Year 1 GP
End of Year report
2025–26

GP1

University of BRISTOL

Bristol Medical School

Contents

Introduction

The University of Bristol is well known for its early clinical contact, integrating basic science with clinical learning from the first year. Clinical contact in GP practices, and hospitals alongside case-based learning, enables students to apply classroom knowledge in real clinical settings, developing communication skills, clinical confidence, and professional understanding. They also practise core skills such as history taking, physical examination, and consultation skills.

From week 2 students attend GP surgeries and from teaching block two they also learn in the hospital environment. They attend in groups of 4 – 6 students for 6 or 7 three-hour sessions. In 2025-26, we delivered teaching in 33 teaching practices, with 45 GP teachers teaching 289 students.

Each session starts with a check in 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. Half the group interview a patient (in their home or the surgery) and the other half observe and participate in consultations. The final part of the session involves sharing cases, debrief and further discussion.

There were no significant changes to the intended learning outcomes this year, except for increased student participation in observed consultations. In the final session, each student led a consultation and received individual feedback. The requirement for patients interviewed to be linked with CBL was relaxed in favour of finding the right patient.

With the significant expansion of on-campus clinical skills teaching, there was a shift to opportunistic clinical skills practice with patients where appropriate and with peers when time permitted.

Below is the feedback from students and GPs, with reflections and actions at the end. This feedback is collected 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. We also asked students to provide tips for future students at that practice.

Dr Lucy Jenkins, Year 1 GP Lead, July 2026

Student Feedback

As in previous years, 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 time was allocated for this to be done. There were 160 responses (55% of the year cohort).

I was made to feel welcome in the practice and I felt like I belonged	This GP placement advanced my core medical knowledge	My learning time in practice was efficiently structured	The level of responsibility that I was given was about right	It felt inclusive for me and made reasonable adaptation for any additional needs	The distance and travel time to the practice was acceptable
4.89	4.71	4.74	4.81	4.81	3.87

The time spent with allied health professionals was a good use of my time on placement	I enjoyed my GP placement	I received high quality teaching from my GP teachers	My GP teachers were enthusiastic	During the placement, I was provided with high quality, individualised feedback	My GP teacher shared an authentic picture of GP life
4.70	4.81	4.88	4.89	4.66	4.79

I really enjoyed the amount of time we got to spend with patients and see the daily life of a GP.

Best thing in medical school so far

My GP tutor has been really kind and always checks up on our group members whether it is our wellbeing or any other issue. He always reflects really well and makes it a point to share it with our group, creating a very trusting atmosphere

The enthusiasm and support from GP teachers were highly rated and the students felt welcome in the practices, one stating it was an '*unexpected good feeling to be part of a practice team already!'.*

Integration with central learning is valued, especially linking in with the stages of COGConnect and EC labs. Many students are not reviewing the teaching resources on OneNote but most feel well prepared for the sessions.

Patient interaction and consultation skills

Students overwhelmingly reported that GP placements significantly increased their confidence in consulting and communicating with patients, with many highlighting that repeated practice, observing GPs, and leading consultations helped them become more comfortable, structured and natural in their interactions. They valued the opportunity to work with real patients, undertake home visits, and receive supportive supervision and feedback, which strengthened their history-taking, examination, communication and clinical reasoning skills.

My GP placement has definitely improved my confidence with speaking to patients and structuring consultations. At the start I was quite nervous about leading conversations and knowing what to ask, but over time I've become a lot more comfortable and confident. It's also helped me improve my communication skills and clinical thinking by seeing a wide range of patients and presentations.

Talking to people during home visits has been helpful in developing communication skills and confidence by placing us in an independent setting. Additionally observing consultations has been useful for picking up on smaller things in how a doctor communicates with patients

Complimented my EC labs by providing real-life consultation practice

Another thing is that after the consultations, we will present and do a differential diagnosis for conditions relating to each case, which exposes us to lots of clinical knowledge early on

Clinical skills

Around 90% of students reported having opportunities to practise clinical skills during their GP placement, most commonly basic observations (e.g. blood pressure, pulse oximetry and temperature), and found this helpful for building confidence. Some felt they would have welcomed more practice on patients. However, many emphasised that direct patient contact, consultation practice and home visits were more valuable aspects of the placement and should remain a priority.

