

Welcome



Thames Valley GP School Faculty Day

14TH October 2025



Please can you register your attendance



Please scan the code on your phone or tablet
to access agenda and material for today



Housekeeping



Fire alarms and exits...



Security...



Toilet location...



Breaks...



**Network:
Password:**



Mobile technology

Thank you!



Thank you in advance to you for attending, and to Carolyn and the admin team

Thank you to our speakers and workshop facilitators

Library Stand

Primary Care Library Service

Hello I am Kate Jones
Your local Primary Care
NHS Knowledge Specialist

Area/Region: Oxfordshire
Email: kate.jones@oxfordhealth.nhs.uk

NHS Knowledge and Library Services



Ask me about:

- Evidence and literature searches to improve your learning
- Evidence to improve your business/practice
- Current Awareness emails tailored to your areas of interest
- Access to the vast national collection of e-resources
- Using the NHS Knowledge and Library Hub
- Using BMJ Best Practice/ CKS



OHFT Libraries have a collection of interactive educational board games which can be loaned out to teams or individuals.



Our Games Collection includes:



Contact us at library.enquiries@oxfordhealth.nhs.uk for more information.

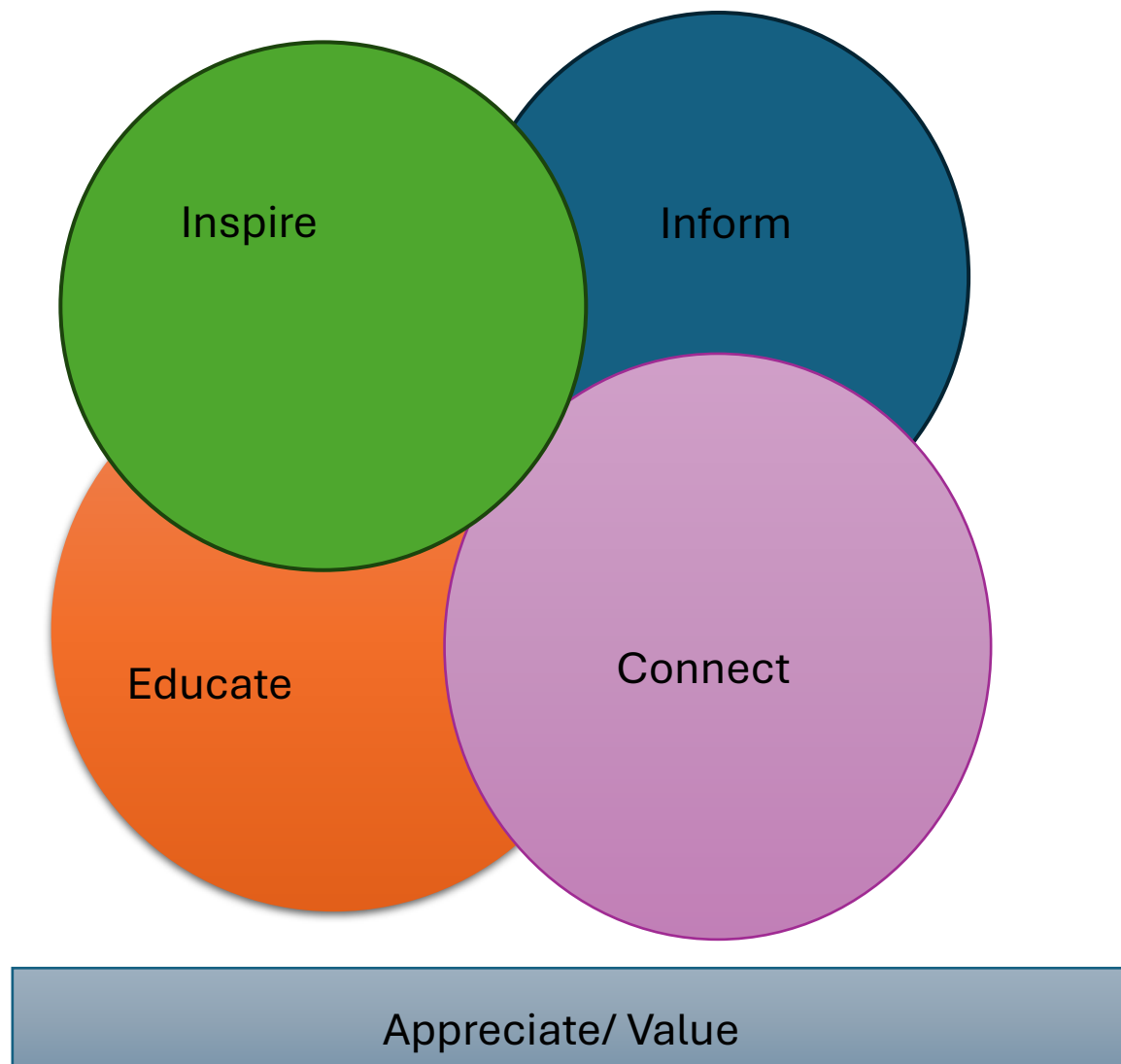
Faculty day format

Biannual whole day faculty days
for all GP School educators,
virtual and face to face



IDEA

Aims of our Faculty Days



Your CPD needs as an educator?

