The UK's first neuroinclusive GP learning platform, with everything in one place.

Every picture in this book is the real product, taken from the live site. Tap any line below and it opens that page, and every page has a way back.

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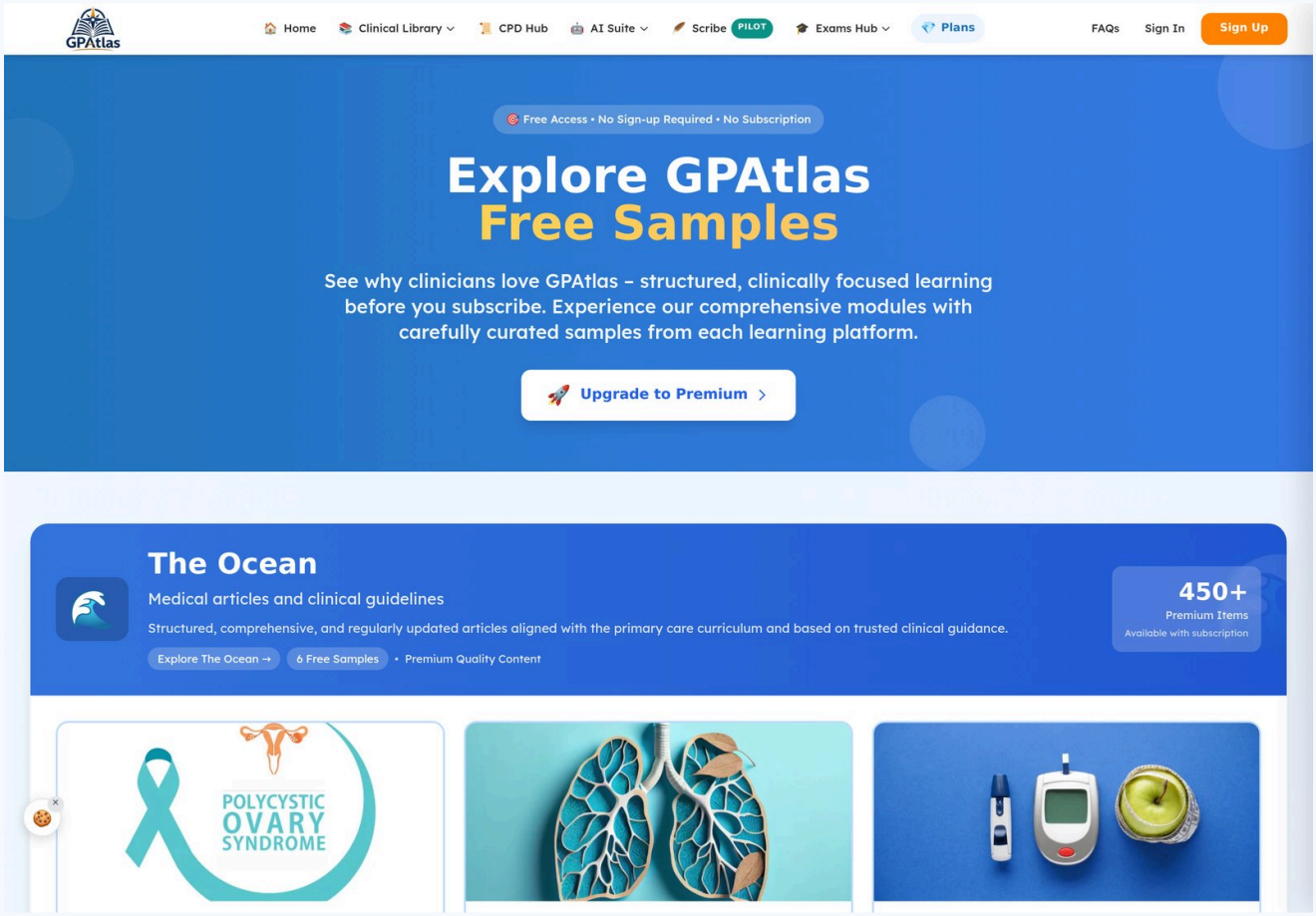
Reviewed and updated by practising UK GPs, overseen by a Clinical Advisory Officer. No ads, no pharma money.

September 2026

Everything you can use without paying a penny.

A free account opens more of GPAtlas than most platforms sell.

gpatlas.co.uk/free-samples



The Free Sample Bundle, open to everyone

WHAT IS IN IT

- **The Monday email.** This Week in UK Guidance, every Monday: what changed in UK guidance last week, in one short read.
- **The podcast, Clinical Rounds.** One clinical scenario worked through out loud by Sarah and Ben, about twenty minutes.
- **Every clinical topic opens for you.** The first section of every Ocean topic, plus the Free Sample Bundle.
- **The calculators.** Wells, FIB-4, CHA2DS2-VASc and more, each result explained.
- **The SCA.** A free mini mock with the marking sheet, a free dilemma chapter, and two spoken AI consultations.
- **The AKT.** Mock 1 in full, free sample questions, and free teaching notes with their spoken walkthroughs.

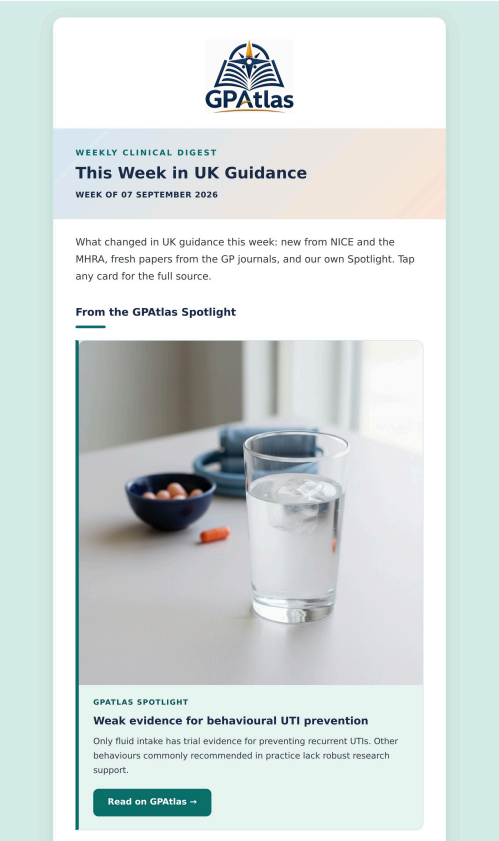
INSTEAD OF

paying before you know whether it is for you

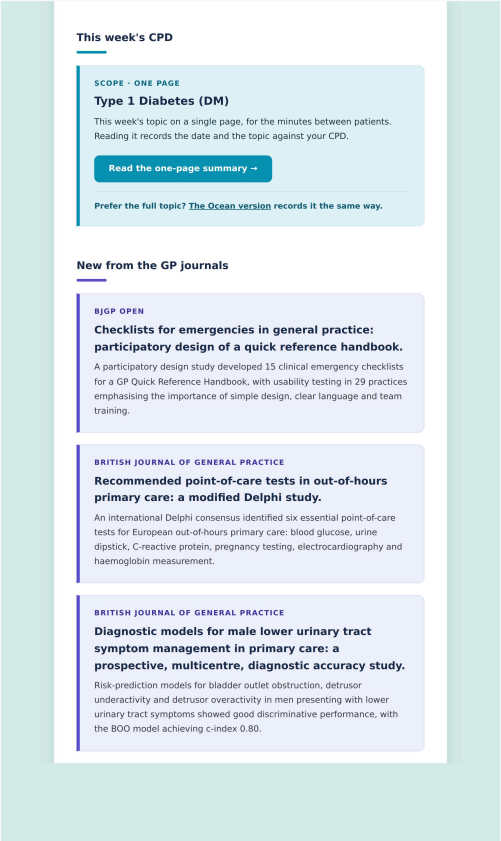
The week's changes, before a patient asks you about them.

A free email, every Monday: what changed in UK guidance last week, in one short read.

gpatlas.co.uk/week-in-uk-guidance



The email itself, as it lands on a Monday morning, dated to the week it covers



Inside it: this week's one page CPD topic, then the new papers worth knowing from the GP journals

WHAT LANDS IN YOUR INBOX

- **A free account is the whole price.** No card is asked for, at any point, and there is an unsubscribe link at the bottom of every one. Stop it whenever you like and the page stays open to you anyway.
- **One read instead of five newsletters.** What is new from NICE and the MHRA, the papers worth knowing from the GP journals, and our own Spotlight, gathered into a single Monday email.
- **A one page CPD topic every week,** and reading it records the date and the topic against your CPD without you typing a word.
- **It points, it never prescribes.** Every card opens the publication it came from. It is there so you hear early, not to tell you what to do.