I practiced a few skills like blood pressure, but I would have preferred more time with patients as I am already confident in taking basic vitals

We did and it didn't feel like it was the main focus of any session but wouldn't have minded seeing another patient instead as I feel like clinical skills within GP isn't too different to our teaching sessions or at home whereas direct patient contact, we wouldn't be able to get elsewhere in the same capacity

System exams and clinical skills done in GP practice really help as with less amount of people you are able to ask more and get involved in the examination a lot more

Travel distance and time was a recurring practical concern.

Students' suggestions for change

The majority of students reported that they would not change their placement and found it highly valuable. Suggestions for improvement focused on providing more opportunities for students to independently lead consultations, receive individual feedback, spend additional one-to-one time with patients and GPs, and increase the frequency of placements. A small number suggested reducing the number of home visits.

The first few sessions were a lot of sitting and listening to information, and interviewing patients as a group of 4 which due to the large number is a bit difficult/awkward

Just interviewing patients became slightly repetitive, better would be to do actual consultations

Student tips

There were a lot of helpful comments relating to travel, transport, parking, reimbursement, buses, driving, cycling and journey times. These and practice specific feedback will be given to next year's year 1 students with their practice allocation letter. The strongest theme otherwise was encouraging students to actively participate in consultations, volunteer for opportunities, and engage fully throughout the placement. The tips included being proactive, professional, and prepared, and willing to engage with patients and the practice team.

Do not hesitate to lead and ask questions, always ask if you don't know something. Try to go first every once in a while to gain more confidence.

Taking part in consultations and history taking is a very valuable experience so don't be afraid to speak up.

GP Teacher Feedback

There were **27** responses (60% of teachers). The mean GP teacher enjoyment rating for GP1 was 4.79. GPs rated the quality of the teaching materials as 4.79 and the communication from the central team as 4.9. These were similar to last year.

The smaller group size of 4 for most practices continues to work well, though one teacher highlighted it is less ideal when on student is absent or suspends the course. Teachers were positive about enthusiastic students, well-organised resources, effective communication. Most teachers felt well supported by the PHC team, praising the annual workshop, comprehensive guidance, and responsive administrators. Some commented on the change last year to increase the flexibility of the teaching sessions, with many highlighting the value of students leading consultations and receiving individual feedback. The more concise sesison guides were valued.

Suggested improvements included providing session information earlier, further shortening teacher guidance, and balancing group sizes, reviewing the frequency of home visits, and ensuring all students remain actively engaged during observed consultation sessions.

I have really enjoyed teaching my group of 1st years this year - they have been really engaged and have shown brilliant rapport/communication skills with patients. They always reflect on what they have been doing in EC etc, and this has brought them lots of confidence when seeing patients.

The last two sessions where the students got to lead on a consultation worked really well and went better than I expected! Observing the consultations gave me more to discuss with the students in their one to one feedback conversations and I could be more constructive with feedback. This has also made me feel more confident to start encouraging students to actively participate in consultations earlier on in the year.

Home visiting most weeks was too much. I'm not sure how much they got out of it after a couple.

The flexibility for what patients we arrange for the students to speak to is helpful - I was encouraged by the September training to be more diverse in our patient choice for home visits and think this really enhanced the students experience!

While several teachers felt practice-based interviews worked better than home visits due to more patient encounters easier supervision, logistics, and greater patient availability, others highlighted the unique learning value of home visits, particularly for understanding patients' home environments and family contexts

Students in consultations

Teachers felt that observed consultations worked best when students were actively involved rather than passive observers. Effective approaches included gradually increasing responsibility (e.g. opening consultations, taking histories, performing observations and simple examinations), assigning specific aspects of communication or consultation skills to observe, encouraging students to present and reflect on cases, and linking consultations to current teaching themes. Teachers also recommended allowing longer appointments, informing patients in advance about student involvement, limiting the number of observing students, and ensuring adequate time for proper debriefing and feedback.

Personally, I got the students to run the consultations from early on- from the 2nd or 3rd session I asked them to start the consultation and ask questions, then would jump in when they got stuck. Their feedback seemed to suggest that they enjoyed this more active participation.

early introduction to structured presentation of history to colleagues will be useful. I notice they struggle to structure the presentation of history when they get back from HVs

Student led consultations

Teachers were overwhelmingly positive about the student-led consultations, describing them as a valuable, confidence-building experience that allowed students to lead real consultations in a supportive environment and receive meaningful individual feedback. Many suggested introducing student-led consultations earlier in the year and extending appointment times to 30 minutes (or spreading consultations over two sessions), as fitting four consultations with adequate preparation, observation, debriefing and feedback into one session was often challenging. Teachers shared tips on what worked well for this which will be shared at the annual GP teacher workshop and in the GP teacher guide.

