



UNIVERSITY OF
LIVERPOOL

LEARNING THROUGH REMOTE CONSULTING

LESSONS LEARNT AND PLANS FOR THE FUTURE

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AIMS OF THE SESSION

- **Background and update**
- **Practical demonstration of a remote consulting session with Q&A**
- **Evaluation of the project**
- **Small group activity exploring potential use of sessions within General Practice**
- **Research and further developments**

BACKGROUND



- Double the number of medical school training places, taking the total number of places up to 15,000 a year by 2031/32, with more medical school places in areas with the greatest shortages, to level up training and help address geographical inequity. To support this ambition, we will increase the number of medical school places by a third, to 10,000 a year by 2028/29. The first new medical school places will be available from September 2025.

IMPLICATIONS FOR LIVERPOOL



- Current year group 343
- Re-introduction of 4-year Graduate Entry Programme (GEP) – 30 students.

Postgraduate
learners

Other health care
programmes

Practice
mergers

Practice
closures

**WILL THERE BE
ENOUGH
CLINICAL
PLACEMENTS?**

Workload
pressures

Supervision

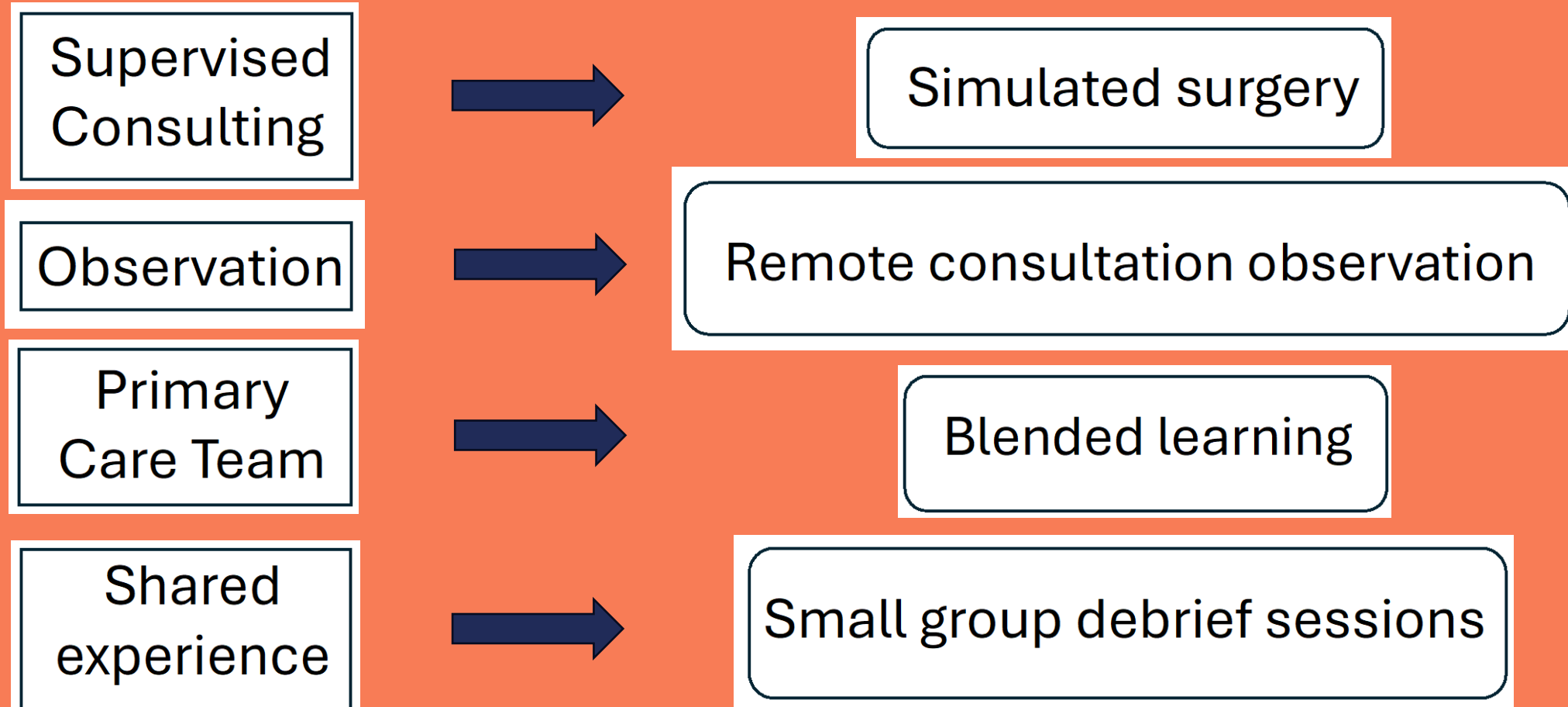
Room
space

Staffing levels

New medical
schools

Renumeration

HOW DO STUDENTS LEARN ON CLINICAL PLACEMENT?