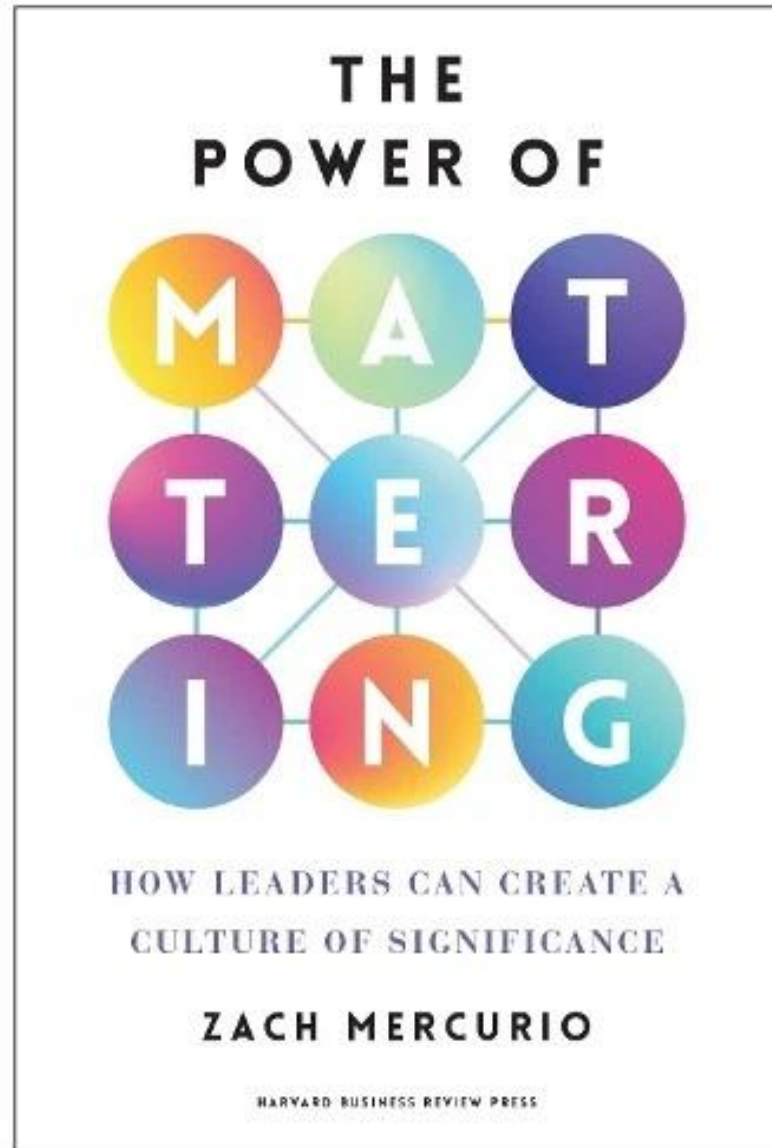


2026 dates for our Faculty days

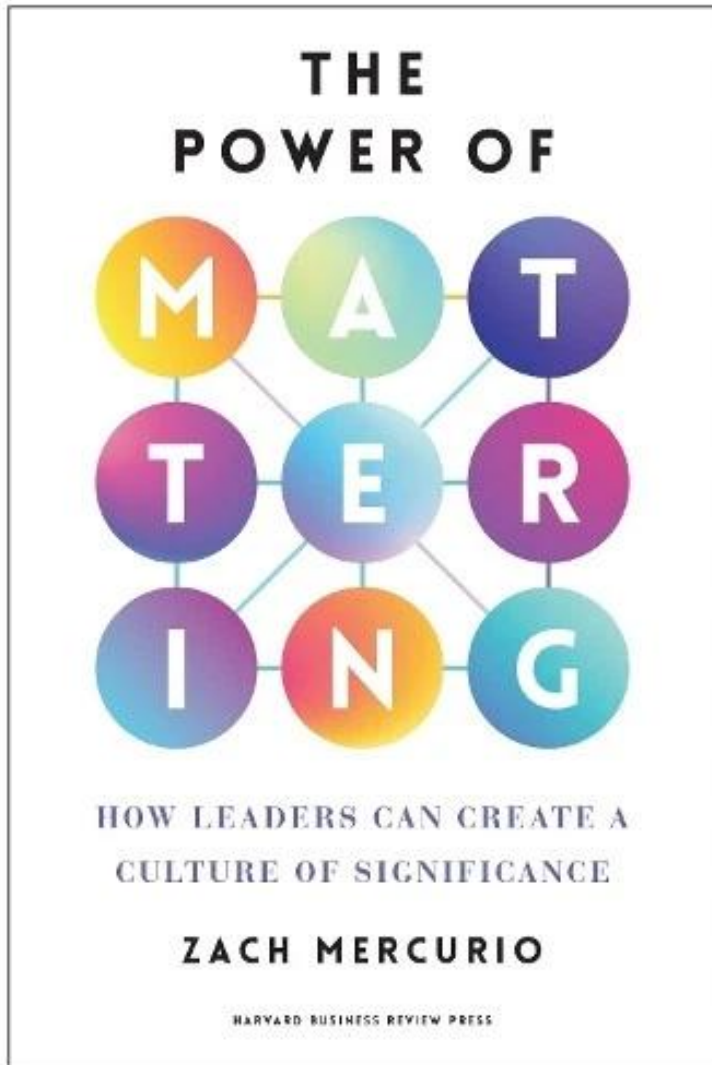


- Virtual, 17th March 2026
- Face to face , 20th October 2026- provisional

Please email me your ideas/ suggestions:
maggie.woods@nhs.net



A mistake people make is to assume people should be valued once they have added value, but it's the other way round they need to feel valued to add value



Moments of Mattering.....

Mattering happens in moments:

- Moments when we feel seen by someone else.
- Moments when our voice is heard.
- Moments when someone shows us the difference we make.