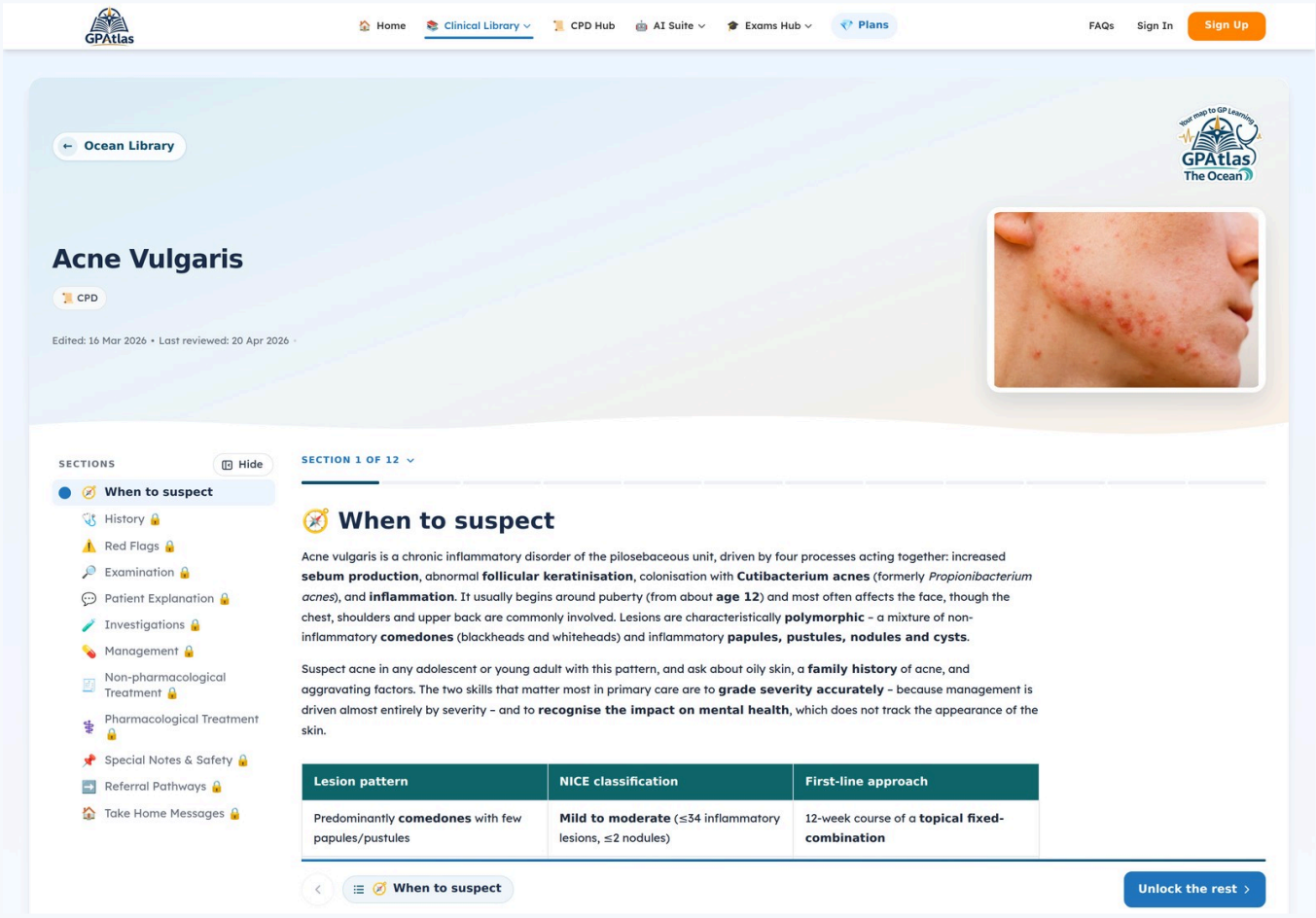
INSTEAD OF

missing a guideline change for months, or a safety alert long after it went out

The answer while the patient is still in the room.

Study once, not twice: the same 450+ topics answer the patient in the room and the MRCGP exams.

gpatlas.co.uk/ocean



A topic page: contents down the side, the dates under the title, the CPD chip

1 One order, every topic

Every topic runs from when to suspect it through to referral, in the same order every time. The first section is free to everyone.

2 CPD in one click

Finish a section, click Mark Section Complete, and the credit is in your CPD Hub. Nothing to type.

3 At a glance ✨

One tap on that pill opens a short digest of the article, weighted to management and prescribing, for when the patient is already waiting.

Reviewed and updated by practising UK GPs, dated on every page, and in the same order every time, so what you read on a Tuesday between patients is the same reading that answers the exam.

> **INSTEAD OF**
>
> **hunting through a dozen guideline tabs**

Forty seconds, not four minutes.

Every common condition on one page: for the minutes between patients, and for the night before the exam.

gpatlas.co.uk/scope

ASTHMA

gpatlas.co.uk

Provide a Personalised Asthma Action Plan (PAAP) | Treat with ICS/formoterol as maintenance and reliever (MART) | Refer for diagnostic uncertainty or poor control

🔍 When to Suspect

Episodic **wheeze**, **cough**, **breathlessness**, or **chest tightness**, often worse at **night** or with **triggers** like **viral infections**, **allergens**, or **exercise**

🩺 Assessment

◉ **Symptoms + triggers** → Episodic **wheeze**, **cough**, **shortness of breath**, **chest tightness**; triggered by **viruses**, **allergens**, **exercise**, **NSAIDs**

◉ **Risk factors/history** → **Personal or family history of atopy** (**eczema**, **rhinitis**), **occupational exposure** (**baker**, **welder**), **smoking**

◉ **Impact + mimics** → Affects **sleep**, **work**, and **quality of life**; mimics: **COPD**, **GORD**, **heart failure**, **dysfunctional breathing**

◉ **Exam findings** → **Expiratory polyphonic wheeze** and signs of **atopy** (**nasal polyps**, **eczema**); may be normal between episodes

💊 Management

🔸 **Key tests:**

➤ **Spirometry + BDR**, **Fractional exhaled Nitric Oxide (FeNO)**, **peak flow variability** (2-4 weeks), **blood eosinophils**, **CXR** to exclude others

🔸 **Lifestyle:**

➤ Provide **Personalised Asthma Action Plan (PAAP)**, advise on **trigger avoidance**, **smoking cessation**, **weight management**

🔸 **Pharmacological:**

➤ **Adults (≥12y):** Step 1: As-needed **low-dose ICS/formoterol reliever** → Step 2: **Low-dose**

⚠️ Red Flags

• **Life-threatening attack → PEFR <33%, SpO_2 <92%, cyanosis, exhaustion, silent chest**

• **Acute severe attack → PEFR 33-50%, RR ≥25/min, HR ≥110/min, unable to complete sentences**

• **Fever with purulent sputum**

• **Unexplained weight loss** or **persistent hoarseness**

• **In children → Symptoms from birth, failure to thrive, excessive vomiting**

➡️ Referral Criteria

Urgent: **Acute severe or life-threatening attacks; children with symptoms from birth, failure to thrive, or vomiting**

Routine: **Diagnostic uncertainty, suspected occupational asthma, poor control on Step 4 (adults) or Step 3 (children) treatment**

📌 GP Tips

🔸 Poor **inhaler technique** and **adherence** are the most common reasons for treatment

160+ one page infographics, distilled from their Ocean topics by the same practising UK GPs. Your CPD logs itself as you read.

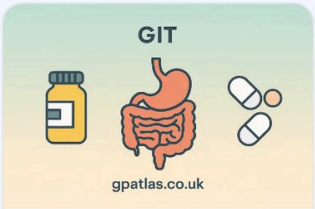
INSTEAD OF crib sheets that quietly go out of date

Your commute becomes the reading you never get to.

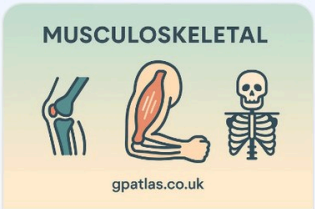
500+ audio summaries and deep dive podcasts, each the companion of a topic in The Ocean.

gpatlas.co.uk/echo

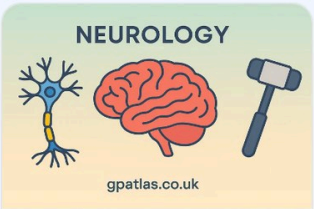
Audio Summaries 463 | Podcasts 75



Gastroenterology (GIT)
32 audios · 1 free · Aug 2026



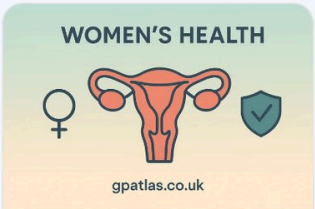
Musculoskeletal (MSK)
34 audios · 1 free · Jun 2026



Neurology
22 audios · 1 free · Aug 2026

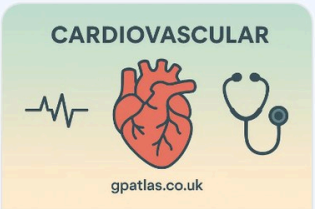
Paediatrics (Children's Health)
55 audios · 1 free · Aug 2026

