



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^{6,7,8}

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 FEEDBACK⁹

- 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.