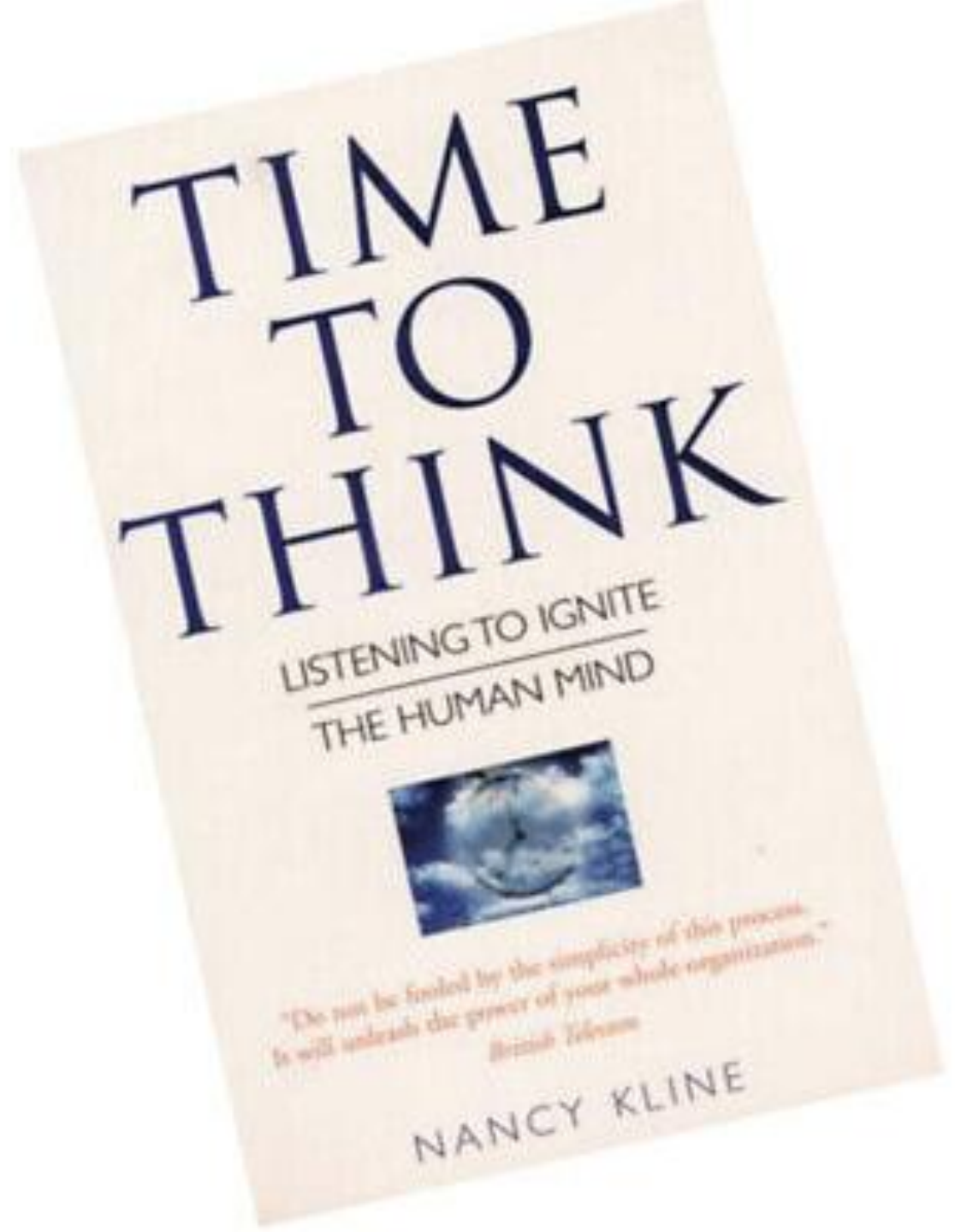
Shawn Achor, surprising truth about what motivates us...is that

Happiness precedes success, not the other way around, and our brains are wired for positivity to excel.

Instead of believing success will bring happiness, we should actively cultivate positive emotions like optimism and gratitude, which actually boost creativity, intelligence, and productivity, ultimately fuelling greater achievement.



The quality of
everything we do
depends on the
quality of the
thinking we do first



Reflecting on self, through the lens of inquiry

- What do I need to do to be in a thinking space?
- What fuels me as an educator?
- What gifts do I bring here today ?
- What do I need from this day/
group?



