

Immersive VR training for GP trainees

Revolve360 and the East of England programme:
what it is, what the evidence shows, and how to use it in your half-day release

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Who we are

Created by an Educator and a Doctor

With projects supported by a network of active clinicians including GPs and specialists.

Built with experts and lived experience

Every module is scripted with subject matter experts and people who have lived the condition.

We film and build in-house

Our own production team and 360 crew, so scenarios can be changed when they don't ring true.



Hamish Mackenzie
(CEO)



Dr Jordan Tsigarides
(CMO, Rheumatologist)



Cameron Lowe
(Head of Production)



Laura Levytska
(CBO)

Further Development and Technical Team Members

Laiba Fareed, Andrew Jones, Thomas Andrews, Alex Cross,
Ian Cole, Thomas Anderson, Kevine Musoni

The challenge of educating the masses

1

Limited time and resource

Delivery of service dominates, ad-hoc learning is variable, HDRs take resource.

2

Covering the hard topics

The topics trainees most need are the hardest to arrange teaching for.

3

Knowing whether it worked

An attendance register is not evaluation.

c.1,645 GP resident doctors · ~18 schemes · 80-100 TPDs organising the teaching

Our goal is to take work off you and support high quality education delivered through immersive technologies.

What Revolve360 is

A library of 360° modules experienced in a headset, or on a laptop, tablet or phone. Each one is a story: you follow a patient, hear what they are thinking, and make decisions as it unfolds.

- **CPD accredited** Certificates issued on completion
- **RCGP curriculum mapped** Against 'Being a GP' & 2025 topic guides
- **20-30 minutes** Short and impactful
- **Nothing to install** Runs in a browser or on VR headsets
- **Analytics built in** Data comes back to you and the region



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Revolve360

Scalable VR modules that empower the Primary Care workforce

Revolve360 is a VR library that delivers scalable training modules that empower the workforce with story-driven, experiential learning aligned with the NHS 10-Year Plan.





Why immersive, and where it doesn't help

Perspective

You experience the consultation as the patient, not as a case description.

Retention

Emotionally charged experience is retained better than text.

Safe rehearsal

Trainees practice the conversation they are avoiding, with no real patient present.

Consistency

Every trainee gets the same session, not whoever happened to be free.

Where it provides limited value

Immersion is a poor way to teach a guideline or a drug dose. Our topic selection deliberately avoids anything already well taught, in any format.

The current library

Mental health

- Rural Minds: suicide prevention in rural communities
- Chronic Pain
- Opioid Addiction

Complex care & frailty

- Complex Multimorbidity: Home Visit, ED, Ward, Outpatients, Advance Care Planning
- Early and Advanced Dementia
- Home Visits with a frail patient

Equity & communication

- Social Justice and Health Equity
- Conflict Resolution
- Social Care Nursing
- Safeguarding

Women's health

- Women's Health (perimenopause)
- Menopause Group Clinic

Genomics & cancer

- Whole Genome Sequencing
- Lynch Syndrome testing
- Prostate Cancer and BRCA

Long-term conditions

- Diabetes Group Clinic

Around twenty modules, all included under the regional contract. These are free for yours and your trainee's usage.

What the East of England has commissioned

4

new modules built
for this region

18

headsets deployed
across the schemes

12

month contract,
year two in planning

Also included

- Access to the existing library for everyone
- Facilitation and technical support at sessions
- Usage analytics back to the region
- Pre/post evaluation and reporting
- Train-the-trainer for TPDs who want it

Contract C405101 — Simulation Enhanced Education in Primary Care · July 2026 to March 2027

The aim is for every GP trainee in the region to access immersive content this year.

Where we are now



There is no need to wait for the new modules. The existing library is live and can be shared with your trainees.

Great Yarmouth VTS, 17 June 2026

A carousel across a half-day release: two rotating hour-long sessions, trainees split into groups, each group taking both modules in turn with a facilitated debrief after each.

Rural Minds

Rural and farming mental health. Suicide risk, firearms and safety planning, help-seeking barriers.

Social Justice

Health equity and inclusion health. Registration rights, tailored safety-netting, wider determinants.

Delivered jointly with Rebecca Udeh. We brought the headsets, the technical support and the facilitation; the scheme brought the trainees and the clinical context. Evaluation was designed before the day, not afterwards.

