

GP Structured Learning

Perspectives from Across the Programme



Exploring the GP Structured Learning Programme

Hearing from different stakeholders:

- *National data*
- *Programme Director experience*
- *Trainer reflections*
- *Resident doctor feedback*

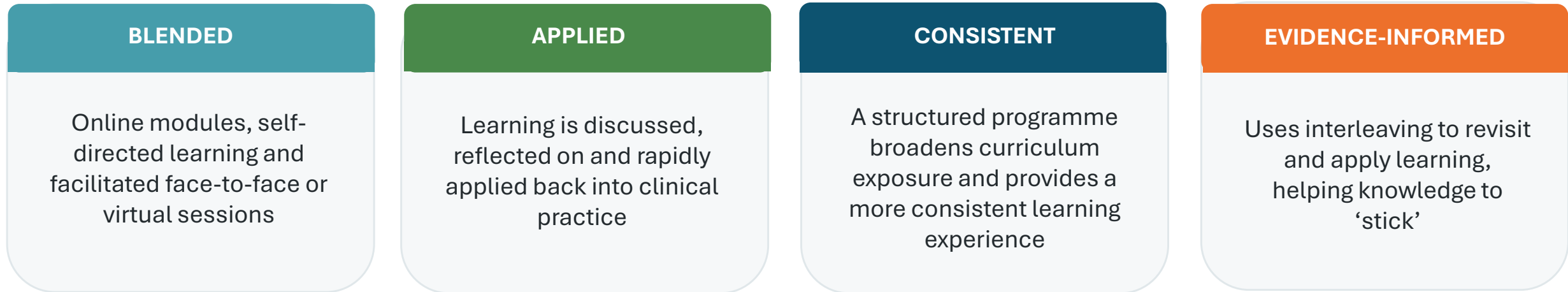
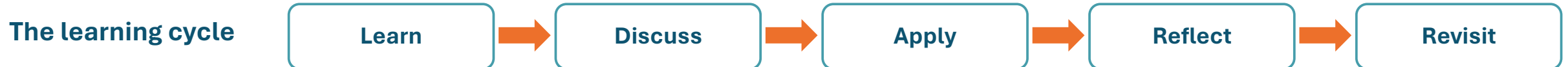


Exploring the GP Structured Learning Programme

National Data

What is the GP Structured Learning Programme?

A blended approach that combines clinical experience with protected, structured education.



To improve the quality, breadth and consistency of GP training and better prepare trainees for their future careers.

GP Structured Learning at a glance

649

GPRs undertaken SLP
(at Jan 26)

125

have completed or exited GPST training

34

modules within the national PGVLE
catalogue

Regional position

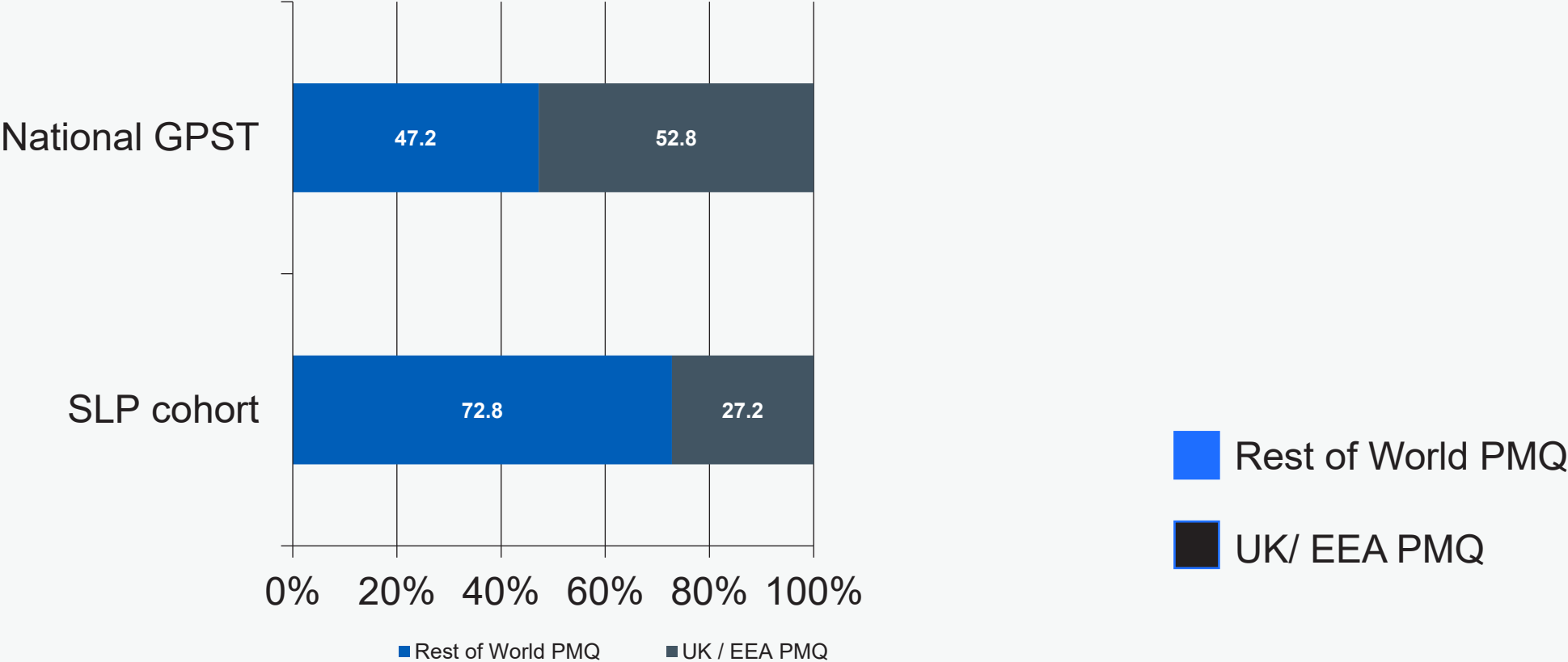
- Active, piloted or planned in the majority of English regions
- Two regions are not currently participating: North East and London.
- Models vary by region
 - Recruitment (opt-in/opt-out)
 - Stage of training (ST1, ST2, ATT)
 - Sessions per week
 - Online vs f2f
 - Content used