Evaluation





England

Faculty conference March 25

October 2025

Presented by:

Dr Manjiri Bodhe

Head of GP School Thames Valley and Wessex





Welcome

To all educators

Welcome to all our trainers, TPD's, ADs and admin team.

A particular welcome to any new trainers since our last faculty conference.

Our annual face to face faculty conference is an opportunity for us all to network in person, reflect on the previous academic year in training terms and look forwards to the future .



News

DHSC/NHSE news.

- The amalgamation of DHSC functions with NHSE functions continues apace, the senior executive team across both is coming together.
- We will be part of the Peoples directorate in DHSC.
- The final merger can only take place once legislation to abolish NHSE has been passed. This will be likely in 2027.
- Some functions are already merging, and others won't till that time.



Contd...

NHS structures

- Our Chief Exec Navina Evans left, we have a new interim Director of People , Jo Lenaghan.
- We have a new regional Postgraduate Dean Jo Szram who was the KSS postgrad dean.
- We are part of a wider Southeast team and are looking at ways to align processes and functions, though our deanery functions still stay separate.
- Our Locality Dean is Rebecca Black whilst Mary-Rose is still our Primary care Dean.



Good news

- We have recovered our SCA exam results and back to above average performance for Thames Valley after the November 24 (58% pass rate) results.
- NTS 2025 (wider workforce) survey results in and we will be looking at this. Any outliers below expected will likely be contacted by our AD teams to discuss any areas of support needed. This is being reported at PCN level and hence sometimes the numbers for reporting don't quite reach thresholds needed. We hope with PCN approvals this will improve as time goes on.
- We urge you and your trainees to complete the next NTS survey when it opens –it's the only way to formally look at data around quality of placements and training consistently and equitably.
- 7 PCNs in TV took up the offer of taking an extra GP trainee and your support is much appreciated!

Some new projects



Structured learning programme
(previous blended learning)

- We were hoping to recruit by September our structured learning educators, but this has been held up regionally in recruitment
- Info follows from our TPDs



Dual CCT Public health and GP

- First year of this new programme completed , we have 1 resident dr in our area.



Expansion

- Numbers this year will be increased by 250 across the nation and we will have our share of those numbers
- 4250 across England 2025
- 4500 in 2026

Generative AI

- Issues around using LLM models in transcribing /Portfolios
- Remember any generative AI used in patient care must have robust DPIA(Data protection Impact Assessment), either done by the ICB for multiple practices or done by practice itself, even if only 1 person using this.
- As per RCGP guidance:

“GP Educators should expect GP registrars to use generative AI in the ways outlined in this guidance. The RCGP does not require GP registrars to declare the use of generative AI in entries on the Trainee Portfolio, however it is the responsibility of the GP registrar to ensure they are using generative AI in a way that is consistent with this guidance and with their wider professional responsibilities.

There will be other areas where generative AI could be used by GP registrars - such as in transcribing notes, summarising patient records or generating referral letters. However, these uses are outside the scope of this guidance as they are equally applicable to GPs practicing independently as they are to GP registrars. The GP Curriculum capability "Data gathering and interpretation" covers the gathering, interpretation and use of data for clinical judgement and outlines how GP registrars must be able to selectively gather and interpret information from a wide range of sources. Effective use of AI can help develop competence within this capability, but over reliance risks doing the opposite.



Generative AI

AI for portfolio/Transcription services/LLM

- The patient must be at the centre when assessing and implementing any new technologies. Care must be taken to ensure algorithms don't exacerbate inequalities or introduce new discrimination.
- [Generative Artificial Intelligence in GP Training and Workplace Based Assessment: Guidance for GP registrars and GP Educators](#)
- [Artificial Intelligence - NHS Transformation Directorate](#)
- [NHS England » Artificial intelligence \(AI\) and machine learning](#)

Reports due

- 10-year Workforce plan
- Review of Postgraduate medical training
- We have already had 10-point plan to improve resident doctors working lives plan, lots of information for trusts and employers , some info around study leave and reimbursement.