Preventive Medicine & Safeguarding
9 audios · 1 free · Jul 2026

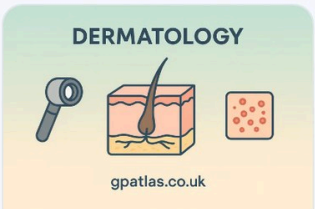


Women's Health
25 audios · 1 free · Aug 2026

Allergy & Immunology
8 audios · May 2026

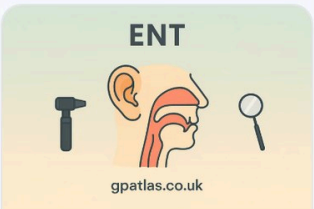


Cardiovascular
26 audios · Aug 2026

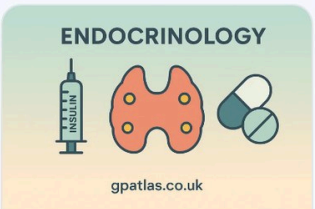


Dermatology
38 audios · Aug 2026

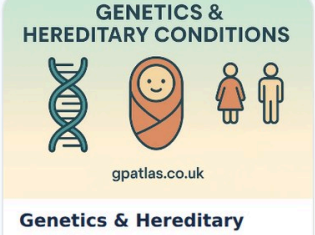
Drug & Ethical Dilemmas
18 audios · Apr 2026



ENT
19 audios · May 2026



Endocrinology
17 audios · Aug 2026



Genetics & Hereditary Conditions
13 audios · Mar 2026

Haematology
6 audios · Apr 2026

Infectious Diseases
11 audios · May 2026

Malignancy & Cancer
20 audios · May 2026

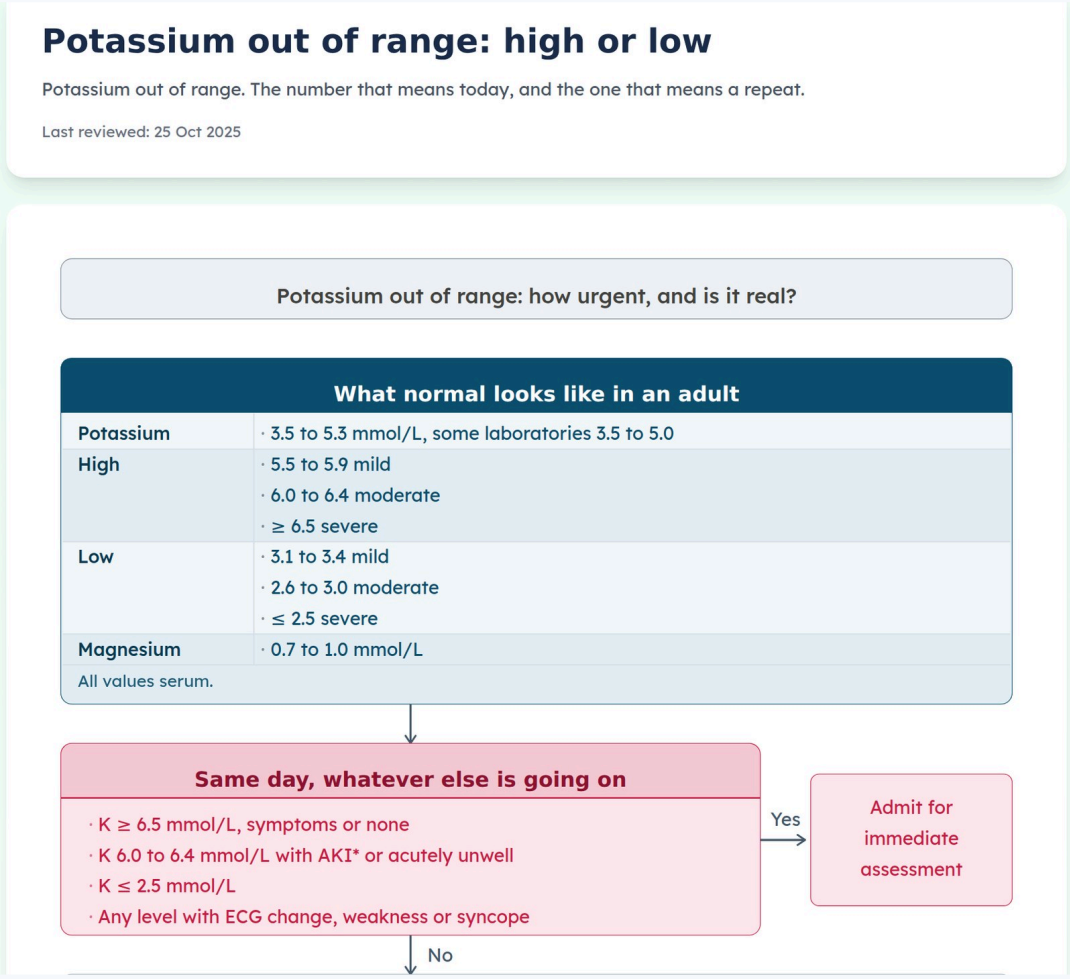
Every chapter of the curriculum in your ears, two to three minutes a topic, one commute at a time. Your CPD logs itself as you listen.

INSTEAD OF paying separately for audio learning

The result on the screen, and what to do about it.

Lab results and antimicrobials, drawn as infographics: every threshold with its number and its unit, and the antibiotic decision, one sheet each.

gpatlas.co.uk/reference-sheets



Potassium out of range: high or low

Potassium out of range. The number that means today, and the one that means a repeat.

Last reviewed: 25 Oct 2025

Potassium out of range: how urgent, and is it real?

What normal looks like in an adult	
Potassium	· 3.5 to 5.3 mmol/L, some laboratories 3.5 to 5.0
High	· 5.5 to 5.9 mild · 6.0 to 6.4 moderate · ≥ 6.5 severe
Low	· 3.1 to 3.4 mild · 2.6 to 3.0 moderate · ≤ 2.5 severe
Magnesium	· 0.7 to 1.0 mmol/L

All values serum.

Same day, whatever else is going on

- K ≥ 6.5 mmol/L, symptoms or none
- K 6.0 to 6.4 mmol/L with AKI* or acutely unwell
- K ≤ 2.5 mmol/L
- Any level with ECG change, weakness or syncope

Yes → Admit for immediate assessment

No

A Labs sheet: potassium out of range, what normal looks like and what needs action today

WHAT IS IN IT

- **Labs.** A result comes back and you want to be sure. One sheet per question: what normal looks like, what needs action today, what can wait, and what to do next.
- **Antimicrobials.** Treat now, a back-up prescription, or none: the antibiotic decision on one sheet, with what to give if you do, at the moment you need it.
- **Calculators.** Wells, FIB-4, CHA2DS2-VASc and more, each result explained rather than just printed. Free to everyone.

