

**YEAR 2 GP  
END OF YEAR REPORT  
2024-25**



## GP2

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### Introduction

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273 Second year students attended Bristol and surrounding areas practices in groups of 4-6 students for 5 or 6 three-hour sessions.

The sessions start with a check in with the GP teacher and review of recent learning at the university, specifically CBL and EC labs and then a discussion of themes, and the plan for the session. Students see and interview and examine patients with their GP and group. The final part of the session involves discussion and drawing together learning points.

There were no major changes to the content or format of the sessions this last year, and the intended learning outcomes did not change. The GP teachers receive training at the start of the academic year and the focus of this training is to update on any curriculum and assessment changes, place the GP placement in context of students other learning and enhance integration with their campus-based teaching, and covers student support and bias and bystander skills. GPs are sent a handbook and a session plan with an overview of the student learning for the case-based fortnight to help them prepare.

Feedback was obtained centrally. On the following pages is a summary of the end of year feedback from students and GPs, with reflections and actions at the end.



Dr Jess Buchan

Year 2 GP Lead and Year 2 co-lead

August 2025

## Student Feedback Summary

273 year 2 students were placed with 57 tutors in 30 GP surgeries for 5 or 6 sessions each, between October 2024 and May 2025.

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 2 specific questions were added.

They were invited to complete the feedback surveys accompanied materials for the final two sessions, and the time was allocated for this to be done. There were 139 responses (51% of the year).

### Student enjoyment of GP2

The mean student enjoyment rating for GP2 was 4.86/5, where 5 = excellent and 1 = poor. There was a top mean score of 4.93 for both high quality teaching and GP teacher enthusiasm and 4.91 for "I was made to feel welcome in the practice and I felt like I belonged". Please see below for other mean scores out of 5.

Welcome and belonging	Advance medical knowledge	Efficiently structured	Level of responsibility	Reasonable adaptations	Travel time	AHP time	Enjoyment	High quality teaching	Enthusiastic teacher	Feedback	Authentic picture of GP life	Communication from UoB	Quality of teaching materials
4.91	4.86	4.72	4.8	4.89	3.97	5.0	4.86	4.93	4.93	4.64	4.82	4.26	4.25

139 students took the opportunity to provide specific feedback for their GP placement. Individual comments for GP teachers are fed back directly to them.

Free text comments focused on how sessions helped students learning, and how the sessions were well planned and enjoyable. Free text comments were overwhelmingly positive.

### Creating a good learning environment

Our GP was really helpful. They have a calm and approachable way of explaining that has helped me get my head around a lot of the key concepts for diseases that we have to know for Year 2.

Our GP is very informative, has great attention to detail and is very approachable. I feel able to ask all of my 'silly' questions.

It's hard not to come out of each session feeling excited at going into the medical field. Our GP has made us feel so comfortable - which is so key in building our confidence!

### Scaffolding & structuring learning

The structure of running through everything in the morning consolidating my learning helped a lot, then seeing patients and reviewing this explaining anything that came up meant I felt like I understood everything going on. Then the mini quizzes at the end running through hypothetical patients meant I felt it confirmed all that I learnt throughout the day

I also really liked how our sessions were structured where we had a discussion going through different causes for a given symptom before discussing history and examination structure and findings, then seeing a pt, and finally discussing / debriefing / feedback / further exam practice.

### **Good explanation of topics and checking understanding**

Our GPs explanations were clear and detailed, whilst using drawings or diagrams and ensured we understood the concepts before moving on.

### **Integrating clinical learning with campus based learning**

real life examples are included to make complex topics easier to understand.

I have enjoyed speaking to expert patients who are relevant to the case as it gives us a chance to think about specific red flags and specific history taking.

Our GP tied in our current teaching blocks with the patients we saw well and offered insight in to her clinical reasoning.

very well, the GPs were always aware of our current learning and cases

The clinical contact complemented our university learning really well, especially in relation to Effective Consulting and CBL. It gave us the chance to practise consultation skills in real patient interactions, helping to reinforce the communication techniques and structured approaches we'd learned in Effective Consulting.