Evidence base for this update

- National outcomes data: 2026 SLP outcomes update (n=125 completed/exited).
- Programme-level PGVLE evaluation: 8,138 pre-course and 3,733 post-module survey responses across 32 modules.
- Independent external evaluation: IFF Research, 2024, qualitative study across four pilot regions.
- Regional reports: West Midlands, East Midlands, East of England, Yorkshire and Humber, KSS, Thames Valley.
- Rapid evidence review on exam outcomes (Annex F) and 2023 Education Impact Assessment (Verve Communications).

Who SLP is reaching

Primary medical qualification, % of cohort



Headline outcome data for registrars

96%

of those now-CCT cohort (n=125) passed the AKT or SCA they had previously failed

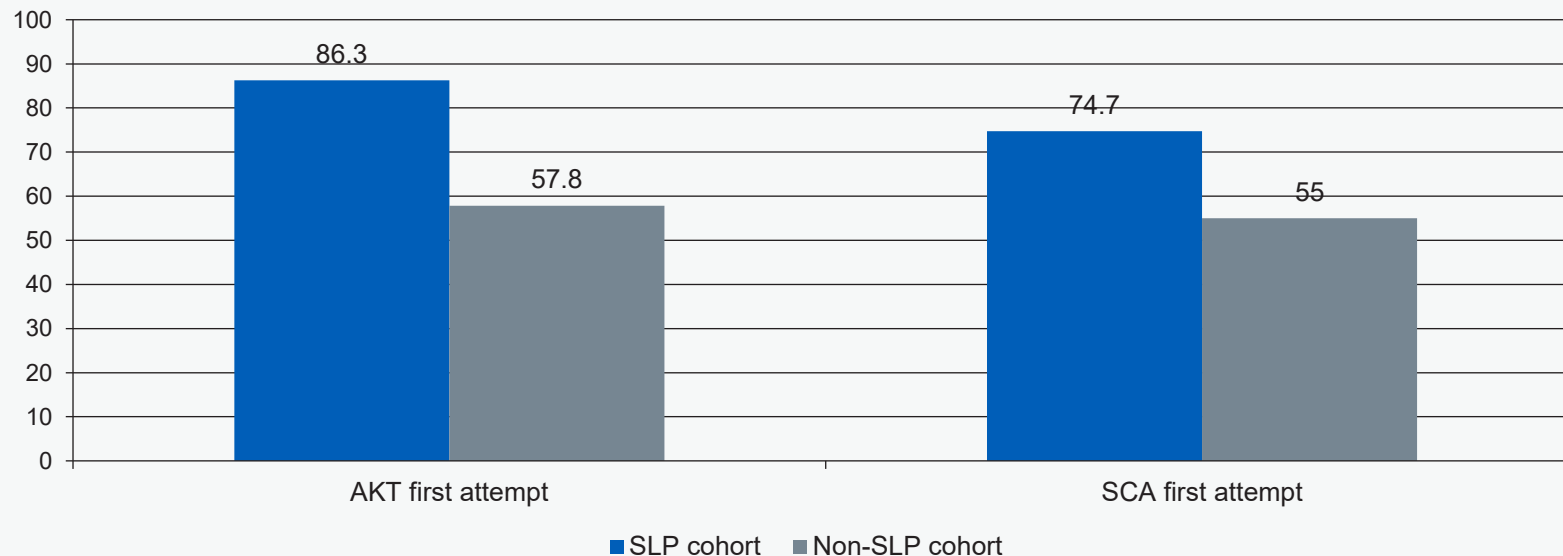
+28.4%

Difference in first attempt AKT pass rate in West Midlands (SCA = 19.7%)

3.5 yrs

mean time to CCT, against 3.8 years nationally

West Midlands (Black Country) — first-attempt pass rates, matched cohorts (n≈95 each)



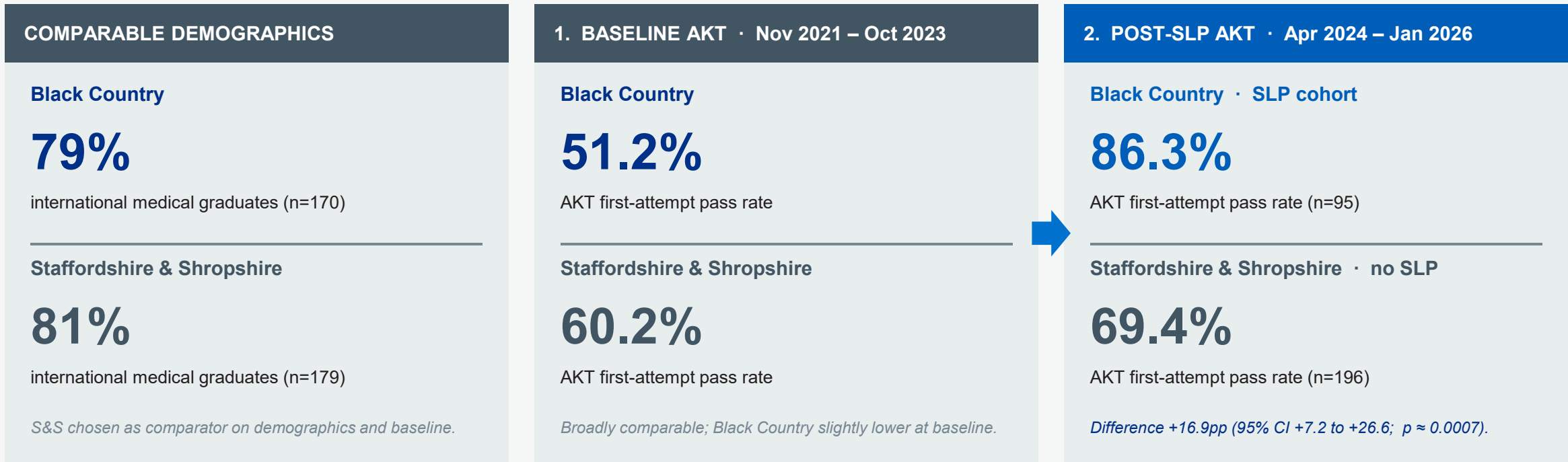
NOTE

AKT difference: +28.4 percentage points (95% CI +15.6 to +41.2; $p < 0.00001$).
SCA difference: +19.7pp ($p \approx 0.002$).

Regional comparison with a control locality shows the effect attaches to the SLP group rather than to the geography.

WM - Comparing Black Country and Staffordshire & Shropshire

Two comparable West Midlands training areas. SLP introduced in Black Country only. There are confounding factors, but it is likely that SLP is responsible for the difference.



Programme-wide evaluation (31 modules)

8,138

pre-course survey responses
across 31 modules

+0.88

mean confidence shift on a 0–4
scale

+45 pp

mean increase in agreement with
module learning outcomes

86.7%

of module ratings Excellent or
Good (1.0% Poor)

Module-level decision matrix used to triage quality improvement work

Showcase

5 modules

Care homes, Mental health, On
call day, Planetary health,
Population health

Performing well

12 modules

Including Cancer, Clinical
reasoning, Difficult
conversations, MSK, Patient
safety, Safeguarding

Targeted improvement

13 modules

Including ACEs, AKT
preparation, Genomics,
Leadership Pt 2, Palliative care

Priority review

1 module

Personal wellbeing

Addressing concerns about clinical exposure

This is the concern most consistently raised by registrars, trainers, and supervisors.