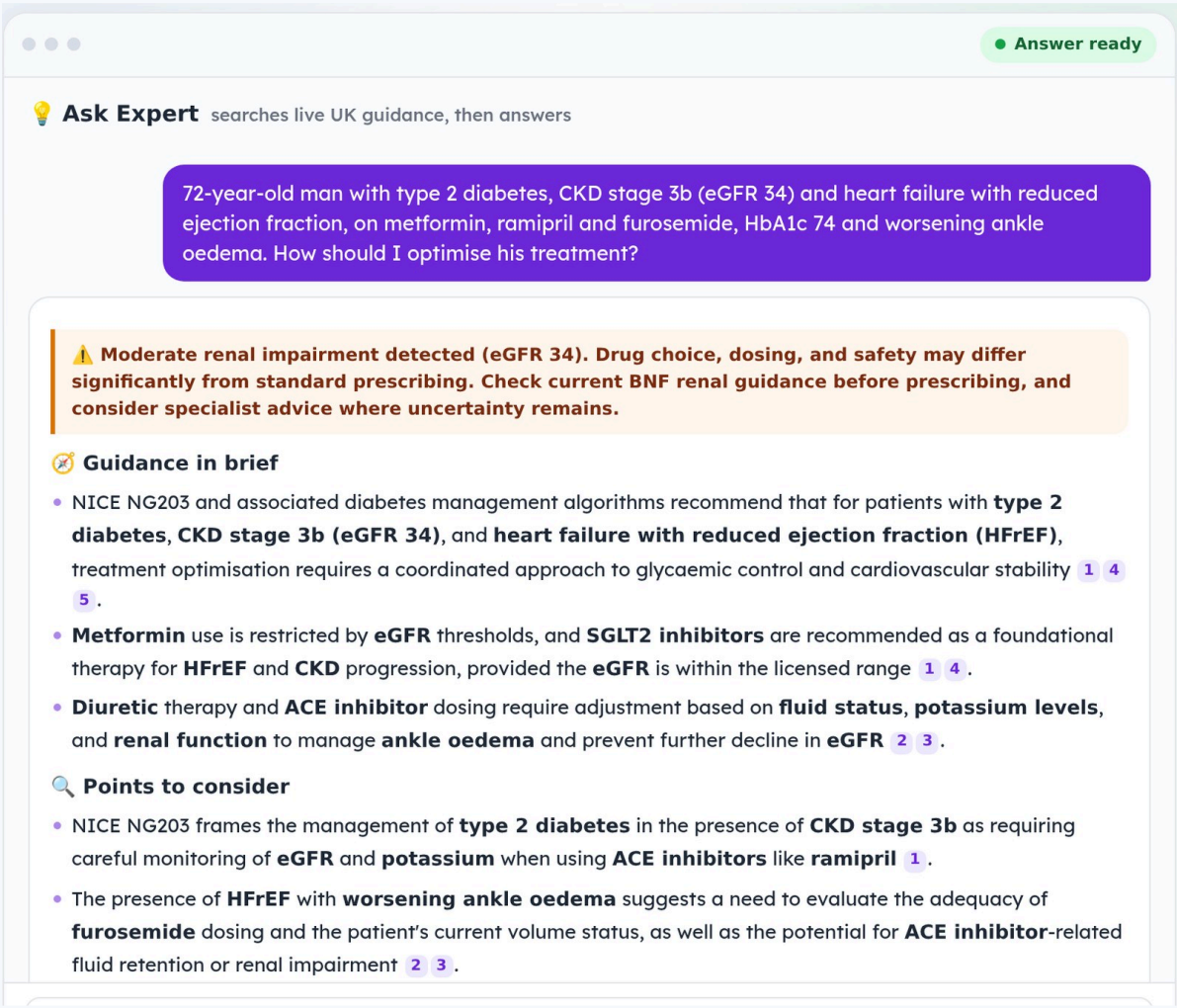
INSTEAD OF

digging out the handbook for one threshold

It shows you where the answer came from.

Current UK guidance with its sources beside the answer, built for primary care.

gpatlas.co.uk/ask-expert



A real answer: the question, then guidance in brief with every statement numbered to its source

1 Ask in your own words

Type it, dictate it, or attach a document. **Identifiers are removed automatically** and files are never saved.

2 A live search, not a memory

It searches current UK guidance live, trusted UK publishers first, and answers only from what it has just retrieved. It never invents a reference.

3 You check, you decide

Every statement is numbered to its source. You always hold the clinical decision.

Unlike a general chatbot, it does not draw on the open internet or invent a reference: every line comes from current UK guidance, with its source beside it. **GPAtlas includes an MHRA Class I registered medical device.** The evidence standard behind it is published, with how it compares with general chatbots: gpatlas.co.uk/ask-expert-evidence.

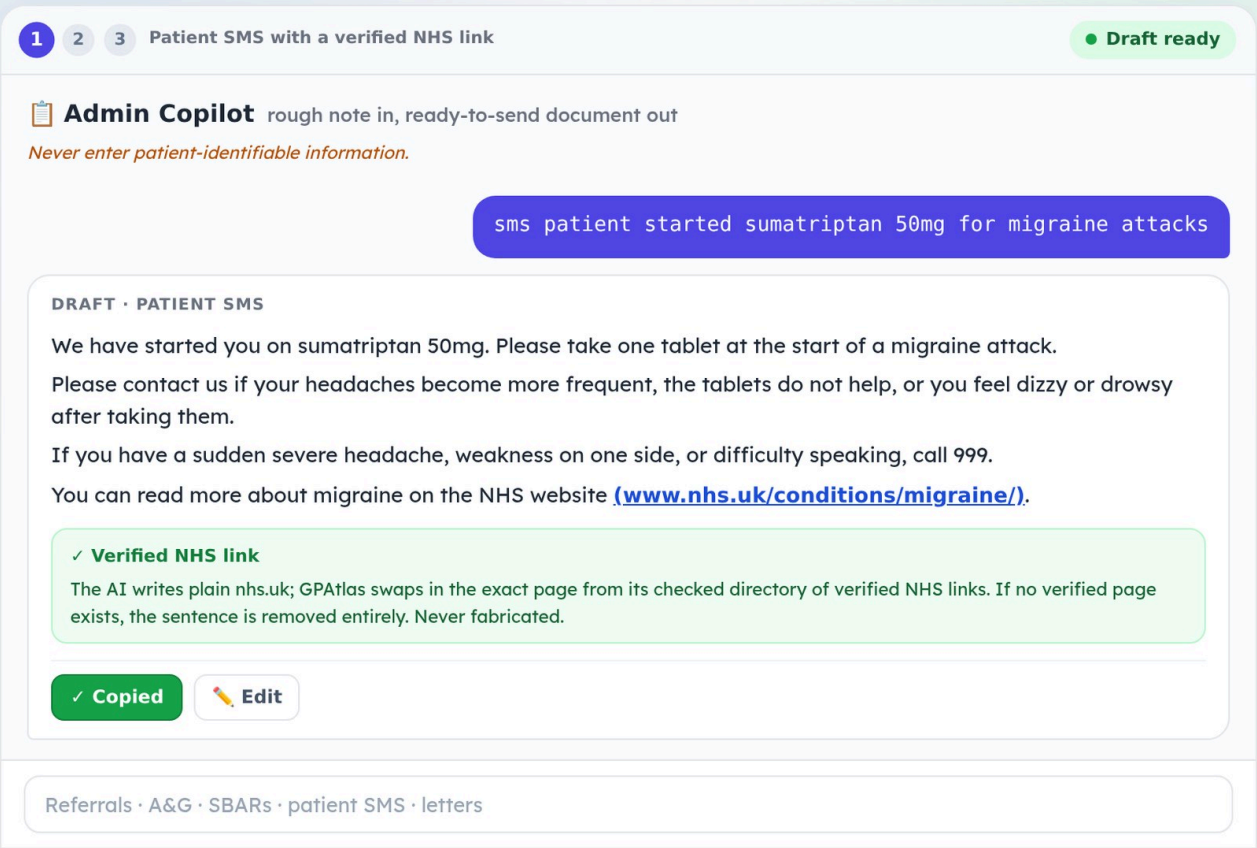
INSTEAD OF

trusting AI that cites nothing

The evening work, done before you leave.

Referrals, A&G requests, patient letters and messages, drafted from the shorthand you already use.

gpatlas.co.uk/admin-copilot



A patient message drafted from a one line note, with the NHS link written in

WHAT IT CAN DO

- **Referrals and A&G requests.** Your shorthand becomes a complete letter: every abbreviation expanded, nothing invented.
- **Patient messages and letters.** The exact NHS page for that condition or medicine written in, and safety net advice at the end.
- **Clinical notes, SBARs, fit notes, home visits.** Tap the task, type your note, generate. Then read, tweak and send.

> *"Running online triage, Admin Copilot drafts my referrals and patient messages in seconds, and it even attaches the right NHS patient information leaflet. I just read, tweak and send."*
>
> **RK, GP Partner**

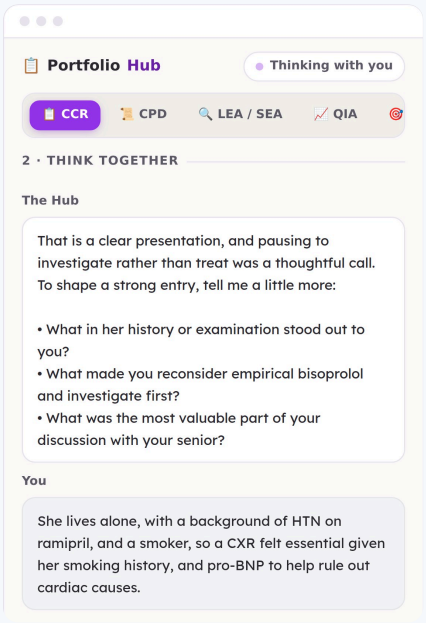
INSTEAD OF

unpaid evenings writing referrals and letters

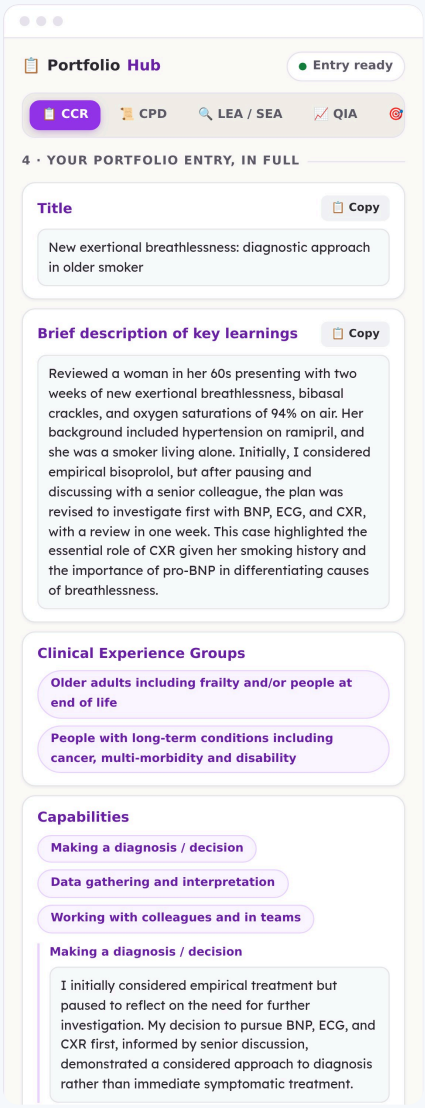
Your scribbled note, turned into an entry you are proud of.