### **Lots of practice especially with examination & clinical skills**

Our GP was open to our suggestions or what we'd like to practice and tried their best to find the most relevant patients for us to practice our consulting and examination skills on. They were great at giving us feedback after the patient left and tips for certain exams & struck a good balance of involving us in history taking and examination and demonstrating these skills.

Our GP provided us with invaluable teaching on how to approach clinical examinations in a practical, day-to-day setting, including adapting techniques for specific patient groups such as children or those with mobility issues.

Our GP has been great at supporting us in getting more comfortable with doing the examinations on patients, giving us useful tips on how to examine them well.

### **Giving individualised constructive feedback**

Our GP gives very good constructive feedback and I feel I have improved a lot over this year because of it.

Our GP gave constructive feedback on our examination skills helping us refine our technique and grow in confidence.

Has massively improved my confidence in history taking and examination. Was given feedback for me to go and act on it

### **Travel**

Travel time was the lowest scoring category – this was the same throughout the five years of GP teaching though interestingly felt to be more of an issue for students in years 1 and 2 (only placed in Bristol practices, but sessions are half rather than whole days), as the other half of the day is spent in teaching at the university, which could explain why students found this a challenge [as they had to

ensure that they were either able to return promptly to the university after their morning session at GP, or travel to GP after a morning's teaching on campus]). For the following year we are aiming to prioritise travel considerations over other criteria to allocate students to practices.

### Some suggestions for improvement

A couple of comments related to teaching resources that students in Year 2 are provided with from the central team. A few students did not seem to know where to access these materials so the materials will be streamlined next year and signposted in the introductory lecture.

Some students commented that the patients they saw with their GP were not always relevant to the case. Although we prefer students see patients related to the case, we do appreciate that this is not always possible, and students also need to learn to consult with and examine a variety of patients. Sometimes "expert patients" know what to say and the students get less consultation practice. Next year we are giving GP teachers in Year 2 more flexibility to bring in a wider mix of patients and will highlight the positive aspects of this to the students in their introductory sessions.

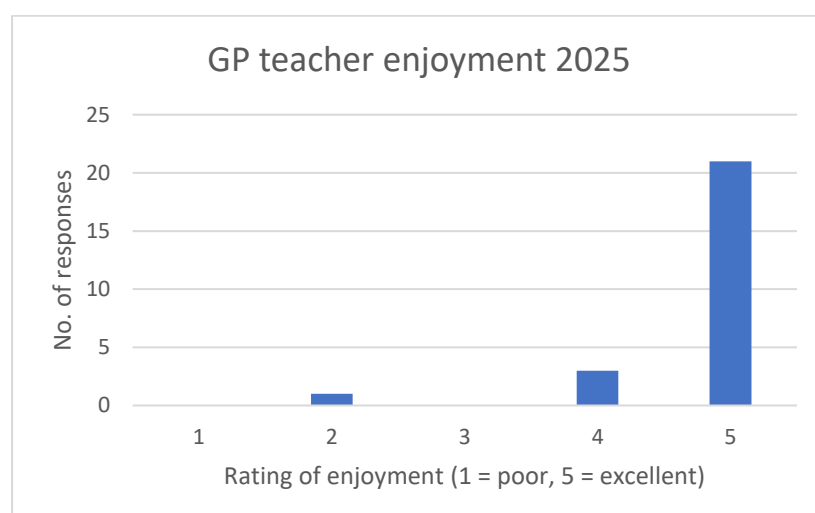
## GP Teacher Feedback Summary

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There were 25 responses (24.5 % of teachers and 80.3% of practices).

We asked 3 questions and the following shows the mean rating where 5 is excellent and 1 is poor.

