

Structured Learning Programme (SLP) Pilot Evaluation Report

Combined Thames Valley and Wessex Fellows Evaluation Report

Executive Summary

The Structured Learning Programme (SLP) pilot was introduced across GP training programmes as an innovative approach to increase training capacity whilst maintaining educational quality. The pilot aimed to provide trainees with structured, facilitated learning opportunities through a series of themed modules, supported by self-directed learning and peer discussion.

Evaluation findings suggest that trainees viewed the programme positively overall and would support its continuation. Key strengths included the clinical relevance of learning activities, the quality of facilitation, and the opportunity for peer-supported learning. However, trainees also identified significant challenges relating to workload, reduced clinical exposure, duplication with existing portfolio requirements, and concerns about exam and ARCP preparedness.

The findings indicate that the SLP model has considerable potential as a sustainable approach to support GP training capacity expansion but requires refinement to maximise educational value and minimise unintended consequences.

Background

Expansion of GP training numbers remains a strategic priority. The SLP pilot was developed to explore whether structured learning modules could provide greater flexibility in training delivery whilst maintaining educational outcomes and supporting training capacity. Anticipated benefits included improved capacity, support for trainer workload, and standardisation of key learning experiences across trainees.

The pilot included structured modules covering:

- Clinical Reasoning
- ENT
- Genomics
- Men's Health
- Paediatrics
- Planetary Health

These modules combined self-directed learning, facilitated teaching sessions, reflective activities and peer discussion.

Planning and Stakeholder Engagement

Preparation for the pilot involved close engagement with national and regional stakeholders to ensure the programme was aligned with wider NHS strategy and informed by learning from other regions.

- Met with Dominic Patterson, national lead for the NHS SLP programme, to align local delivery with national direction
- Attended the Structured Learning Community of Practice to share progress and learn from peers
- Selected modules and planned delivery in collaboration with Training Programme Directors (TPDs)
- Worked with TPDs on facilitation of the modules
- Connected with other regions to learn from approaches already trialled elsewhere

Aims

The evaluation sought to assess the impact of the Structured Learning Programme on:

1. Trainee experience
2. Trainer and facilitator experience
3. Training capacity and educational quality

across Thames Valley and Wessex GP training programmes.

Methodology

Evaluation Design

A mixed-methods evaluation design was adopted to evaluate the delivery and perceived value of the Structured Learning Programme (SLP) within General Practice (GP) training. The evaluation incorporated quantitative and qualitative data collection to explore trainees' experiences of structured learning, changes in self-reported confidence and perceived competence, and factors influencing engagement and programme delivery.

Data were collected longitudinally at three stages of the placement: pre-placement, interim and end of placement. An interim qualitative focus-group evaluation was also undertaken to explore trainees' experiences in greater depth. In addition, a formal interim evaluation was undertaken with facilitators involved in delivering the programme.

The evaluation therefore incorporated multiple sources of evidence:

- Pre-placement trainee questionnaire: 19 responses
- Interim trainee questionnaire: 15 responses
- Interim trainee focus groups: 2 facilitated groups
- Interim facilitator questionnaire: 4 responses
- End-of-placement trainee questionnaire: 7 responses
- GP trainer feedback: informal feedback provided in their own time

The evaluation was informed by the Kirkpatrick Model and the CIPP (Context, Input, Process, Product) framework. These provided complementary perspectives on trainee experience and perceived learning, alongside the wider educational context, resources, implementation processes and outcomes of the programme.

Trainee Questionnaires

Trainee questionnaires were administered at three evaluation points to provide a longitudinal assessment of the programme.

The pre-placement questionnaire established a baseline assessment of trainees' confidence and perceived competence before substantial exposure to the structured learning programme. Nineteen trainees completed the baseline questionnaire. Areas explored included confidence in clinical reasoning, reflective learning, peer discussion and a range of curriculum-specific clinical topics.

The interim questionnaire assessed trainees' developing experience of the programme and identified emerging changes in confidence, perceived competence and engagement. Fifteen trainees completed the interim questionnaire.

The end-of-placement questionnaire provided an overall assessment of the structured learning experience and enabled comparison with earlier responses where comparable questions were used. Seven trainees completed the end-of-placement questionnaire.

Questionnaires incorporated structured rating scales alongside open-ended questions. The structured measures explored areas including:

- clinical reasoning and decision-making;
- reflective learning;
- peer discussion and collaborative learning;
- confidence in curriculum-specific clinical topics;
- application of learning to clinical practice;
- perceived competence; and
- overall experience of structured learning.