Clinitalk

RCGP poster if anyone attended

PowerPoint Presentation

Need Perceived need for improved access to post consultation feedback (survey) 2,5 90.5% (n357) resident doctors 92.6% (n283) trainers

Acceptability metrics • Resident doctor usage 4 Number of consultations recorded and analysed in app 8756 (May '24 – July '25) . •

User rating average 3 4.6 / 5. 'How helpful do you find the app feedback' (n107) . • Patient acceptance of computer analysis 6 98.2% (n 224) survey 'Is it okay for doctors to regularly record and analyse consultations using a secure computer tool, to help them learn?'

Ethnicity (%) White 84, Mixed 11, Asian 3, Black 2 Age range 80y 39%

CLINITALK

RCGP Conference 2025



The acceptability and educational impact of Clinitalk, an AI-based consultation feedback tool.

Authors: N.Boeckx, N.Turner, A. Khan, R.Neighbour, P.Salmon, R.Simpson

References

ABSTRACT

At least one trainee in four will fail the SCA exam¹, at significant cost to their self-esteem, their personal finances and Deanery training budgets. Survey evidence² (n=357) shows 90% of resident doctors want more educational feedback on their consultations, yet receive it on less than 10% of them. Clinitalk³ uses AI to analyse real-time or recorded consultations and provide structured feedback in a format compatible with the requirements of the SCA, and can usefully supplement personal teaching from a trainer. Evidence is mounting that Clinitalk is acceptable, helpful and effective.

METHODS

• Questionnaires and interviews with patients, trainers, registrars, RCGP examiners, and lead educationalists.
• Quantitative data from the Clinitalk consultation tool.

RESULTS

Need

Perceived need for improved access to post consultation feedback (survey)^{2,5}

90.5% (n357) resident doctors

92.6% (n283) trainers

Acceptability metrics

- **Resident doctor usage**⁴ Number of consultations recorded and analysed in app **8756** (May '24 – July '25)
- **User rating average**³ 4.6 / 5.
'How helpful do you find the app feedback' (n107)
- **Patient acceptance of computer analysis**⁶ **98.2%** (n 224) survey
'Is it okay for doctors to regularly record and analyse consultations using a secure computer tool, to help them learn?'
Ethnicity (%) White 84, Mixed 11, Asian 3, Black 2
Age range <40y 11%, 40-80y 50%, >80y 39%

Feedback Quotes

Patients

'I think it's really helpful, some doctors don't realise that they are not actually listening' Male age 48

'I am happy to be recorded if it is for training to help doctors learn, and for a trainer to listen in.' Female age 60

'As long as it's confidential and it helps, I think it's okay' Female Age 87

Resident doctors

'I think the consistent feedback in the lead up to my exam really made a difference' Top 5 in WM

'It allowed me to get so much more feedback' KW

'I could prepare for the exam and work normally' ME

'It gave me a better idea of how to frame questions and identify things I could have done better' CO (IMG)

Trainers

'I was supporting a trainee with neurodiversity who had five exam attempts. With additional support including Clinitalk they passed on their sixth.' RW

'It is a powerful tool that has improved my trainee's structure and consultation speed' SC

EXAMPLE APP FEEDBACK

● **Cues, curiosity & impact:** There is evidence of your willingness to help and care for the patient. You show curiosity by exploring the impact of back pain on his work ("So what work do you do?") and home life ("how has it impacted you at home?"), as well as its effect on his mood and mental health ("Is it affecting your mood in any way?"). You also recognise and respond to patient cues, such as the patient's worry about finances and returning to work and offer tailored suggestions like referral to social prescribing for potential benefits and a physiotherapist.