What is being done nationally

- Opt-in and opt-out approaches to recruitment
- Step-off approach at 8 weeks (WM)
- Self-determined learning time in GP can be used for additional clinical sessions
- Better communication, with refreshed supervisor and GP registrar guidance
- Increasing clinical time to 5 sessions and alternating tutorial and VTS

On the “teaching to the test” question

A rapid evidence review addressed this question directly. The relevant literature does not support the framing that exam performance is not linked to future professional performance clinical competence.

JAMA, US ABIM cohort

Patients of physicians in the top quartile of board examination performance had an 8% reduction in 7-day mortality and a 9% reduction in 30-day readmission. The relationship was approximately linear across the performance range.

UK MRCGP and GMC sanctions

Registrars at the 2.5th MRCGP performance percentile are approximately 12 times more likely to face GMC sanctions than those at the 97.5th. Knowledge and clinical assessments contribute independently. The relationship is linear across the range.

Canadian family medicine cohort

In a study of 912 family medicine doctors and 3.4 million patients, exam performance correlated positively with prescribing safety and long-term condition management; no relationship with continuity of care.

Exam performance is treated as a proxy indicator of competence, not as the goal.



Exploring the GP Structured Learning Programme

Programme Director experience



TPD PERSPECTIVE

- Programme structure
- SDL
- Facilitation
- Expectations
- Benefits

Programme Structure

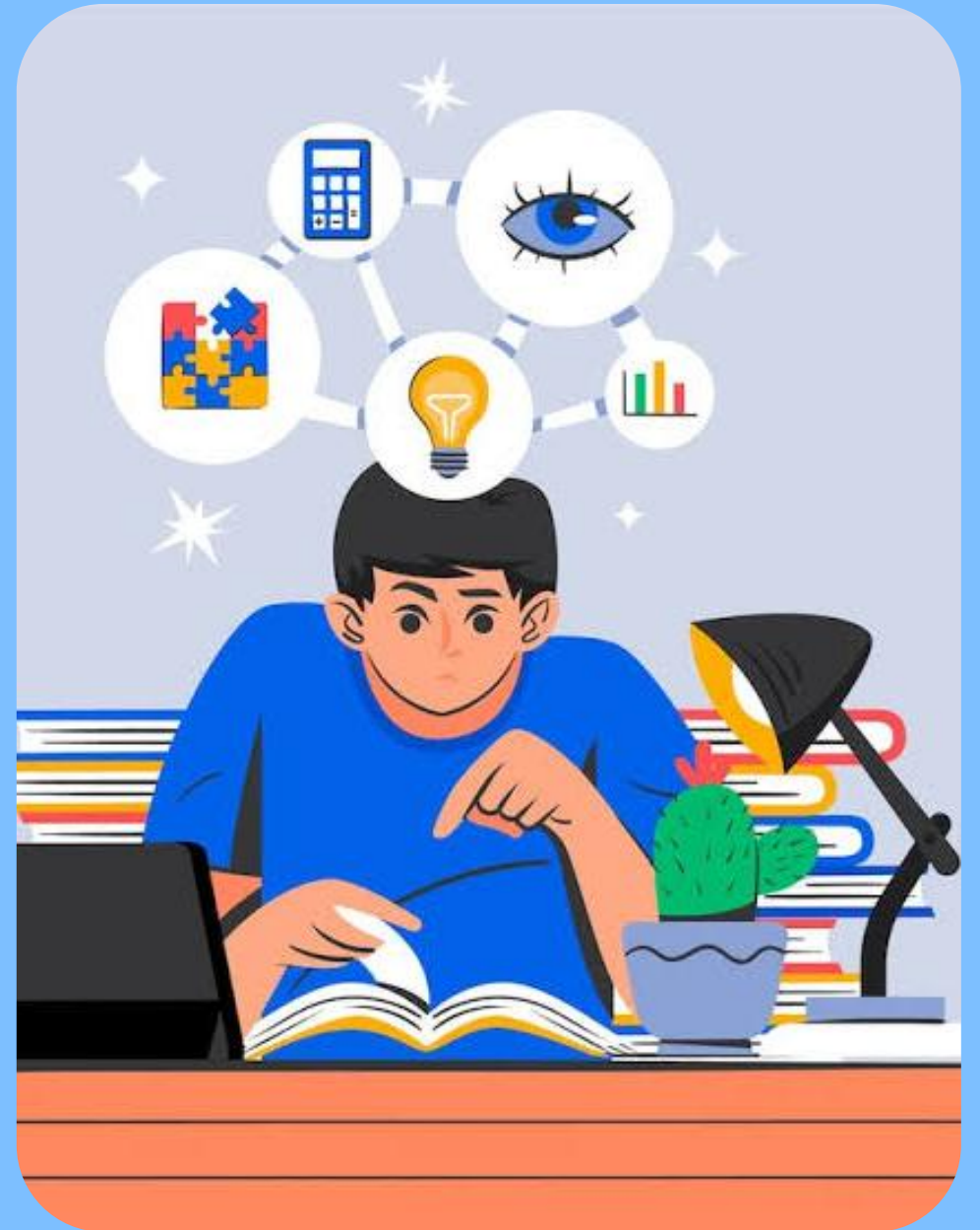
GP ITP

- Normal Induction
- 5 clinical sessions
- 2 SDL for modules
- 2 facilitated
- 1 tutorial/VTs session (flexibility)

PGVLE

On line platform
40 different modules
2 blocks of 8 weeks
covering 6 modules in each
Catch up weeks
Hot topics

SDL TIME



8. Crying Infant & Safety Netting



SELF-DIRECTED & ROLE PLAY

[in-person; synchronous]

CRYING INFANT (PART I) - 20 minutes

8.1 Read this Twitter thread

8.2 Watch the videos below

Consider:

8.3 What resources can you signpost parents to? What is 'normal' for a newborn? How can parents build a support system for themselves? For their baby?

(Optional) further reading in the guidance here.

CRYING INFANT (PART II) - 60 minutes with facilitator

8.4 How to approach the worried parent. Role play the shared management/reassurance part of a consultation with worried parents on these topics.

 [8.1 Why is my baby crying \(text\)](#)

 [8.2 Why is my baby crying?](#)

Completion ▾

 [8.2 Preventing Traumatic Head Injury in Babies by PHE in Partnership with ICON](#)

Completion ▾

 [Optional resource for 8.3](#)

 [8.4 Role-play](#)

WEEKLY facilitation

5



RANGE OF ACTIVITIES

- Can be adapted
- Case discussions
- Role play
