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Addressing Differential Attainment in GP Training

An evaluation of the programme of interventions.

A report for Health Education England/NHS England

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1. EXECUTIVE SUMMARY

The NHS has increasingly looked to International Medical Graduates (IMGs) to increase the number of doctors, particularly in primary care. Over 10,000 IMGs joined the UK medical register during 2021/2[1].

IMGs face well-understood challenges in relocating into a demanding professional development role. These include: the impact of living in an unfamiliar culture, speaking a different language and being away from family and support networks; the professional challenge associated with working as a doctor in a healthcare system which may have significant differences from their previous experience; potentially facing stereotyping and bias; and practical issues around accommodation, residency status and finance.

As a result, IMG progress to qualification is typically slower than their UK-educated peers.

Health Education England (HEE)[2] - now merged with NHS England (NHSE)- has developed a strategic national programme, delivered through its regional structure, to support IMGs during their progress to qualification as general practitioners.

This is focused firmly on tackling differential attainment by IMGs and is structured around four primary interventions, which were developed and informed by analysis of the challenges faced by IMGs, and together with employers, the higher education sector, and IMGs themselves.

The interventions are designed to meet key support needs at critical times and comprise a structured national framework within which each region develops and delivers its own programme in response to its own distinct circumstances and local need. The primary interventions are:

1. **Enhanced Induction**

   Targeted support to meet the additional challenges faced by IMGs, including early identification of needs and assessment where appropriate (e.g. neurodiversity screening)

2. **Personalised Learning Plans (PLPs)**

   Support focused on the needs of the individual and largely delivered 1:1 through training

3. **Exam preparation and support**

   A wide variety of activity which also includes support to develop portfolios of evidence and practical skills such as communication

4. **Faculty Development**

   Broad ranging support for the GP Educator Faculty encompassing thematic training, for example around cultural competence, development of networks and forums, and support for educators.

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[1] The state of medical education and practice in the UK, The workforce report, GMC October 2022

[2] Health Education England (HEE) commissioned this report, but on 1st April 2023 HEE merged with NHS England (NHSE) and will now be under the NHSE organisational umbrella. For the purposes of this report, we will refer to HEE as the original commissioners of this report.

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1.1 ABOUT THIS REPORT

As it enters its second full year, this report contains an evaluation of the programme since its national roll-out. It seeks to:

- Provide an evaluation of interventions delivered through the programme and impact to date
  What is the range and scale of activity delivered within each primary intervention? What is core, and what has been shaped locally?

- Identify the most effective interventions to focus on going forwards
  What does each HEE region believe went well and might be done differently in future? How does this match the views of IMGs supported by the programme?

- Based on the overall evaluation, recommendations for next steps
  How to build on the activity and experience across England? What would support HEE regions and IMGs themselves to maximise the impact of the programme?

This report is based on interviews with HEE regional Differential Attainment Leads and the self-evaluations undertaken by each regional team, triangulated with two workshops with IMGs exploring their experiences of the primary interventions.

1.2 CONCLUSIONS AND RECOMMENDATIONS FROM FEEDBACK

There is a great deal of activity across all HEE regions and high levels of participation by IMGs accessing interventions.

HEE regions have used a range of approaches in delivering the primary interventions in response to local need and have developed rich insights into what has been most effective. One of the stand-out conclusions of this evaluation is the sheer variety of different methods, formats and tools developed.

1.2.1 ENHANCED INDUCTION

Where enhanced induction activities have been assessed, such as through participant questionnaires, feedback was overwhelmingly positive. As well as 'New to the NHS' or 'New to the UK' inductions delivered in most regions, examples of additional activities beyond the standard included pre-arrival sessions before IMGs reach the UK and establishing communities of interest using WhatsApp groups.