Coaching that thinks the case through with you, the way a good educational supervisor would.

gpatlas.co.uk/portfolio-appraisal-hub



Think Together: it asks what a good educational supervisor would ask, and you answer



Entry ready: title, learning, capabilities and reflection, from your own answers

Nothing is invented. The entry is built only from what you tell it, mapped to the RCGP capabilities, and every word stays yours to edit.

WHAT IT WRITES WITH YOU

CCR	Clinical Case Review
CPD	CPD and supporting documentation
LEA / SEA	Learning Event Analysis, Significant Event Analysis
QIA	Quality Improvement Activity
PDP	Personal Development Plan
Leadership	Leadership and Management
Prescribing	Prescribing Assessment
RF	Reflection on Feedback
PPM	Placement Planning Meeting
QIP	Quality Improvement Project

"The Portfolio & Appraisal Hub turns my scribbled notes into structured, portfolio-mapped reflections. Writing up for my ARCP went from a dreaded weekend to a quick review."

HN, GP trainee

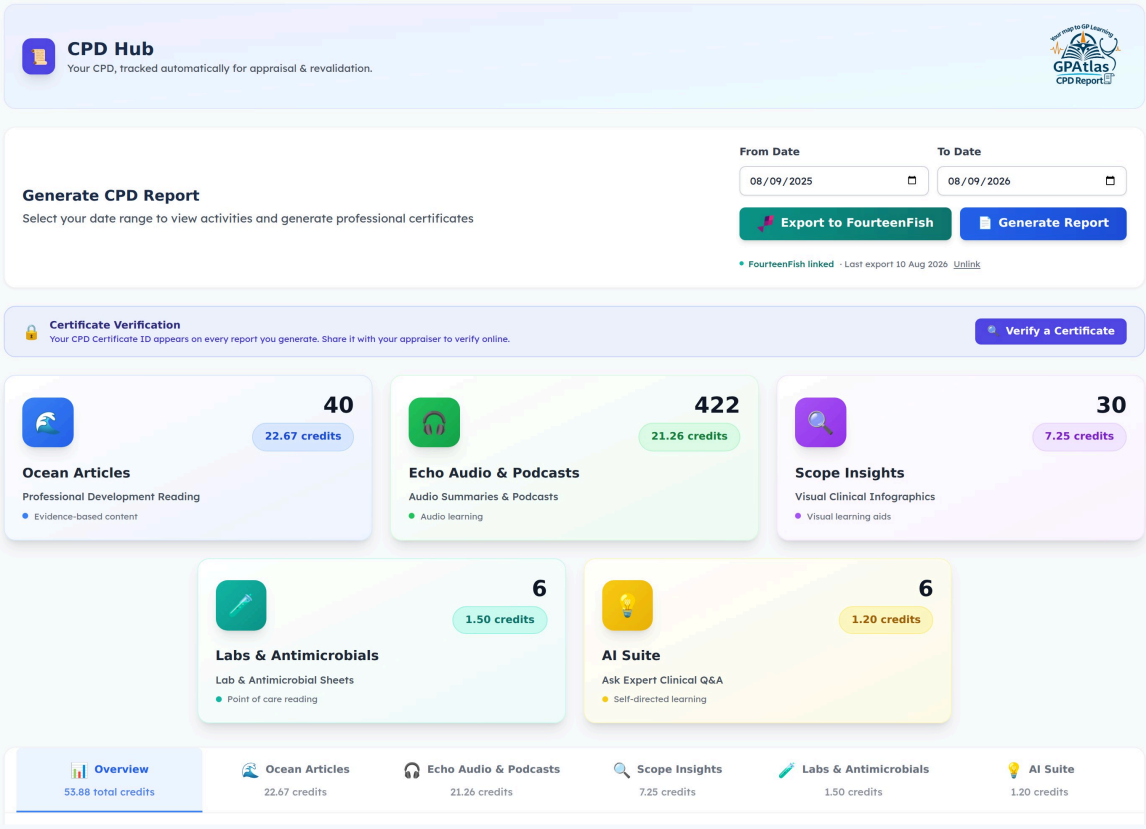
INSTEAD OF

losing a weekend before ARCP or appraisal

By appraisal week, the log is already written.

Everything you read, hear and ask on GPAtlas is logged as you go, with the credits counted for you.

gpatlas.co.uk/cpd



A year on the Hub: the credits counted by category, with the report and the FourteenFish export a tap away

The tracking starts the day you open a free account. The PDF certificates and the FourteenFish export come with a paid plan.

WHAT IT DOES WHILE YOU WORK

- **It logs itself.** Articles, audio summaries, podcasts, infographics, reference sheets and Ask Expert answers, each recorded with the time spent and the credits earned. There is nothing to type up afterwards.
- **A certificate, and the proof behind it.** Generate a report for any date range you choose. Every certificate carries its own ID, so an appraiser or an employer can confirm it at gpatlas.co.uk/cpd/verify.
- **Straight into FourteenFish.** Export your CPD across, rather than copying it over by hand.
- **Your reflections, and your own targets.** Add a reflection to any activity, the part appraisal actually asks for, and set learning goals across topics and formats to track against.

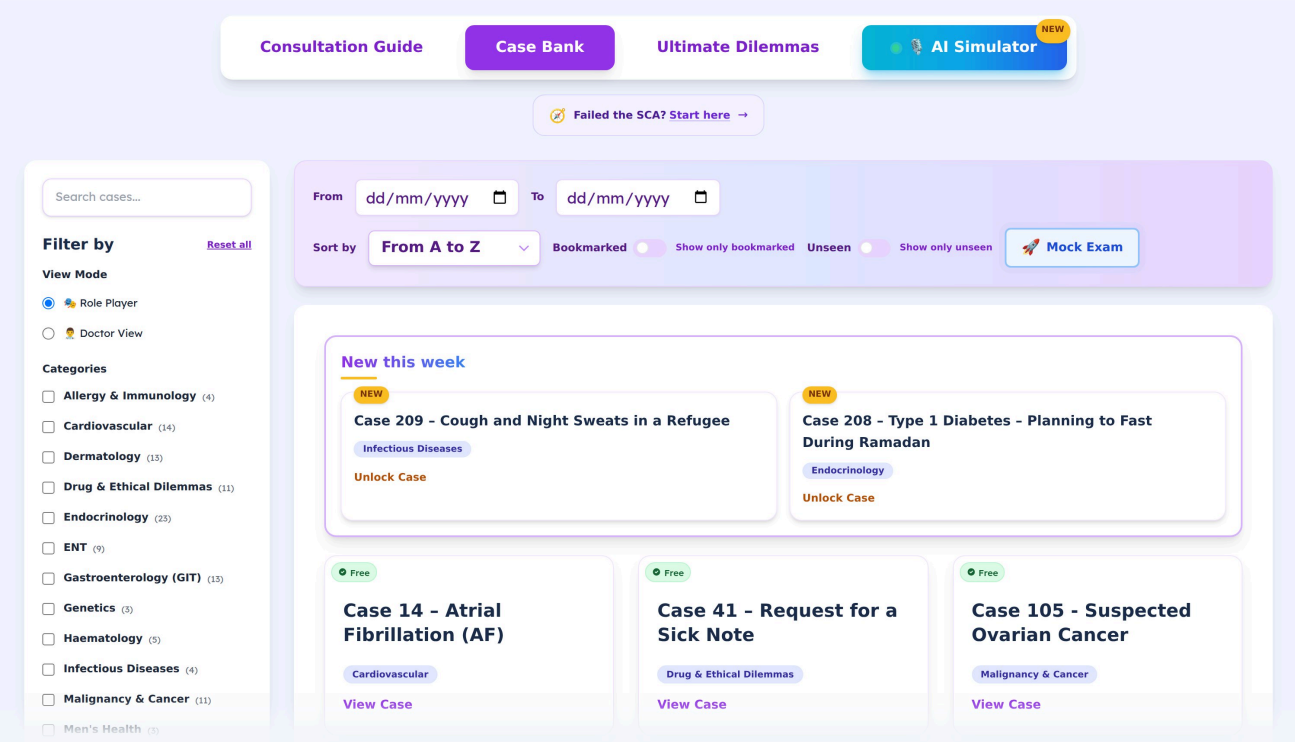
INSTEAD OF

rebuilding your CPD log the week before appraisal

Hear how a good consultation actually sounds.

200+ cases with audio walkthroughs, 300+ management dilemmas, the guide and the marking sheet, in one place.

gpatlas.co.uk/sca



The case bank, with the newest cases pinned at the top and the AI Simulator one tap away

- **The consultation guide and the marking sheet.** Both free. The guide steers every case to safety. The marking sheet covers all three domains: data gathering, communication and clinical management.
- **The case bank.** 200+ cases from practising UK GPs, each with an audio walkthrough of the whole consultation, which is the page overleaf.
- **Ultimate Dilemmas.** 300+ situations with the management in brief: the few facts that decide it, and the words to say to the patient.
- **Failed the SCA?** A calm page for resitters, a free spoken consultation with an AI patient, and a free month of your chosen plan, then 30% off for 12 months, with proof of two or more attempts.