Module-specific feedback questions were also used where appropriate to evaluate individual learning activities.

The questionnaires were developed for the purposes of the programme evaluation and were intended to assess patterns in self-reported confidence, perceived competence and experience rather than provide a validated objective measure of clinical competence.

Interim Trainee Focus Groups

Two facilitated trainee focus groups were undertaken at the interim stage of the programme.

The focus groups were designed as open discussions exploring how trainees were experiencing the structured learning programme. Trainees were encouraged to discuss aspects of the programme that they found useful, their experience of peer learning and discussion, the relevance of the learning to clinical practice, and any difficulties or barriers encountered.

The discussions also provided an opportunity for trainees to identify issues that may not have been captured through structured questionnaire responses. Conducting the focus groups at the interim stage provided a formative element to the evaluation, allowing emerging issues to be identified while the programme was still being delivered.

The focus-group findings were considered alongside the interim questionnaire responses to provide greater depth and context to the quantitative findings.

Facilitator Interim Evaluation

A formal interim evaluation was undertaken to explore facilitators' experiences of delivering the Structured Learning Programme.

Four facilitators completed the facilitator questionnaire. The evaluation explored several aspects of programme delivery, including:

- workload associated with delivering the programme;
- experience of delivering individual modules;
- trainee support and engagement;
- practical aspects of programme delivery;
- challenges encountered during implementation; and

- overall experience of facilitating the Structured Learning Programme.

The facilitator evaluation provided an additional educator perspective and enabled comparison with trainee feedback. As it was undertaken at the interim stage, it also provided formative information about programme delivery while the SLP was ongoing.

Facilitator responses were summarised descriptively and considered alongside the interim trainee questionnaire and focus-group findings.

GP Trainer Feedback

Feedback from GP trainers was initially considered as part of the evaluation design. A formal questionnaire was considered but was not implemented because of concerns regarding the additional workload and response burden for busy GP trainers.

GP trainers were instead invited to provide feedback informally in their own time. This provided supplementary contextual information regarding the implementation of structured learning and the experience of supporting trainees.

As this feedback was not collected systematically, it was not treated as a formal evaluation dataset and was not included as a quantitative outcome measure. Where relevant, it was used to provide additional context to the findings from the formal trainee and facilitator evaluations.

Quantitative Data Results:

Pre-Programme Questionnaire Findings

A total of 19 GP trainees completed the pre-programme questionnaire. Overall, trainees reported good confidence in core GP competencies, including clinical knowledge application, clinical reasoning, reflective learning, and participation in collaborative learning. Motivation for learning was high across the cohort, suggesting strong engagement with training at programme entry.

The highest levels of confidence were reported in menopause care, cancer diagnosis, and general clinical practice skills. In contrast, trainees reported lower confidence in several curriculum-specific areas, particularly genomics, planetary health, men's health, paediatrics, and ENT. These topics were identified as key areas for development within the programme.

Views on the role of reflective learning in supporting wellbeing and resilience were more mixed, although overall motivation and enthusiasm for learning remained positive.

These findings provided a baseline against which changes in trainee confidence, knowledge application, and learning experiences can be assessed at the interim and post-programme stages.

Key Baseline Messages

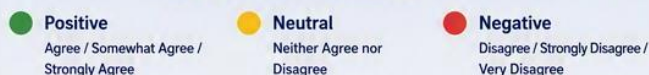
- 19 trainees completed the questionnaire.
- High confidence in core GP knowledge, clinical reasoning, and reflective learning.
- Strong motivation and engagement with learning at programme entry.
- Highest confidence areas: menopause, cancer diagnosis, and general clinical practice.
- Lowest confidence areas: genomics, planetary health, men's health, paediatrics, and ENT.
- Findings informed the educational priorities of the programme and provide a benchmark for measuring change over time.

PRE-SLP QUESTIONNAIRE SUMMARY REPORT

 **19**
Responses

This report summarises findings from the Pre-SLP Questionnaire completed by 19 GP trainees. The questionnaire explored confidence in core clinical practice, learning behaviours, wellbeing, and a range of curriculum-specific clinical topics.