In developing enhanced induction in future phases of the programme, it is recommended that activity should strengthen its focus on the following elements. These are felt to make the greatest impact:

- The holistic approach in which multi-faceted inductions support IMGs in many aspects of their lives – organisational, cultural and professional
- Fostering peer support through communities of interest, in which IMGs share information, support each other and become a resource for each other
- Early preparation, with induction built around initiatives to support the IMG through training, and also laying foundations for the role and expectations of becoming a GP.

1.2.2 PERSONALISED LEARNING PLANS

Overall, personalised learning plans were felt to be a valuable way of improving outcomes for IMGs. However, there were differences in how helpful individual forms of support were felt to be – within and across regions.

In developing personalised learning plans in future phases of the programme, it is recommended that activity should strengthen its focus on the following elements. These are felt to make the greatest impact:

- Early review of needs (e.g. through introductory forms) and 'gap analysis' to ensure that support is effectively targeting the right areas of professional knowledge
- Whatever model of supervisory support is adopted in a region, the role of the supervisor is a key – both in professional knowledge but also pastoral support.

1.2.3 EXAM PREPARATION AND SUPPORT

Across the programme and across all regions, exam preparation and support seems to be the most comprehensive primary intervention, with a combination of preventative (of exam fails) and reactive (post-exam fail) support provided.

In developing exam preparation and support in future phases of the programme, it is recommended that activity should strengthen its focus on the following elements. These are felt to make the greatest impact:

- Preventative interventions work most effectively where support is targeted to the individuals most at risk of falling behind – for example using indicators, such as MSRA scores on entry to training, to prioritise individuals for support
- Reactive interventions were predominantly delivered one-to-one with a personalised programme of support. Feedback was overwhelmingly positive on the interventions and quantitative data, which showed in one case that those who took up an offer of post exam support were twice as likely to pass on the next attempt compared with those not taking up the offer.

1.2.4 FACULTY DEVELOPMENT

A wide variety of activity supporting faculty development has been implemented and we heard there are differences between regions in where they strike the balance between raising awareness about differential attainment (DA) as an issue and providing targeted training sessions to increase skills.

In developing faculty development in future phases of the programme, it is recommended that activity should strengthen its focus on the following elements. These are felt to make the greatest impact:

- Developing communities of advocates, in some regions formal DA champions, who can help to level the field for IMGs by raising awareness. This is delivered through a variety of events, awaydays and 'dropping in' to team meetings focused on wider groups of professional stakeholders
- Training takes the form of structured courses and workshops, including several 2-day sessions. The majority of this activity is closely targeted on educators, rather than the wider system.

1.3 ENABLERS AND BLOCKERS

We also heard some broader issues relevant to more than one primary intervention or the programme as a whole:

- Engagement can be challenging and some of the tools and monitoring paperwork for the interventions might be onerous and off-putting. Sitting behind this, we heard there is some reluctance to engage by IMGs for fear they are being 'singled out' or punished in some way.
- Small group work, bespoke support for individuals and peer networks seem to be the most effective approaches to mitigate this.
- We heard concern that a 'deficit' model which makes assumptions about the likely problems of IMGs progressing risks creating a 'self-fulfilling prophecy', particularly where this is clearly targeted only at IMG cohorts of trainees. In some regions, invitation to 'New to the NHS' induction sessions were extended beyond IMGs in order to avoid stigmatising or marginalising either the trainees or the programme.
- IMG cohort size across regions vary, and this makes both delivery of a consistent national programme challenging where teams have to try to align staff and resource provision with cohort size to ensure support is both proactive and reactive.
- This makes comparisons between the activities and levels of impact of the programme, for example on pass rates, across regions difficult. It may be that, as the programme develops, it makes more sense for those regions with larger numbers of IMGs to take a more leading role in developing the interventions, gathering evidence and supporting other regions, perhaps through a hub and spoke-type model.
- In future years, as the impacts of interventions become consistently better understood, this approach would also enable the programme to develop more consistently across the country with a focus on 'what works', with the most effective tools and methods increasingly shared and standardised.