REMOTE CONSULTATION OBSERVATION

"Observe, record,
tabulate, communicate.
Use your five senses.
Learn to see, learn to
hear, learn to feel, learn
to smell, and know that
by practice alone you
can become expert."

Sir William Osler



REMOTE CONSULTATIONS

PHASE 2 SEP 24-25

Phase 2 of the pilot was introduced in 2024/25 to the Year 3, 4-week GP block and involved the following.

- 1 session per week per student (4 sessions per block)
- 8 students per session
- Based in University of Liverpool, Hyflex room, Mount Pleasant
- 4 live streaming sites rotating around Mersey region
- 1 CCT facilitator present
- Total number of students involved = 56



Interprofessional, we are the original relationship

REMOTE CONSULTATIONS

PHASE 3 SEP 25-26

Phase 3 of the pilot will be introduced in 2025/25 using larger student groups and more live streaming sites

- 1 session per week, with 2 cohorts alternating each week (2 sessions per block for each student)
- 12 students per week
- Based in Cedar House
- 6 live streaming sites
- 1 CCT facilitator
- Total number of students = 168

WHY?

- Phase 3 has been designed to evaluate larger student groups and give more students the opportunity to experience remote consultation.
- It will also involve more practices and remote consultants, increasing the variety of experience for students
- Reduced impact on practices as will only need to release students for half a day, alternative weeks

REMOTE CONSULTATION

DEMONSTRATION



**IMBED VIDEO
HERE**

TIME TO HAVE A PLAY...

https://img.freepik.com/free-vector/tiny-doctors-treating-examining-patients-ear-using-otology-tool-carrying-bottles-blisters-with-pills-vector-illustration-otolaryngology-health-care-hearing-loss-concept_74855-13256.jpg?t=st=1746703609~exp=1746707209~hmac=d6a5eecd820a1be4338685dfbc7f348cedce90625e2cd3b751fe272b9f9a85a&w=1380

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QUESTION TIME

**ANY QUESTIONS
REGARDING THE
SESSIONS?**

EARLY EVALUATION

AND FEEDBACK

BLOCK 5 STUDENT FEEDBACK EXAMPLE

Please outline what you found beneficial about the Remote Consulting Hybrid Pilot. 

Seeing how multiple GP's tackle and approach certain patient presentations was a great benefit to my learning. Also having a GP to supervise [REDACTED] was great as she really aided in our learning.

Very useful to discuss cases

I thought that it was helpful to have a GP tutor in the room with us to talk to us and help us to think through things clinically, even when the actual GP in the room was busy writing up case notes. This meant that we had more chances to ask questions we might have otherwise not had the opportunity to ask.

It was very useful to be able to navigate a live consultation while getting teaching from both the GP with us and the one joining us remotely. I feel that this approach gave us valuable contact time and allowed us to learn more as we could discuss the cases in detail and take time out to learn at our own pace what we would otherwise miss if we were just in regular placement for a half day.

COMMON THEMES

Common themes seem to be:

Increased time of consultation

Exploring the GPs thought process to help develop clinical reasoning

Seeing multiple different GPs consult allowed students to observe different approaches

And.... Reduced travel

WORK ONS..

- Limitations around examinations
- E-portfolio requirements more challenging
- Maintaining interaction throughout session
- Rare presentations vs common presentations??

SMALL GROUP ACTIVITY

IN YOUR TABLES PLEASE
DISCUSS THE FOLLOWING

- What are the potential learning opportunities with these sessions?
 - Is there anything in practice that would particularly lend itself to this type of learning?
- How can this be developed further?

NEXT STEPS

POSSIBLE IDEAS

6 week baby
checks

MDT meetings

Additional roles
staff

Experience less
frequently seen
population
groups

Working with
other universities

Earlier year
groups?

CURRENT MEDICAL EDUCATION RESEARCH -LIVGPLIVE

WE NEED YOUR HELP...

LivGPLive1

To understand what remote observed consulting of a GP appointment adds to student learning

LivGPLive2

Motivating factors and barriers to online remote consulting

LivGPLive2: Motivating factors and barriers to online remote consulting

Add QR code

ANY QUESTIONS?

We are the projects
that make headlines
And people that
make history

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