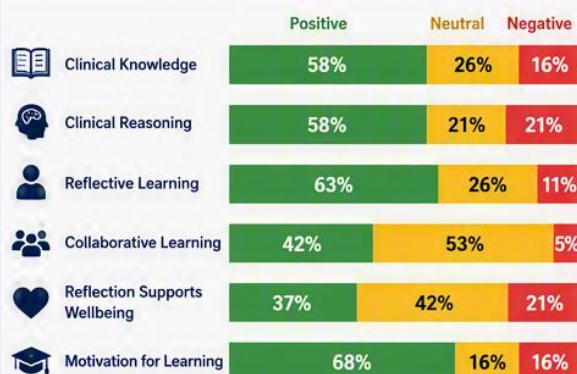
HOW TO READ THE CHARTS



KEY TAKEAWAY

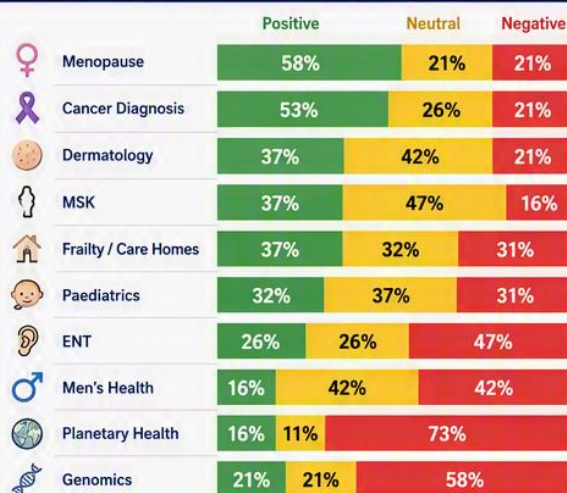
Trainees are generally confident in core GP skills and motivated to learn. The biggest gaps are in genomics, planetary health, men's health and paediatrics.

CONFIDENCE IN CORE TRAINING DOMAINS



Trainees demonstrate strong engagement with learning and good confidence in applying clinical knowledge and reasoning. The only notable concern within core domains is the mixed perception of reflective learning as a contributor to wellbeing.

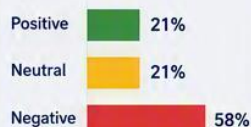
CLINICAL TOPIC CONFIDENCE (RANKED BY POSITIVE RESPONSES)



AREAS OF GREATEST LEARNING NEED



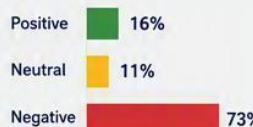
GENOMICS



Significant educational gap identified.



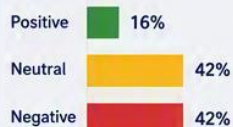
PLANETARY HEALTH



Lowest confidence across all curriculum areas.



MEN'S HEALTH



Considerable uncertainty and lack of confidence.



ENT

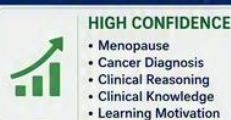


Highly variable confidence levels across trainees.

RECOMMENDED SLP TEACHING PRIORITIES



CONFIDENCE OVERVIEW



SUMMARY STATISTICS



19
Trainees Responded



10
Questionnaire Domains



Likert Scale
5-point responses



2–3 minutes
Average completion time

CONCLUSION



The survey demonstrates a motivated and engaged trainee cohort with good confidence in core GP competencies and reflective learning. Confidence is highest in menopause, cancer diagnosis and general clinical practice. The most significant learning needs relate to genomics, planetary health, men's health and ENT, providing a clear evidence base for future SLP programme planning. The findings also suggest opportunities to further support wellbeing and resilience through reflective educational activities.

Interim Questionnaire Findings

A total of 15 trainees completed the interim questionnaire. Overall, findings indicate increased confidence across most areas explored within the programme. Responses were overwhelmingly positive, with most trainees selecting either Agree or Strongly Agree across core clinical, educational and curriculum-specific domains.

Confidence remained particularly strong in core GP competencies, including clinical knowledge application, clinical reasoning, reflective learning and collaborative learning. Trainees also continued to report high levels of motivation and engagement with learning activities.

The areas identified as lowest-confidence topics at baseline, including genomics, planetary health, men's health, paediatrics and ENT, demonstrated notable improvement, with most responses moving from disagreement or uncertainty towards neutral or positive ratings. However, these topics continued to attract more neutral responses than other curriculum areas, suggesting ongoing opportunities for development during the remainder of the programme.

Overall, the interim findings suggest that the programme is having a positive impact on trainee confidence and perceived ability to apply knowledge within clinical practice.