● **Lifestyle and self-care:** Could your consultation have been enhanced by providing more practical advice such as encouraging gentle movement, back exercises, & safe activity modification? [\(NICE NG59\)](#)

● **Safety netting:** There is no evidence in the transcript that the doctor specified conditions for follow up, either by arranging a future appointment or providing advice about when to seek further help. Would safety netting and follow up have been improved by discussing when the patient should seek urgent or routine review, explaining how medication changes would be monitored, or outlining when the next check-up (e.g., blood tests or clinical review) might be needed?

DISCUSSION

Failing the SCA is a devastating and costly experience¹. Better educational feedback on candidates' consultations for them and their trainers will improve the likelihood of success¹⁰. Solutions must be acceptable, accessible, effective and affordable. Clinitalk has been well used by GP registrars, who have confirmed its acceptability and accessibility (8756 recordings)⁴. Its security has been scrutinised at ICB level and its approach deemed secure¹¹. Trainers report the feedback provided is supportive, honest, specific and referenced⁸. Evaluation (330 feedback items) by 3 reviewers including former and current lead RCGP examiners found that none of the feedback was unhelpful or misleading, and they agreed with the traffic light ratings 96.4% of the time⁹. An additional 1000 consultations were reviewed for quality. Trainers found that monitoring their trainee's consulting trends over time provided new insights into their performance and the impact of their own teaching⁸.

Declaration of interests: N.Boeckx, P.Salmon, A.Khan, N.Turner created and own Clinitalk. R.Neighbour and R.Simpson have no interests to declare.

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Study Leave

- We have a clear study leave policy for GP placements
- This is due to be reviewed in November this year with details added regarding total study leave, study leave allocated to VTS/DRC and remainder.
- Please note That VTs normally accounts for apporximately15 days i.e. 30 sessions
- We are in process of approximating that on o0ur study leave ;policy.
- “At all times (with the sole exception of taking an exam or when so advised by a TPD), the regional teaching course provided by the local school should take precedence. “
- All study leave should be relevant to General Practice and developing competencies required for CCT in GP and Head of School review any doubt re suitability of proposed leave if in amber are
- Normally only a day allowed for study pr exam, SDL time is to be sued exactly for that purpose and all time in practice/VTS is preparation for exams and independent practice
- Not an entitlement, but an allowance

Q and A.

“Although the world is full of suffering, it is also full of the overcoming of it.”

Helen Keller



Evaluation





A Primary Care Approach to Bereavement

An educational resource for clinicians
Dr Lynsey Bennett & Dr Sheena Sharma

lynseybennett@nhs.net
sheenasharma6@nhs.net

Highly Commended Daffodil standards Award 2025

Poster/teaching resource - pdf

Explaining grief | HPAL

(primary care guide to bereavement)

Podcast

Talking about Bereavement | NHS
Education for Scotland

Available as a **recording** via
sharepoint (Feb 2025)

Protected Learning Time (PLT) –
Oxfordshire

Thames Valley Structured Learning Pilot: Feedback

Tamara Cunningham & Zukhruf Naji

Introduction

- The following slides provide a summary of feedback from Registrars on the structured learning pilot that ran from 29/5/25 to 31/7/25.
- The feedback was gathered through a questionnaire covering various aspects of the pilot, including content, timing, and overall experience.
- 13 registrars participated in the pilot.
- There were 9 responses to the feedback questionnaire.

Brief outline of the Pilot

- All full-time registrars in ST2 on Windsor scheme were recruited.
- 4 sessions of Structured Learning per week: 2 SDL and 2 Facilitated by TPDs.
- National Structured Learning Online Platform.
- The TPDs chose 6 courses: Chronic Pain, Clinical Reasoning, ENT, Men's Health, MSK & Paediatrics.
- 8 weeks of content for each course.
- Preparation: Emails and meetings with Trainers and Registrars; drop in Q&A sessions throughout for Trainers.
- No additional work for Trainers.
- Clear expectations: Educational contract with Trainer, Registrar and TPDs.
- Weekly summary of content for SDL, assessments and facilitation emailed to Trainers and Registrars at the start of each week.
- Weekly monitoring of engagement with modules and completion of assignments by TPDs.
- End of Placement Review completed for each registrar by TPDs.