> *"Finally, a platform that really knows what is needed for The SCA. It covers everything I needed; I have never seen such a comprehensive platform."*
>
> **IM, GPST3**

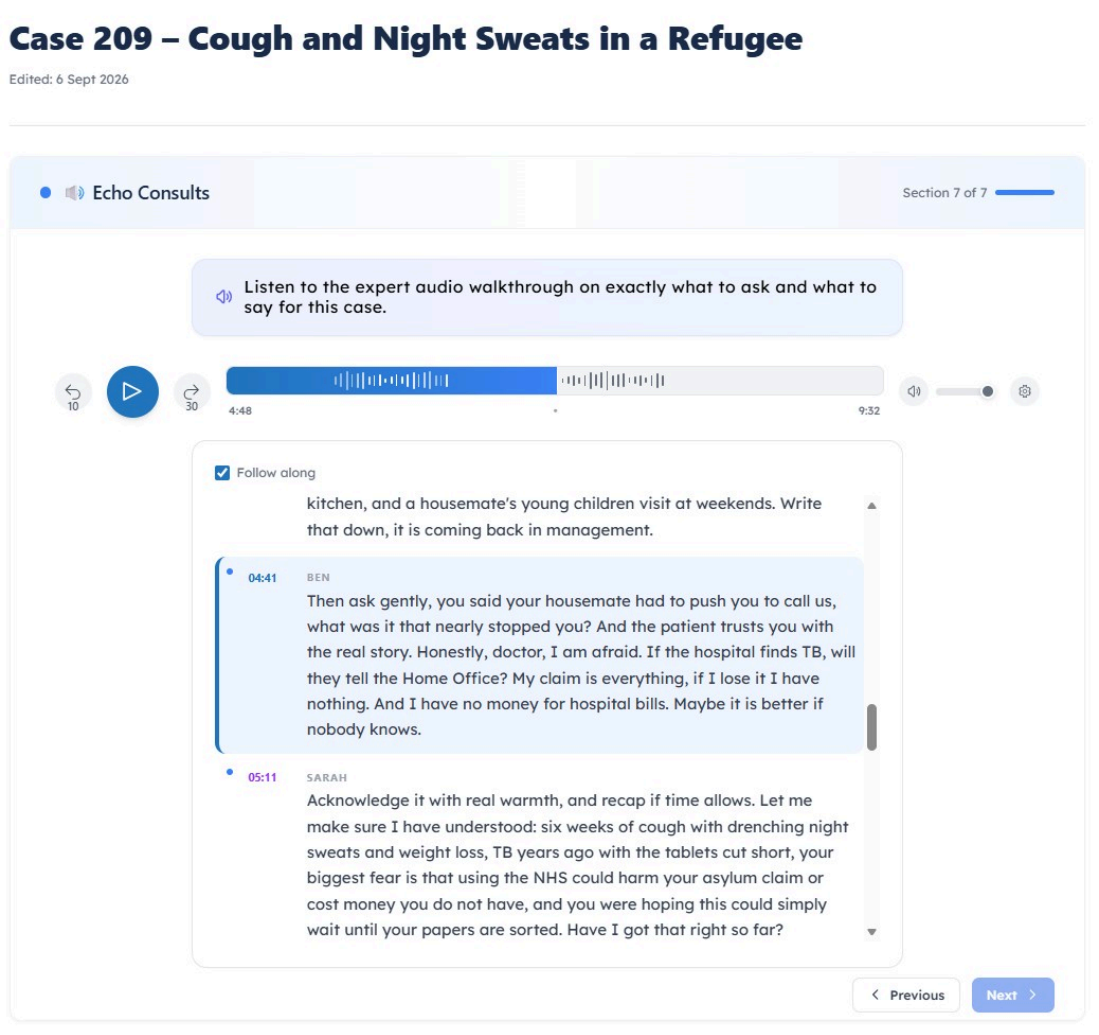
INSTEAD OF

paying again for a weekend SCA course

Exactly what to ask, and exactly what to say.

An audio walkthrough on every case, with the words running beside it.

gpatlas.co.uk/sca



The walkthrough on a case, with the line being spoken lit up as it is spoken

- **Sarah and Ben talk the case through out loud.** The same two voices as the podcast: what to ask, in what order, and the words to use when the consultation turns difficult.
- **Every case has one.** Hear the phrasing enough times and it arrives by **tongue memory** rather than by thinking, which is what twelve minutes rewards.
- **The words run beside the audio,** and the line being spoken lights up as it is spoken, so you never lose your place.
- **Tap any line and the audio jumps there,** so hearing something a second time takes one tap.

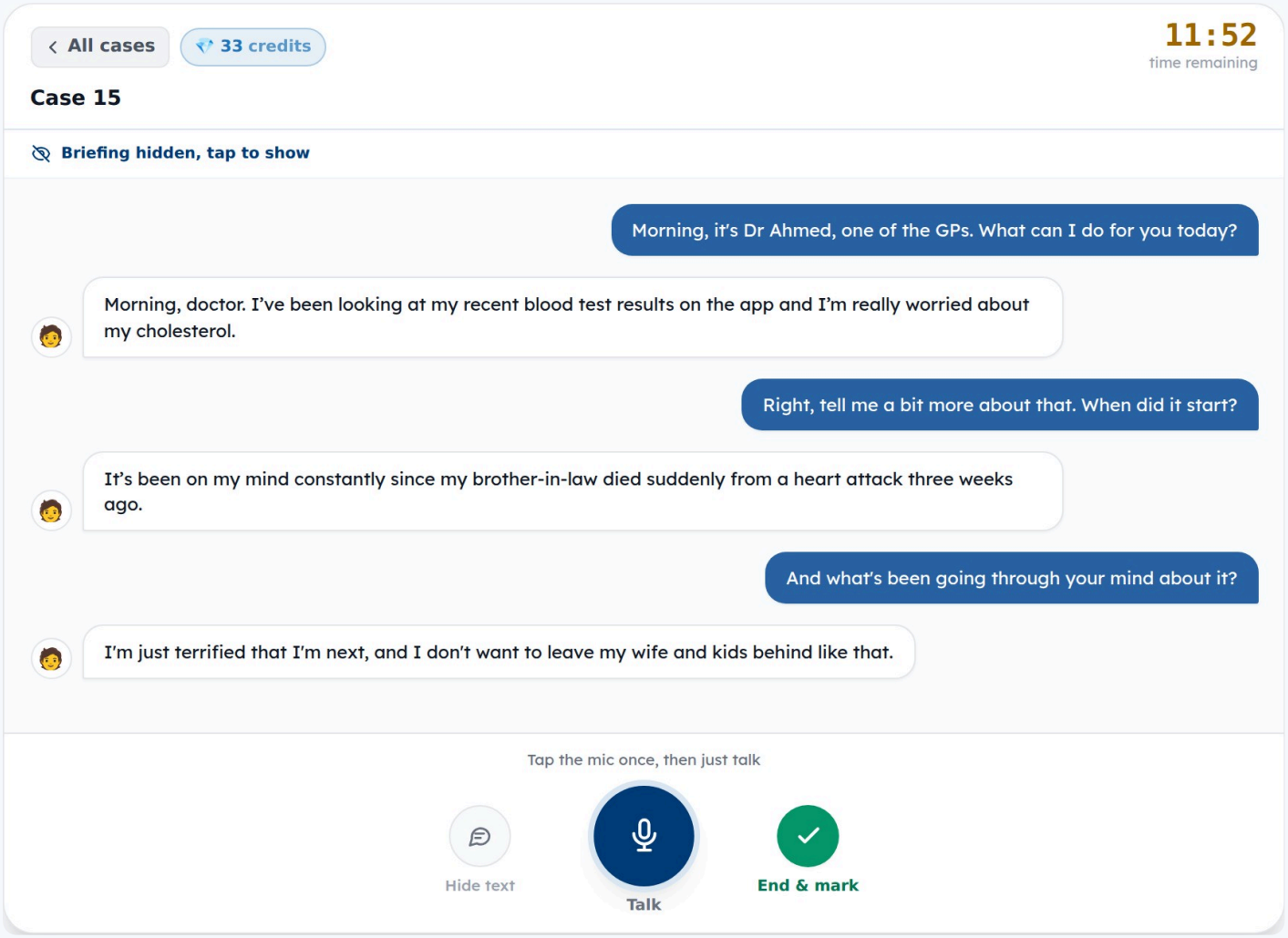
INSTEAD OF

a recording you cannot follow

Practise out loud at eleven at night.

A spoken consultation with an AI patient, marked on the three domains, with a spoken debrief.

gpatlas.co.uk/ace-sca-simulator



A consultation under way: you speak, the patient answers, and the clock runs like the real exam

1 Pick a case

Three minutes to read your notes, like the real SCA.

2 Consult, out loud

Twelve minutes with an AI patient who answers the way a patient would.

3 Hear how it landed

Marked across the three domains, then a spoken debrief rather than a score out of ten.

Two consultations are free on a free account, no card.