Key Interim Messages

- 15 trainees completed the interim questionnaire.
- Confidence increased across most domains compared with baseline.
- Most responses were either Agree or Strongly Agree.
- High confidence was maintained in core GP competencies and learning behaviours.
- Previously identified weaker areas showed improvement, particularly genomics and planetary health.
- Some curriculum topics continued to attract neutral responses, indicating further development opportunities.
- Findings suggest a positive trajectory ahead of the final post-programme evaluation.

INTERIM SLP QUESTIONNAIRE SUMMARY

Interim evaluation of the SLP programme



15

Responses



Overall confidence has improved across most areas.

Responses are predominantly positive, with very few negative ratings. Trainee motivation remains high.

OVERALL RESPONSE DISTRIBUTION



POSITIVE
(Agree / Strongly Agree)

84%



NEUTRAL
(Neither agree nor disagree)

14%



NEGATIVE
(Disagree / Strongly Disagree)

2%



Positive = 84% | Neutral = 14% | Negative = 2%

CORE GP COMPETENCIES

DOMAIN	POSITIVE	NEUTRAL	NEGATIVE
Applying clinical knowledge	93%	7%	0%
Clinical reasoning & decision making	93%	7%	0%
Reflective learning	87%	13%	0%
Collaborative learning	93%	7%	0%
Reflective learning supports wellbeing	80%	20%	0%
Motivation & enjoyment of learning	93%	7%	0%



Core competencies show sustained high confidence with minimal negative responses.

CURRICULUM TOPIC CONFIDENCE

TOPIC	POSITIVE	NEUTRAL	NEGATIVE
Menopause	100%	0%	0%
Cancer diagnosis	100%	0%	0%
Dermatology	93%	7%	0%
MSK	93%	7%	0%
Frailty / care homes	87%	13%	0%
Paediatrics	87%	13%	0%
ENT	80%	20%	0%
Men's health	80%	20%	0%
Planetary health	73%	20%	7%
Genomics	73%	27%	0%



Previously lower confidence topics show clear improvement, with most responses now positive or neutral.

KEY IMPROVEMENTS SINCE BASELINE



Large increase in positive responses across all domains



Negative responses have decreased substantially



Greatest gains in genomics, planetary health, men's health, paediatrics and ENT



Strong engagement and motivation maintained



Positive trajectory towards post-programme evaluation

AREAS FOR FURTHER DEVELOPMENT

Topics with the highest proportion of neutral responses:

- 1 Genomics
- 2 Planetary Health
- 3 Men's Health
- 4 ENT
- 5 Paediatrics



These areas remain priorities for the remainder of the programme.

COMPARISON WITH BASELINE

	BASELINE (Approx.)		INTERIM (n=15)
Overall positive responses	~45-55%	↑	84%
Overall negative responses	~20-35%	↓	2%
Genomics confidence	Low	↑	Moderate-High
Planetary health confidence	Very Low	↑	Moderate
Men's health confidence	Low	↑	Moderate-High
Learner motivation	High		High
Clinical reasoning confidence	Good	↑	Very Good

INTERIM CONCLUSION



The interim evaluation demonstrates a clear positive shift in trainee confidence across core GP competencies and curriculum-specific topics. Areas identified as lower confidence at baseline show evidence of improvement, while motivation and engagement remain high. The programme is on track to achieve its intended outcomes.

Post-Programme Findings

A total of 7 trainees completed the post-programme questionnaire. Overall, findings demonstrate consistently high levels of confidence across all domains, with responses overwhelmingly positive. Most participants selected either Agree or Strongly Agree, suggesting that gains observed at the interim stage were largely maintained through to programme completion.

Confidence remained particularly strong in core GP competencies, including clinical knowledge application, clinical reasoning, reflective learning and collaborative learning. Motivation for learning and engagement with educational activities also remained high.

The curriculum areas identified as lower-confidence topics at baseline, including genomics, planetary health, men's health, paediatrics and ENT, showed substantial improvement when compared with pre-programme findings. While some neutral responses remained, negative responses were uncommon and largely limited to isolated individuals.

Overall, the post-programme findings indicate that the programme successfully increased trainees' confidence across both core competencies and curriculum-specific topics, with evidence of sustained improvement over time.

Key Post-Programme Messages

- 7 trainees completed the post-programme questionnaire.
- Confidence remained high across all domains.
- Most responses were positive (Agree or Strongly Agree).
- Improvements observed at interim evaluation were sustained.
- Previously low-confidence topics demonstrated substantial improvement compared with baseline.
- Negative responses were rare and generally isolated.
- Findings suggest the programme successfully achieved its intended educational objectives.

