- Allow GP teachers some flexibility with location of the patient interview and the medical background of the patient, i.e. does not have to match the CBL system. Share other ways to make those links if the patient has a different condition to ensure integration of learning.
- Keep the current structure of the first 2 sessions in HHW being patient interviews in the group with the GP teacher present throughout the first, and likely for the second, to enable early feedback and confidence building.
- Introduce minimum requirements (as long as DBS completed) that each student (assuming full attendance) does a minimum two patient interviews without the GP teacher present. Within these patient interviews at least one will be a home visit
- Continue to encourage and support students' active participation in observed consultations
- Explain to students why patient contact has to be in pairs for year 1. Suggest they can alternate who 'leads' the interviews, with one observing and giving feedback
- GP teacher workshop:

- Run a small group session focus on finding appropriate patients (who and how)
 - Discuss if students could meet with the patients in advance of their booked consultations (to try some basic history taking)
 - Consider ways for students to follow-up patients at a later session
 - Share with students the focus on the *process* of consulting with patients, as well as the *content* in year 1, and what the aims and expectations are. Ensure they are aware of the aims to develop basic communication skills, and a whole person approach, and to enable them to enjoy and learn from any and all patient contact (to address feedback that speaking with a well patient less unhelpful)
 - Introduce a student-led consultation, one per student, with GP teacher observing and providing feedback, for each student's final session.
5. **Clinical skills practice is valuable for context and consolidation**
- Plan to continue with this but enable flexibility as to when it is done in the session.
 - Ensure GP teachers have access to the methods the students are taught including resources and videos to watch with the students as needed
 - Discuss with students that different methods are used and why/when
 - CTFs invited to attend the GP teachers' workshop to demonstrate how and what the students are taught and share methods to teach/consolidate these skills in practice
6. **Integration with other learning in the curriculum** and EC/COGConnect is valued by students and overall this is done well, but there is scope for improvement
- Plan to explain to teachers and students that the sessions and central learning may not be well matched for both streams in HHW, but that links can still be made, and share ways to make these
 - Review COGConnect at GP teacher workshop, signpost all to the CPD sway. Ask that all EC tutors check in about clinical contact sessions in the labs e.g. asking if students have met any relevant patients or seen any of the cogs in use in practice.
7. **Travel** – can be difficult for students and delays in reimbursement are understandably a problem
- Continue to use nearer practices when we can and factor in any specific student needs.
 - Manage expectations and ensure that all students are aware of the possibility that they may need to travel up to 1hr 15 min on public transport to their practice.
 - Continue to ensure students are given adequate info and support to arrange travel, and encourage students to notify us early of any changes or specific needs so we can support
 - Advise students that we do factor in their residence address when allocating placements, and that swaps are not usually possible due to the complexities of the timetable.
 - Review the reimbursement process to ensure it is clear, and quick.
8. **Acronyms** – one student commented there were too many. Plan to add a list of all used to the OneNote intro documents
9. **The patients are really valued by the students.** Discuss at workshop and at PHC meeting various ways to ensure this can be shared with the patients. E.g. message from year lead that could be sent to patients (? Via text), update patient letter that can be printed and taken to visits.