- Debates
- Humanities
- Creating AKT questions
- QIA/QIP
- Cards against paediatric dermatology
- Hot topics

EXPECTATIONS

5



- Modules completed each week
- Engagement with Facilitation
- E-portfolio entry each week
- PDP encompassing SL placement
- PPM
- Non Clinical CSR
- QIA/QIP
- Hot topics

Benefits



- Application to clinical situations in GP
- Enhances communication and ability to educate patients
- Access to multiple resources
- Additional peer group and TPD mentors
- Augments WBPA
- Positives for Neurodiverse trainees
- Embraces all styles of learning
- Supports AKT preparation
- Trainee enthusiasm
- Supports “ Becoming a GP”





Exploring the GP Structured Learning Programme

Trainer reflections

What trainers valued

Broader curriculum exposure

Structured coverage of specialties and topics trainees may otherwise miss.

Knowledge and confidence

Particularly helpful in less familiar specialties, with clear learning objectives.

More focused tutorials

Topic teaching can free tutorial time for consultation skills, WPBA and individual support.

Linking learning to patients

Modules can prompt practices to create targeted clinical opportunities to reinforce learning.

Engagement

Trainers described enthusiasm for structured learning, although value varied between modules.

“Whilst doing the paediatric module we were able to get the triage GP to prioritise children to the trainee’s clinic... which we might not otherwise have thought about.”

Impact on trainee development: a nuanced picture

Engagement

Generally positive, but trainers often felt trainees were already motivated and engaged before SLP.

Self-directed learning

No consistent improvement identified. Some questioned whether highly structured learning could make trainees less proactive in identifying their own learning needs.

Reflection

Trainees reflected and responded to feedback, but trainers found it difficult to attribute this specifically to SLP.

Overall progression

Mostly described as similar to peers, although some trainers felt clinical progression was slower with fewer patient-facing sessions.

“I wondered whether the more structured nature... may have made the trainee slightly less proactive in identifying their own learning needs.”

Structured learning

- Broad curriculum exposure
- Clear learning objectives
- Access to areas that may otherwise be missed
- Additional educational resources



Clinical immersion

- Patient contact
- Trainer supervision and debrief
- Feedback and reflection
- WPBA opportunities
- Development through experience

The value of SLP depends on integrating structured learning with, rather than displacing, sufficient clinical experience.

Protect clinical exposure

Link modules back to practice

Plan rotas and trainer contact



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Resident doctor feedback