- How much did you enjoy teaching the students? 4.76
- How do you rate the quality of the teaching materials provided by the central university GP teaching team? 4.76
- How do you rate the communication from the central university GP teaching team? 4.68



## **General themes**

### **Smaller groups of students worked well**

*The smaller groups this year were great*

### **General enjoyment and students' enthusiasm**

*Really enjoyed teaching year 2 this year. The students engage better and get more out of sessions in the smaller groups (4 rather than 6 students). The students enjoy the opportunity to practice history and examine real patients. They enjoy the structure of brainstorming a topic, going through the examination technique and then practicing this on a patient.*

*Lovely engaged bunch of students. Great fun supporting their learning together.*

*Really enjoy it and benefit to practice and students as well as patients*

### **Patients & teacher tips – more will be shared at the teacher workshop!**

*It's very useful to know the patient well - it helps to be able to nudge things and teach on consultation skills when you have insider knowledge.*

*Try and think of patients as you see them rather than last minute trying to find someone*

*We gradually progressed from consulting as a group to working in pairs, then individually with patients, sometimes with my supervision, sometimes independently, with careful debrief after, perhaps with me adding/ role modelling aspects of the consultation.*

*Willing patients happy for the students to practice examination on them, more important than the actual pathology*

### **Learning materials and structure valued:**

*Excellent resources from the Uni*

*I thought that the course was excellent. The materials are really comprehensive.*

*There is a lot of information given, can make consults clunky*

*Once or twice, the students prepared a completely different topic to what was on the original topic timetable! However, we worked around this.*

### **Suggestions for improvements**

*The students asked about observing consultations. I wonder if there could be one "same day" patient every session that is picked to align to the topic being covered so that they can see in real time how a GP consults*

*Teaching materials are great, but if anything a bit too lengthy for easy digestion/ application!*

### **Learning:**

*I think they need more practice knowing when to stop open questions and move to closed questions, sometimes confuses the patients to have too many open questions*

**We asked GP teachers to comment on linking teaching in practice with the students' university learning.** Most GP teachers felt this was fine, though some felt it was not always feasible and specific learning may not match up with reality in clinical practice which can be unpredictable.

## Reflections and actions

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1. Really positive feedback overall.  
**Action: share with all stakeholders.**
2. Year 1 and 2 specific questions have been really helpful so continue with this next year. Better response rate this year from students and tutors but there is still some scope to improve this. Time for student feedback is already factored into the session plan for the final session. GP teacher response rate was lower than previously.  
**Action: ensure this is clear, in bulletin and OneNote etc. Ensure culture of mutual feedback is the norm for students and GP teachers with some focus on how we can ensure this at the annual GP teacher workshop in September.**
3. GP teachers prefer the smaller groups, and this would allow all students to participate more especially in observed consultations  
**Action: to continue with regular QA of this**
4. Lots of useful tips from GP teachers regarding integration of learning and practical aspects of delivering the teaching  
**Action: collate and discuss/share/add to at GP teacher workshop and circulate widely.**
5. 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 especially in CBL. However it is not always possible due to nature of general practice  
**Action: The GP tutor workshop includes CBL, clinical skills and EC teaching to enhance integration but we are also reviewing the requirements for GPs to bring in specific presentations in favour of willing patients, and with the flexibility to enable a mix of patients including on the day presentations.**
6. Some GP teachers report students would like to do more consultations or observe more consultations  
**Action: It is hands on practice in structured history taking and examination skills that we want students to focus on in Year 2, at this stage it can take time to develop these skills to consult in less time. We are happy for students to observe parts of the consultation process but would prefer that they get involved rather than observe a clinic.**
7. Travel to practices can be difficult for students. PHC admin already support students with claims and signpost to travel options, share out drivers etc. We use the nearest practices we can and factor in any specific student needs.  
**Action: be transparent with students about the need to travel to placements throughout the course. Continue to ensure students are given adequate info and support to arrange travel, and also to claim expenses. Encourage students to notify us early of any changes or specific travel needs so we can support with this.**
8. There is a lot to fit in in some sessions e.g. collapse session  
**Action: The GP materials are being reviewed this year to make them more flexible, shorter and the sessions less didactic and packed.**