1.4 HEADLINE COMMENTS ON THE PROGRAMME AND NEXT STEPS AND RECOMMENDATIONS

This evaluation coming at the end of the second year is quite early in the process, and therefore necessarily qualitative in nature.

However, the programme has delivered a great deal of activity and data shared with us indicate a high level of participation by IMGs. It seems likely that, overall, this has reduced the number of IMGs requiring extensions during their training.

1.5 DEVELOPING THE PROGRAMME IN THE FUTURE

In future years, more data on programme interventions and outcomes will be generated and it is anticipated that having time-series data will enable more detailed analysis of the relative impact on different activities.

It is recommended that:

- Data should be collected consistently across the all regions and gathered into a single analytic framework. This would mean effective systems and processes constructed between regions and patches as well as between regions and the National and Primary Care Integration Team to agree on indicators, data collection and evaluation activities carried out at all levels.

- Based on this, the programme should be developed through identification based on evidence of the most effective intervention designs to drive achievement, with a more consistent approach across England focused on these interventions.

1.5.1 A HIGH-PROFILE CAMPAIGN TO PROMOTE THE PROGRAMME

HEE/NHSE should develop a promotional campaign to explain, raise the profile and encourage participation in the programme by IMGs. It is recommended that this should be co-designed and delivered both nationally and regionally/locally, and might comprise:

- Compiling and producing information, materials and resonant case studies – focused on 'real life' people stories where the IMG journey was really positive – and setting out the ideal induction into life as a doctor in the UK
- Recruiting a network of IMG Ambassadors able to support future cohorts of IMGs
- Materials in formats easy to share via social media and linked via relevant groups – perhaps working with partners and national affinity groups e.g. NHS Black and minority ethnic groups, HEIs.
- Centrally-hosted with easy online access and links shared with IMGs before their arrival in the UK with materials to introduce the NHS, life in England and advice relevant to IMGs as early as possible in their journey – including a network of regional contacts.
- Regions should create their own introductions to regional life, including introductions to transport systems, customs, vernacular and practical matters to do with securing housing, ensuring families are supported through local support networks and initiation into bureaucratic arrangements.

1.5.2 PEER-TO-PEER SUPPORT

Built out from this campaign, it is recommended that:

- HEE/NHSE should develop a structured 'buddying' scheme to support the programme, whereby IMGs can offer and access peer-to-peer support, which feedback suggests is likely to be perceived as more useful, relevant and sensitive to context. If developed for doctors in training positions, this might also support wider professional development and wellbeing support – beyond directly tackling differential attainment.

1.5.3 PREPARING IMGS TO GO INTO PRIMARY CARE

Linked to recommendations on ambassadors and buddying, it is recognised that the role of clinicians in primary care is changing rapidly, and future generations of GPs will be required to work more flexibly across primary, secondary and community healthcare and more frequently at system-level or across traditional fault-lines such mental and physical health or NHS and social care.

It is therefore recommended that:

- Where peer-to-peer support is introduced or case studies presented on likely roles, these are fully representative of these changes – for example, recruiting buddies for IMGs from across secondary care as well as primary care.

2. BACKGROUND AND INTRODUCTION

Since 2015, the UK has seen a rapid increase in the numbers of International Medical Graduates (IMGs) joining the workforce. IMGs are those who initially qualified to practice outside of the European Economic Area (EEA), predominantly from the Middle East and South Asia (GMC, 2020). The rapid growth of IMGs joining the medical workforce signals the diversification amongst doctors training, qualifying and practising in the UK.

In the wider workforce context, it is vital to ensure a sufficient medical workforce to deliver high quality care to meet government manifesto commitments to place 6,000 more doctors into general practice.

Alongside this rapid growth, there are evident differential outcomes in recruitment data, training and examination outcomes of IMGs in comparison with both their UK and UK ethnic minority counterparts, across undergraduate and postgraduate training.