POST-PROGRAMME SLP QUESTIONNAIRE SUMMARY

Final evaluation of the SLP programme

7 Responses



High confidence maintained across all domains at programme completion.

Responses are overwhelmingly positive, with very few neutral and minimal negative responses.

OVERALL RESPONSE DISTRIBUTION



POSITIVE
(Agree / Strongly Agree)

87%



NEUTRAL
(Neither agree nor disagree)

10%



NEGATIVE
(Disagree / Strongly Disagree)

3%

Positive = 87% | Neutral = 10% | Negative = 3%

CORE GP COMPETENCIES

DOMAIN	POSITIVE	NEUTRAL	NEGATIVE
Applying clinical knowledge	86%	14%	0%
Clinical reasoning & decision making	86%	14%	0%
Reflective learning	86%	14%	0%
Collaborative learning	86%	14%	0%
Reflective learning supports wellbeing	71%	29%	0%
Motivation & enjoyment of learning	86%	14%	0%



Core GP competencies remain strong, with almost all trainees reporting confidence in these key areas.

CURRICULUM TOPIC CONFIDENCE

TOPIC	POSITIVE	NEUTRAL	NEGATIVE
Menopause	100%	0%	0%
Cancer diagnosis	100%	0%	0%
Dermatology	100%	0%	0%
MSK	100%	0%	0%
Frailty / care homes	86%	14%	0%
Paediatrics	86%	14%	0%
ENT	71%	29%	0%
Men's health	71%	29%	0%
Planetary health	57%	43%	0%
Genomics	57%	43%	0%



Substantial improvement in curriculum topics, with no negative responses in most areas.

PROGRESS ACROSS THE PROGRAMME (BASELINE → INTERIM → POST)

MEASURE	BASELINE	INTERIM	POST
Overall confidence	Moderate	→ High	High
Overall positive responses	~45–55%	→ 84%	87%
Overall negative responses	Common	→ Rare	Very rare
Genomics confidence	Low	→ Improved	Sustained
Planetary health confidence	Very low	→ Improved	Sustained
Men's health confidence	Low	→ Improved	Sustained
Core GP competencies	Good	→ Very good	Very good
Learner motivation	High	→ High	High

KEY IMPROVEMENTS SINCE BASELINE



Large and sustained increase in confidence across most domains



Negative responses reduced substantially



Greatest gains in genomics, planetary health, men's health, paediatrics and ENT



Learner engagement and motivation remained high



Positive trajectory maintained through programme completion

AREAS FOR CONTINUED FOCUS

Topics with the highest proportion of neutral responses:

- 1 Genomics
- 2 Planetary Health
- 3 Men's Health

These areas may benefit from further emphasis in future cohorts to build confidence to a consistently high level.

RESPONSE SUMMARY STATISTICS



7 Trainees Responded



16 Questionnaire Domains



Likert Scale
5-point responses

COMPARISON SUMMARY: BASELINE vs POST

AREA	BASELINE	INTERIM	POST	CHANGE (BASELINE → POST)
Overall positive responses	~45–55%	84%	87%	↑ Significant increase
Overall negative responses	~20–35%	2%	3%	↓ Substantial decrease
Genomics confidence	Low	Moderate–High	Moderate–High	↑ Sustained improvement
Planetary health confidence	Very low	Moderate	Moderate	↑ Sustained improvement
Men's health confidence	Low	Moderate–High	Moderate–High	↑ Sustained improvement
Core GP competencies	Good	Very good	Very good	↑ Maintained high level
Learner motivation	High	High	High	→ Consistently high

POST-PROGRAMME CONCLUSION



The post-programme evaluation demonstrates that the SLP programme has successfully improved and sustained trainee confidence across both core GP competencies and curriculum-specific topics. Gains observed at interim evaluation have been maintained, with very few negative responses at programme completion. Trainees remain highly motivated and engaged. The programme has achieved its intended educational outcomes and contributed positively to trainee development.

Facilitator Interim Evaluation Findings

Overview

An interim evaluation was undertaken to explore facilitators' experiences of delivering the Structured Learning Programme (SLP). Four facilitators completed the questionnaire, providing feedback on workload, module delivery, trainee support, and overall programme experience.

Overall Experience

Feedback from facilitators was generally positive, with respondents expressing strong enthusiasm for the facilitation role and the opportunity to deliver structured learning modules. Facilitators reported enjoying their involvement in the programme and recognised the value of the modules in supporting trainee development.