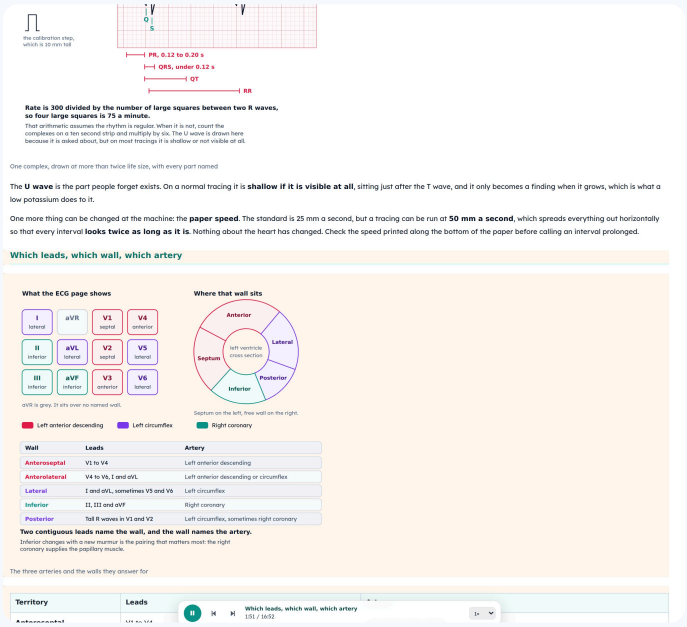
INSTEAD OF

paying for role play practice days

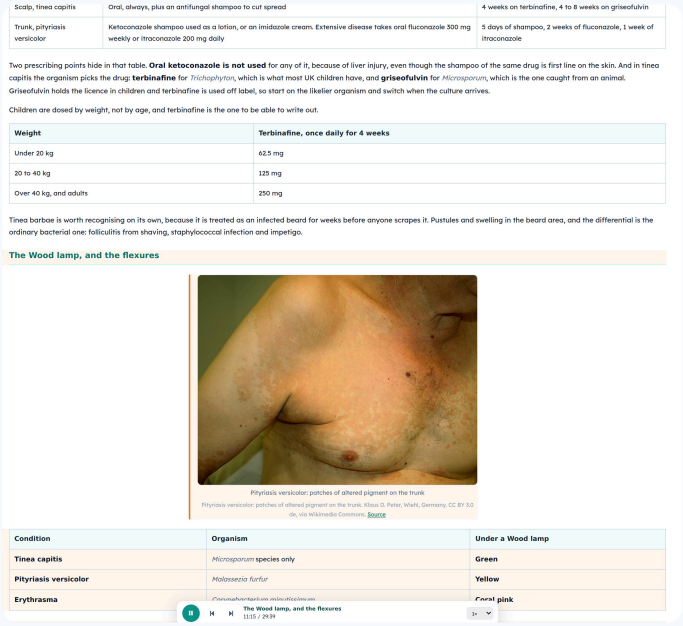
Revision that teaches you, instead of just scoring you.

The guideline in its shortest honest form, chapter by chapter, and every chapter read aloud.

gpatlas.co.uk/akt



Press play and the note reads itself to you. Whatever it is reading lights up as it goes, so you never lose your place



The photograph you would actually see in clinic, credited underneath, with the voice reading that same section

WHAT THE NOTES GIVE YOU

- **Press play and listen.** Every chapter is read to you, and the part being read lights up as it goes. Follow it on the screen, or lock the phone and listen on the way to work.
- **The pictures are ours.** The ECG complex drawn on real paper with every wave named, the twelve leads matched to the wall they watch, the body maps. And a real photograph wherever the exam would put one in front of you.
- **One page per chapter for the night before.** When the evening has gone, read that instead. Same chapter, cut down to what you cannot afford to forget.
- **You always know where you are.** Every chapter is tied to the RCGP curriculum, and the ones you have finished stay ticked off, so nothing gets quietly skipped.

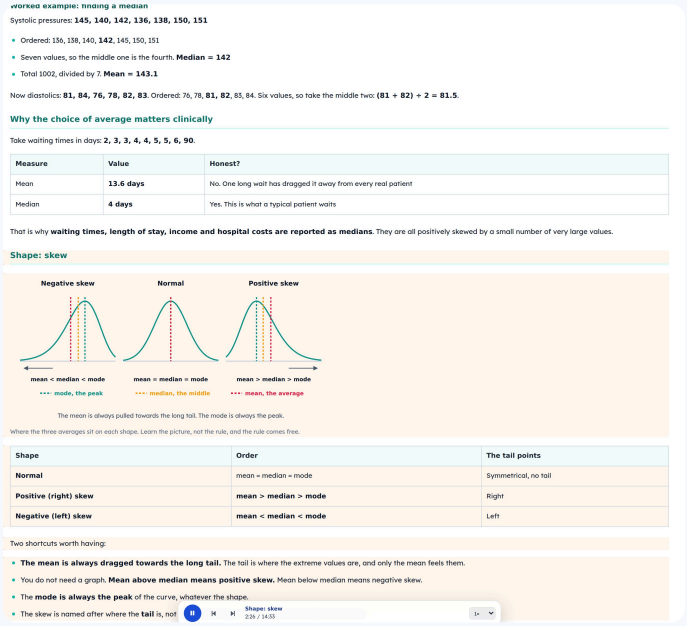
INSTEAD OF

reading a whole guideline the week before the exam

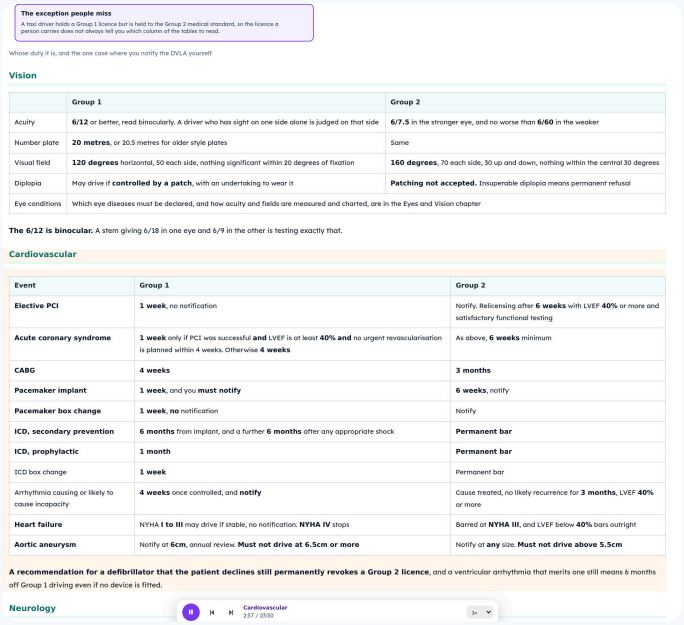
The two chapters everyone leaves until last.

Evidence and statistics, and organisation and administration, each taught as a chapter of its own and narrated like the rest.

gpatlas.co.uk/akt-statistics



Learn where the mean, the median and the mode land on each curve and you never have to memorise the rule again



How long each heart problem stops someone driving, and the eyesight standard for a car and for a lorry side by side

TAUGHT, RATHER THAN LEFT TO CHANCE

- **Statistics you can actually follow.** Every measure is worked through with real numbers, a step at a time, and each note finishes with the mistakes that catch people out. It is about a tenth of the paper and the quickest marks you will ever pick up.
- **The admin nobody ever sits you down and teaches.** Fit notes and the forms you sign, benefits, driving, confidentiality and capacity, how the contract works, and prescribing governance.
- **Both are read aloud as well.** Same voice, same highlight, so the two dullest chapters can be done on a walk instead of at a desk.
- **And both have their own questions.** The reading and the practice sit in the same place, so you can test what you have just read while it is still fresh.