I personally think this was a really nice way of ending the year and giving them a confidence boost. Also helped with feedback at the end.

They did their own consultations, and I think they really loved the challenge, and surprised themselves at how much of a consultation they could do! Definitely a valuable use of time.

Loved their 'own' consultations. It was great to see our learning in practice, and I think gave them all a real boost to see that they could envisage themselves being the GP!

Clinical skills practice

Teachers reported that students had regular opportunities to practise clinical skills on both peers and patients, including observations (blood pressure, pulse, temperature, NEWS), use of equipment (stethoscopes, otoscopes and ophthalmoscopes), and basic system examinations. Most felt this worked well and helped build students' confidence, particularly when introduced gradually and practised repeatedly, although some noted that opportunities to examine patients depended on suitable cases and that students benefited from advance notice of the skills they would be practising

We did this together on each other then gradually with patients - varying levels of confidence from students, so something to get familiar with early, I will do this earlier in my sessions from now on.

Marking obs on NEWS charts useful exercise

I am anxious that we do brief examinations in general practice and this I could teach the wrong thing

I regularly got students to check BP, pulse and temp on patients I was consulting. This seemed to work well, and I would then (at least initially) double check the results. I have seen great increase in confidence in the students

they loved the clinical skills practice on each other and on patients

Suggestions for further development included more opportunities for peer networking small-group facilitation training, additional support for new teachers, clearer information about students' curriculum and assessments, example cases and session goals, and guidance on supporting quieter or struggling students and managing challenging teaching situation.

These will all be covered in the annual GP teacher workshop in September.

Reflections and actions

This was really positive feedback which will be shared with all stakeholders. **Feedback rates are still lower than we would like.** We plan to discuss this at the GP teacher workshop, including with our student representative. We will strive to ensure students are aware of the importance of this and the subsequent change we make.

Smaller groups remain beneficial with GP teachers and students so we will continue this.

More concise session plans are valued. Some would like them earlier.
Plan to signpost teachers to overview of the session info in the teacher guide to enable more advance planning, and have all resources on the website at least 4 weeks in advance.

Integration with other learning in the curriculum especially EC/COGConnect is valued.
Continue to ensure GP teachers are aware of central learning activities, discuss this at check-in and help the students make links. Cover COGConnect at the teacher workshop and teaching guide.

Clinical skills practice is valuable but should not be prioritised over patient contact

- Flexibility for GP teachers to enable practice on peers if time/scope in the session
- Aim for more opportunistic skills practice, ideally on patients in authentic consultations
- Keep the clinical skills/NEWS session at the end of block 1 to consolidate basic skills learned on campus and prepare students for doing these in consultations
- Continue to ensure that GP teachers have access to the methods the students are taught including resources/videos to review with the students as needed

Travel can be difficult for students. This is a recurring theme. We will:

- 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/by car to their practice.
- Continue to ensure students have adequate info and support to plan travel and claim expenses. Ensure students notify us early of any changes or specific travel needs

Asking for tips for future students at the practice has been worthwhile
These will reassure future students and provide practical advice, including travel planning. General feedback will be shared in the intro lecture, with practice-specific guidance shared where relevant.

Patient contact.
Home visits are valuable though many prefer student interviews in the practice. We will continue to ensure that all students do at least one visit but enable flexibility for other patient contact.

Patient interviews in bigger groups are felt to be less beneficial, and some students and teachers would like to start unsupervised interviews/students in pairs sooner.
Keep the current structure of group patient interviews, with the GP teacher present throughout the first, and likely for the second session in FoM, then can split so half observe consultations, half to do the patient interview moving forwards. Unsupervised patient contact remains contingent on completed DBS checks and GP teacher review of appropriateness for individual students.

Students in consultations – the more interactive the better. Student-led consultations are popular all around - a valuable, confidence-building experience enabling consolidation of knowledge and skills and subsequent meaningful individual feedback. Plan to focus on this at the workshop, share tips, and aim for GP teachers to start this as early as they feel appropriate.