Overall Trainee Experience

- The overall sentiment towards the pilot was **positive**.
- **Positives:**
 - Registrars found group discussions helpful for learning especially the sharing of clinical cases and learning from their peers.
 - They valued learning about clinical areas that they had not had much exposure to.
 - They were introduced to many resources that they had not been aware of, which they found useful in their clinical practice.
 - They valued the patient simulations which prepared them for conversations with patients.
 - They felt it would be useful for AKT preparation.
 - They felt it would be a useful introduction to General Practice.

Negatives

- They felt it was more important to see patients at their stage of training and that Structured Learning would be best suited to ST1s.
- They found some parts of the modules “boring”, “simplistic”, “repetitive” and “of little relevance”; they particularly did not like the humanities elements of the modules.
- They struggled to complete the CEPs and COTs related to the modules as they could not be certain they would see appropriate patients in their clinics. They felt this was further exacerbated by the reduction in clinical time.
- They felt it was harder to complete the WPBA with the reduction in their clinical sessions.

Preparation & Information

Registrars felt well-informed about the pilot's duration, structure, and content through emails and teaching sessions.

- .

Module Effectiveness

- **Most Useful Modules:**
 - **Paediatrics & ENT:** Registrars found these modules highly valuable, as they provided good exposure to clinical specialities they might not have otherwise experienced.
 - **Men's Health:** This module was praised for encouraging a more holistic approach to patient care.
- **Least Useful Modules:**
 - **Clinical Reasoning:** This module was frequently cited as repetitive.

Pilot Structure & Timing

- **Key Challenge:**

Loss of clinical time was the main disadvantage noted by registrars.

- **Timing:**

A significant number of registrars felt the pilot would have been better placed at the **start of their training (ST1)**.

- **Engagement in Clinical Discussions**

Registrars valued sessions focused on clinical cases, encouraging group learning and ethical debates.

- **Interactive and Supportive Atmosphere**

They reported that interactive sessions enhanced their learning and their engagement with their peers.

- **Hybrid Session Model**

A balanced hybrid model combining face-to-face and remote sessions was proposed for better engagement and flexibility.

- **Suggestions for Improvement**

More simulated patient scenarios and less arts-based tasks were recommended to enhance session effectiveness.

Use of AI

- **Summarizing Complex Content**
AI helped registrars summarize treatment summaries and clinical resources, simplifying complex information.
- **Creating Visual Materials**
AI was used to design infographics and patient leaflets, making data visually appealing and clear.
- **Supporting Clinical Research**
Some registrars applied AI tools for clinical research, exploring diagnostic test sensitivity and specificity

Recommendations

Registrars would recommend the pilot, but with alterations:

- Implement the pilot in ST1 or ST2 prior to the AKT.
- Reduce the number of clinical sessions dropped for the pilot.
- Focus on practical clinical topics and reduce humanities content.
- Have a blend of remote and face-to-face sessions.
- Involve registrars in module selection.
- Provide a list of required CEPs & COTs at the start to improve planning.

What we learned...

- The Structured Learning platform has many excellent modules for GP training with an emphasis on clinical application.
- Group facilitation is an essential aspect of all of the modules.
- Replacing 4 clinical sessions with Structured Learning did not allow Registrars sufficient clinical time to comfortably achieve the requirements of their WPBA or the clinical assessments included in the Structured Learning modules.
- This cohort of Registrars did not value the arts and humanities aspects of the modules.
- Registrars found the most value in learning from group discussions of clinical cases and clinical simulations.
- Structured Learning may be better suited to Registrars in ST1 or early in ST2 prior to the AKT.
- It may be useful for supporting Registrars in addressing clinical knowledge gaps and in preparing for the AKT.
- It provides an opportunity to foster peer learning and peer support.

Evaluation