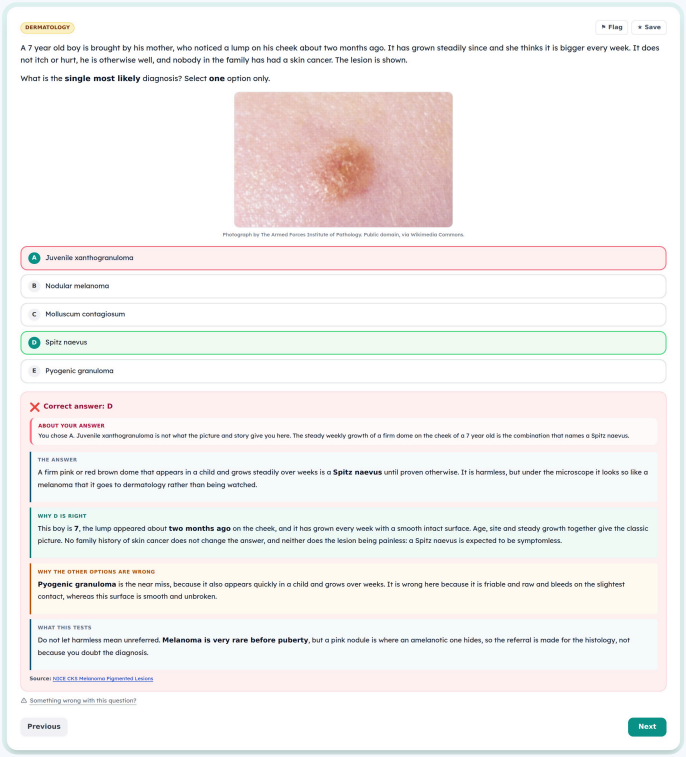
INSTEAD OF

hoping the statistics questions do not come up

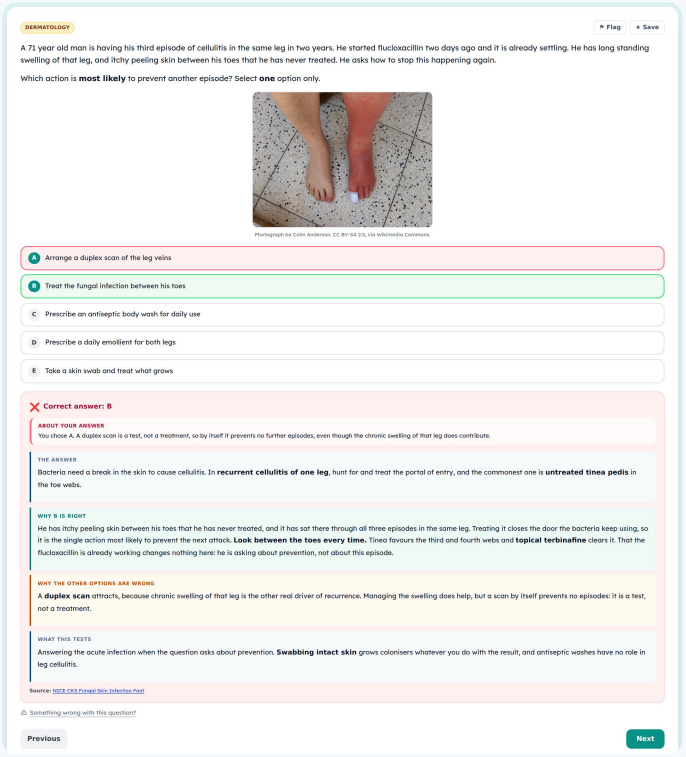
Every question explains itself.

3,500+ questions, each one answered, argued and cited, with three mock exams at the real clock.

gpatlas.co.uk/akt-question-bank



You are shown the lesion and asked to name it, the way the exam will do it



Get it wrong and it tells you why the tempting answer was tempting, then shows you where the guidance says so

WHAT IS IN IT

- **Two ways to sit it.** Tutor mode explains as you go. Exam mode says nothing until the end. Either way, every question tells you where the guidance came from.
- **Three mock exams at the real clock.** 160 questions each, drawn from fixed pools so your three scores can honestly be compared. The first one is free, and the timer stretches for reasonable adjustments or neurodiversity.
- **Extended matching questions too.** The long option list the real paper uses, in the practice bank and inside the mocks.

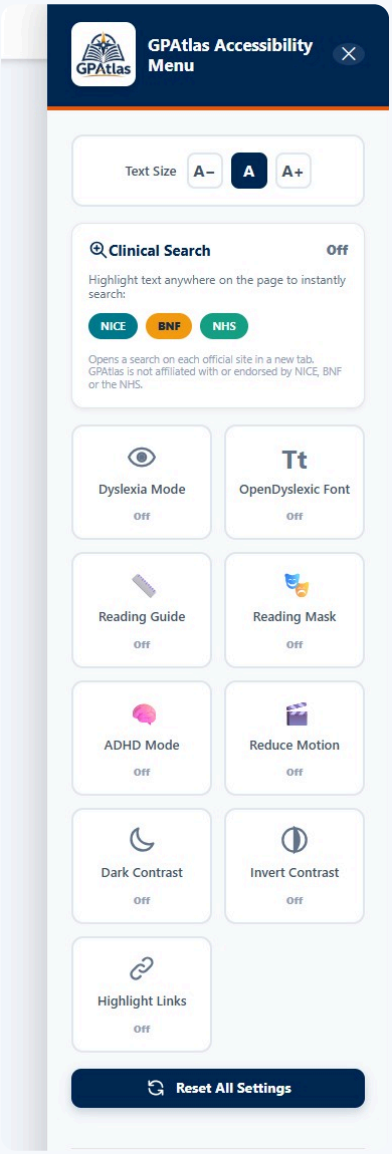
INSTEAD OF

a bank that gives you the answer and nothing else

How you read should never be the thing that holds you back.

The UK's first neuroinclusive GP learning platform. The tools are on every page, one tap from the eye icon.

gpatlas.co.uk/#accessibility



The Accessibility Menu, open on a real page

WHAT IS IN IT

- **Text size, Dyslexia Mode, OpenDyslexic Font.** Wider spacing, calmer lines, or the whole site in OpenDyslexic.
- **Reading Guide and Reading Mask.** A line to follow, or everything dimmed but the line you are on.
- **ADHD Mode, Reduce Motion, Dark Contrast, Invert Contrast, Highlight Links.** Remembered for your next visit.

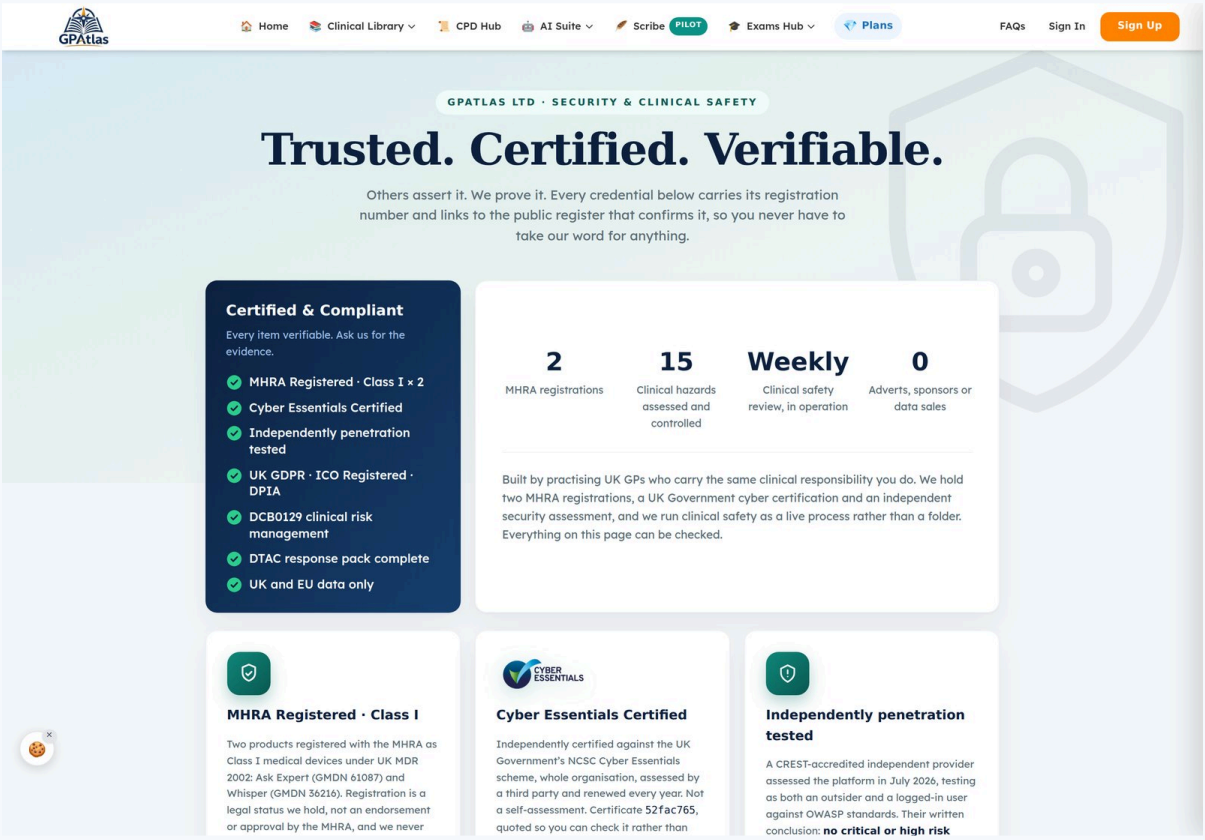
INSTEAD OF

fighting a platform that ignores how you read

Every claim carries a number you can check.

Registrations and certificates, each linked to the public register that confirms it.

gpatlas.co.uk/security



The security page, with the registers linked

WHAT IS IN IT

- **Cyber Essentials certified. ICO registered, ZC021226,** UK GDPR handling.
- **Independently tested.** Independently penetration tested by a CREST-accredited provider. The assurance letter is available to practices and NHS organisations on request.
- **GPAtlas includes an MHRA Class I registered medical device.** Registration is not approval or endorsement.
- **Personal data is never used to train AI models.** Independent: no advertising, no pharmaceutical money, no data selling.

INSTEAD OF

taking a platform's word for it

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The clinical notes
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