Respondents particularly valued the ability to adapt and enhance session content to improve engagement and enrich learning opportunities for trainees. However, facilitators noted that these adaptations required additional preparation time beyond that originally anticipated.

Workload and Time Commitment

The most prominent theme arising from the evaluation was the challenge associated with balancing facilitation responsibilities alongside other programme commitments. Facilitators reported that the current allocation of time was insufficient to fully support all aspects of the role, particularly preparation, session delivery, monitoring trainee engagement, portfolio review, and responding to trainee queries.

Several respondents highlighted the need for an additional protected session each week, suggesting that approximately three sessions (equivalent to around 12 hours) would provide sufficient capacity to undertake facilitation responsibilities effectively.

While facilitators were committed to delivering a high-quality experience for trainees, there was a consistent view that the sustainability of the role would be improved through increased protected time. One respondent specifically commented that workload would be manageable if appropriate time were allocated within the role.

Number of Modules per Cycle

Facilitators were asked to consider the appropriate number of modules to be delivered within each cycle. Responses generally suggested that between six and seven modules would be optimal. Suggestions included the delivery of six core modules supplemented by additional optional or topical sessions where capacity allows.

Some respondents indicated that a larger number of modules could be delivered successfully if additional facilitator time were available, reinforcing the relationship between programme scope and available resource.

Impact of First-Year Delivery

Facilitators recognised that this cohort represented the first full delivery of several modules. As a result, substantial preparation was required to familiarise themselves with content, identify relevant supporting resources, and ensure sessions met learners' needs.

It was suggested that some of the workload challenges experienced during the current cycle may reduce in future cohorts as facilitators become more familiar with the materials and as learning resources become increasingly refined and established.

Key Themes

The evaluation identified three key themes:

- **High facilitator engagement and commitment to the programme.** Facilitators reported enjoying the role and valued contributing to trainee development.
- **Insufficient protected time.** Preparation, trainee support, portfolio monitoring, and administration created pressures that exceeded the current time allocation.
- **Need for programme refinement.** Facilitators suggested either reducing the number of modules delivered per cycle or increasing available facilitator time to ensure sustainable delivery.

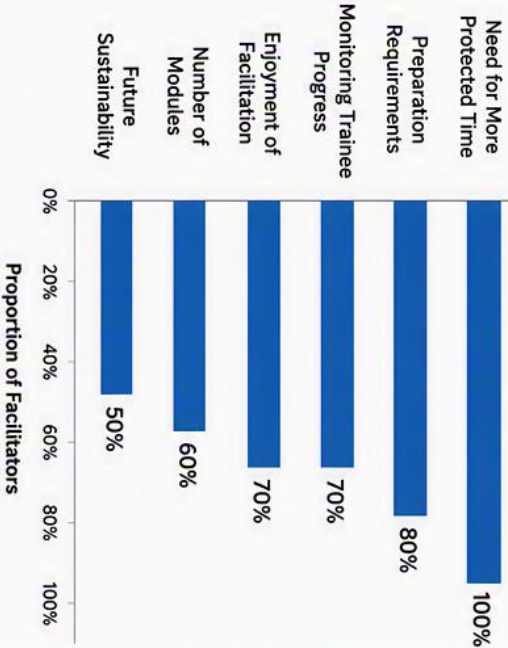
FACILITATOR EVALUATION DASHBOARD

Structured Learning Programme (SLP) | Interim Evaluation Results (n=4 Facilitators)

SUMMARY AT A GLANCE

	FACILITATOR ENGAGEMENT Facilitators are highly engaged and committed to the programme.	● HIGH
	PROGRAMME SATISFACTION Positive experience delivering structured learning modules.	● HIGH
	CONFIDENCE SUPPORTING TRAINEES Facilitators feel confident in their ability to support and assess learners.	● HIGH
	QUALITY OF LEARNING DELIVERY Modules are well-structured and valued by trainees.	● HIGH
	TIME FOR PREPARATION Significant preparation time required; current time is not sufficient.	● LOW
	MONITORING & ADMINISTRATION Portfolio monitoring, emails and admin add to workload.	● LOW
	WORKLOAD SUSTAINABILITY Current allocation not sufficient to sustain the full range of responsibilities.	● RISK
	PROGRAMME STRUCTURE General preference for 6-7 modules per cycle.	● MODERATE

KEY THEMES FROM FACILITATOR FEEDBACK



- i** Most dominant theme: need for additional protected time.
- 👥** Preparation and monitoring commitments create workload pressure.
- ★** Despite challenges, facilitators enjoy the role and value the programme.