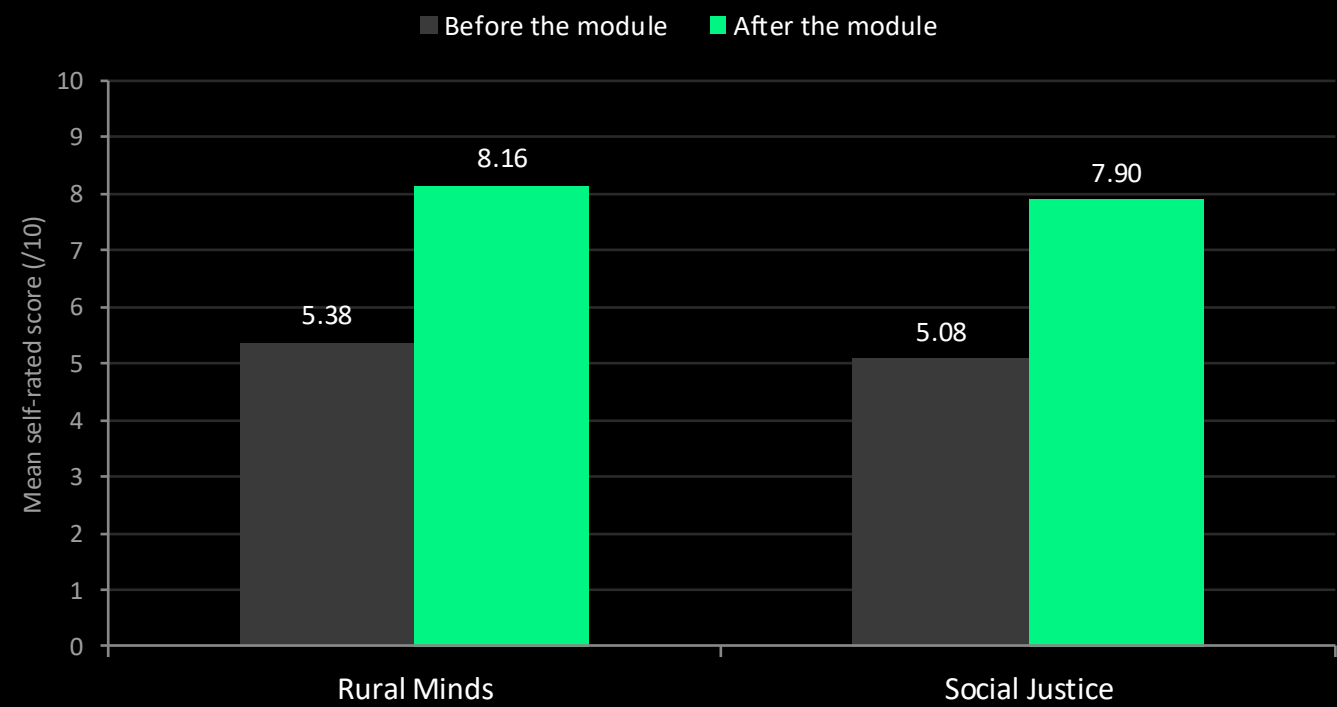


GREAT YARMOUTH

What the afternoon looked like



What the evaluation showed



26/26

Rural Minds trainee's ratings improved

22/22

Social Justice trainee's ratings improved

100%

Agreed their confidence had risen

4.80/5

Rated the session for usefulness

Matched pre/post responses, linked anonymously. Scores are self-rated across a range of domains, so they show perceived confidence, not demonstrated competence.

What the trainees told us

Valued most

- The realism of the immersion
- Seeing it from the patient's perspective
- A difficult consultation actually modelled
- Practical phrasing to take into clinic
- The facilitated discussion afterwards

Asked us to change

- More discussion time after each module
- Continued attention to headset comfort
- Prefer the headset to the desktop version

All three are already built into how we run the next session.



Three ways to run a session

Most schemes start here

Fully facilitated

We come to you

- We bring headsets for the group
- We facilitate and debrief with you
- Technical support on the day
- Evaluation collected for you

Flipped

Trainees prepare, you discuss

- They take the module beforehand
- You run the discussion
- We supply the facilitator guide
- No kit needed

Browser only

No hardware at all

- Runs on any laptop or phone
- Works for remote or split sites
- Individual or group
- No setup

Whichever you choose, you get usage analytics for your trainees, CPD certificates, and pre/post data you can use in your own reporting.

Where we would like this to go

● Every trainee, every scheme

Immersive content as a routine part of training rather than a novelty.

● A curriculum-mapped spine

Modules badged to specific RCGP topic guide points, so you can target a known gap.

● TPDs running sessions without us

Train-the-trainer through observed sessions, so schemes can deliver independently. www.revivelabs.co.uk/hdr-session

● Evidence for the approach

Follow-up at six to eight weeks to look at behaviour, not just confidence.

TO ACT ON TODAY

How to get started

1

Send your trainees the code

They can then create a free account on www.revovelabs.co.uk and gain free access to all of the modules.

2

We look forward to supporting HDRs

We have 16 HDRs booked in over the coming months, with 2 already completed.



OFFER CODE

NHSEO

Scan or use the code when creating an account on the website. Registration takes 30s and creates the account that tracks completion.

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revovelabs.co.uk/training-library

RevolveLabs

DEMONSTRATION

Time to try it yourself

1

A short demo from us

Casted to the screen so that you can see how to navigate around the VR experience.

2

Headsets in the room

The Revolve Labs team are here to facilitate your usage of the headsets to see the content in VR.