OVERALL RAG SUMMARY



HEADLINE MESSAGES

- STRENGTHS**
Facilitators are highly engaged and enjoy delivering the structured learning modules. The programme is valued and supports trainee development.
- CHALLENGES**
Preparation, monitoring and administration require more time than currently available. First-time delivery has increased the preparation burden.
- KEY RISK**
Insufficient protected time may impact the ability to deliver all aspects of the role effectively and could affect long-term sustainability.

RECOMMENDED ACTIONS

- 1** Increase facilitator allocation to three protected sessions (approximately 12 hours) per week.
- 2** Adopt a delivery model of 6-7 modules per cycle, with flexibility for optional topics.
- 3** Develop a repository of resources and materials to reduce future preparation requirements.
- 4** Continue to monitor workload and facilitator experience in subsequent delivery cycles.
- 5** Maintain opportunities for facilitator innovation while ensuring workload remains manageable.



OVERALL CONCLUSION:

Facilitators are highly committed and value the programme, however additional protected time is essential to ensure sustainable, high-quality delivery and effective support for trainees.

Qualitative Feedback Findings

The following summarises the combined feedback from the qualitative feedback discussions taken following the first six modules – mid-way through the programme. This is a combination of two separate discussions; one with the Wessex trainees and a second with the Thames Valley trainees.

1. Clinical Relevance and Educational Value

The strongest positive theme was the perceived clinical relevance of the programme.

Trainees consistently described the programme as relevant to general practice and reported improvements in:

- Consultation skills
- Clinical confidence
- Reflective practice
- Preparedness for progression into ST3

Participants valued opportunities to discuss real clinical cases and appreciated practical frameworks that could be applied directly within consultations.

Implications

These findings suggest that well-designed structured learning can complement workplace learning and provide meaningful educational experiences beyond traditional didactic teaching.

2. Value of Facilitation and Peer Learning

Facilitation emerged as one of the most highly valued elements of the programme.

Trainees reported that facilitators:

- Provided supportive learning environments
- Extended discussions beyond module content
- Shared wider GP perspectives
- Encouraged critical reflection

Peer learning was also highly regarded, with trainees valuing opportunities to learn alongside colleagues, discuss cases, and provide emotional support to one another.

Implications

The findings reinforce the importance of skilled facilitation and collaborative learning as central components of the SLP model.

3. Preference for Interactive Learning

Participants expressed a strong preference for:

- Case-based discussion
- Role play
- Practical skills sessions

These approaches were described as engaging, memorable, and immediately transferable to clinical practice.

Implications

Future programme iterations should maximise active and applied learning opportunities rather than relying heavily on passive or task-based activities.

Challenges Identified

1. Reduced Clinical Exposure

A recurring concern was the perceived reduction in clinical exposure during the programme.

Trainees reported:

- Reduced opportunities for workplace-based assessments
- Less protected time for portfolio development
- Fewer tutorial opportunities with trainers
- Anxiety regarding ARCP progression
- Concerns about clinical preparedness compared with peers not undertaking SLP

2. Workload and Time Burden

Many trainees described workload as excessive and reported completing programme activities outside scheduled learning time.

Concerns related to:

- Poster creation
- Repetitive reflective exercises
- Breakout room activities
- Poor perceived balance between time investment and educational benefit

3. Duplication with Existing Training Requirements

Participants frequently reported duplication between SLP activities and mandatory portfolio requirements.

Many perceived SLP tasks as additional work rather than a replacement for existing educational activities. Lack of clarity around documentation and evidence requirements further compounded this issue.

4. Variable Educational Value Between Modules

Whilst some modules were highly rated, trainees reported inconsistency in educational value across the programme.

Specific concerns included:

- Activities perceived as too basic
- Content not always aligned with everyday GP practice
- Tasks viewed as overly simplistic or "school-like"

5. Technical and Organisational Barriers

Participants identified several operational issues:

- Broken or outdated links

- Difficulties navigating digital platforms
- Inconsistent instructions
- Variable experience of online learning activities

Discussion

The evaluation provides encouraging evidence that the Structured Learning Programme (SLP) can provide GP trainees with a valuable educational experience while supporting the wider aim of increasing training capacity. Trainees reported high levels of confidence, motivation and engagement, with improvements particularly evident in curriculum areas identified as lower-confidence topics at baseline. These improvements were largely maintained at programme completion.

Qualitative feedback helps explain these positive findings. Trainees particularly valued the clinical relevance of learning, skilled facilitation and opportunities for peer learning. Case-based discussion, role play and practical activities were considered engaging, memorable and transferable to clinical practice. Facilitators similarly valued the opportunity to adapt teaching to learners' needs. This suggests that the distinctive value of SLP lies not simply in delivering additional content, but in providing facilitated, interactive and clinically applied learning.

However, the evaluation identified an important tension between the educational benefits of SLP and the realities of GP training. Trainees reported reduced clinical exposure, fewer opportunities for workplace-based assessments and tutorials, less protected portfolio time, and concerns about ARCP progression. Many also reported completing SLP activities outside scheduled learning time. Duplication with existing portfolio requirements, particularly where additional reflections or outputs were required, contributed to the perception that SLP was an additional workload rather than an integrated part of training.

There was also variation in the perceived educational value of individual modules. While some were highly valued, others were considered too basic, insufficiently relevant to everyday GP practice or overly task focused. Technical and organisational problems, including outdated links, unclear instructions and difficulties navigating digital platforms, created further avoidable barriers. Facilitator feedback highlighted a parallel issue. Facilitators were enthusiastic about the programme but felt that preparation, delivery, trainee support, portfolio monitoring and administration exceeded the available protected time. Approximately three sessions (around 12 hours) per week were suggested as a more realistic allocation. Although preparation demands may reduce as resources become established, sustainable delivery will require facilitator workload to be explicitly recognised and resourced.

Overall, the findings suggest that future development should focus on integration rather than addition: retaining the elements trainees value most while reducing unnecessary workload, duplication and loss of clinical learning opportunities.

Recommendations

1. Prioritise high-value, clinically applied learning

Future modules should prioritise case-based discussion, role play, practical skills and real clinical scenarios. Each activity should have a clear link to GP practice and answer three questions: *What capability does this develop? How will it be applied clinically? Is there an existing training requirement this can contribute to?*

Low-value activities, including repetitive reflections or outputs such as posters which may be available online or easily created using an AI tool, provides limited educational benefit and should be redesigned.

3. Integrate SLP with the GP portfolio

SLP should contribute to, rather than sit alongside, existing training requirements. Modules should be mapped to relevant GP curriculum capabilities, with clear guidance for trainees on how learning can be documented within their existing portfolio. This should reduce duplication and make the purpose of SLP clearer.

4. Protect clinical exposure

Programme timetables should explicitly consider the balance between SLP and clinical learning. Trainees should retain adequate opportunities for clinical encounters, workplace-based assessments, trainer tutorials and portfolio development.

5. Set realistic workload expectations

Each module should have a clearly stated expected time commitment, including preparation and follow-up. Additional work should be kept within protected learning time wherever possible. Programme leads should monitor actual workload and use trainee feedback to adjust future delivery.

6. Resource facilitators appropriately

Facilitator job plans should reflect preparation, delivery, trainee support, administration and resource development. The suggested allocation of approximately three sessions (12 hours) per week should be considered when planning future cohorts. Existing resources should be retained and refined to reduce repeated preparation.

7. Strengthen digital infrastructure

Before each cohort, all links and resources should be checked, instructions standardised and access tested from a trainee perspective.

8. Build continuous improvement into delivery

After each module, collect brief feedback using 'Keep – Change – Stop' questions, alongside a question about clinical relevance and workload. At the end of each cohort, programme leads should review trainee and facilitator feedback together and record agreed changes for the next cohort.

Conclusion

The SLP pilot demonstrates that structured, facilitated learning can provide a valuable and engaging educational experience for GP trainees. Trainees particularly valued clinically relevant learning, facilitation, peer interaction and practical application, while quantitative findings suggest improvements in confidence across several curriculum areas.

The main challenges were not with the concept of structured learning itself, but with its implementation: additional workload, duplication, reduced clinical exposure, variable module quality and insufficient facilitator capacity. Future development should therefore focus on making SLP an integrated part of GP training rather than an additional requirement.

The next cohort should retain the strongest features of the pilot - clinical relevance, interactive teaching, facilitation and peer learning, while removing low-value activities, aligning outputs with the existing portfolio, protecting clinical exposure and providing adequate facilitator time. With these changes, SLP has the potential to become a sustainable model that supports increased GP training capacity without compromising educational quality or the trainee experience.