It is within this context that Health Education England (HEE) - now NHSE but referred to throughout this report as HEE, who commissioned this report - created and implemented a strategy for levelling the field in which IMGs are training as postgraduate General Practitioners (GPs) with the intention to improve attainment and close the gap between their comparative trainee cohorts.

2.1 DIFFERENTIAL ATTAINMENT

The term Differential Attainment (DA) refers to the systematic differences in outcomes across socio-economic position or the range of protected characteristics listed in the *Equality Act (2010)* – in this context, differential outcomes can be found in recruitment to speciality posts, exam results and training progression for doctors who have gained their qualifications abroad (Nayar, 2022). This attainment gap is most apparent and acute for IMGs.

2.2 CHALLENGES FACED BY IMGS

The progression routes through training vary generally, but progression of IMG postgraduate trainees through their education highlighted significant differential attainment and inequality of outcomes. With regards to performance in postgraduate assessment, there is a significantly lower pass rate for IMGs (41%) than UK minority ethnic medical graduates (63%) and UK medical graduates (75%).

Although differential attainment exists across the board of medical training and specialities, the government pledge to increase the GP population demands that we deepen understanding of the complex issues causing the attainment gap and identify appropriate solutions to meet manifesto commitments.

The specific challenges faced by IMGs are complex and despite further exploration of the underlying issues motivating these attainment outcomes and controlling for certain factors such as language and academic performance (Nayar, 2022), the gap remains. UK Black minority ethnic graduates and IMGs have reported higher levels of stress, burnout and anxiety that obstructed progression through training (Woolf et al, 2016).

The challenges facing IMG trainees include:

- Unconscious bias at work and in training
- Isolation and lack of community
- Many have left families and support networks
- Difficulties in work relationships especially in relation to senior professionals potentially as a result of judgement as to the quality of experience and professional qualifications of IMGs
- Communication and cultural differences in both style and understanding of regional vernacular
- Lack of autonomy of choice over regional training location
- Becoming acquainted with different systems, expectations and a new country
- Uncertainty over values and ethnics in new cultural context
- Poor trust from senior professionals
- Poor work-life balance
- A culture which considers ownership of challenges as weakness.

2.3 HEE PROGRAMME TO ADDRESS DIFFERENTIAL ATTAINMENT

Launched in 2021, HEE developed a Programme of additional support for postgraduate IMG GP trainees, costing £9million distributed in two tranches of £4.5m per year across 2021/2022 to regional offices for Programme delivery. Created to address the underlying causes of differential attainment in exams and progression through training, the Programme consisted of a framework of interventions and activities to be delivered through the eleven regional Differential Attainment (DA) leads.

The framework of interventions to support IMG GP trainees consists of the following:

Enhanced induction

- Cultural Induction
- Early identification of needs
- Targeted neurodiversity screening

Personalised learning plans

- One-to-one support
- Personal development plans
- Ongoing mentorship

Exam preparation and support

- Communication and consultation skills
- Support with e-Portfolio and Advanced Review of Competency Progression (ARCP)

Faculty development

- Courses, themes and forum networks
- Support for educators
- Cultural competence and safety

The Programme was developed collaboratively between the HEE National Primary and Integrated Care Team through and the regional offices where the funding was distributed through a communities of practice group. Regional leadership and framework implementation was deemed the most appropriate way to roll out the set of four interventions and associated activities because they have worked with HEE to establish these key interventions, but they also best understand the needs of their trainees and can be adaptive in the ways they implement the Programme to suit their regional needs.

Regional offices were asked to evaluate their activities and feed this back to HEE on the basis of agreed indicators of progress across quantitative and qualitative metrics from examination outcomes, allocation of funding breakdowns and narrative Key Performance Indicators (KPIs).

2.4 AIMS OF THIS WORK

Verve was asked to review and evaluate the benefits, challenges and limitations of the funded Programme of intervention measures already outlined.

The project objectives were to:

- From early findings, evaluate the interventions delivered through the Programme investment in the first year of its roll-out
- Identify the most effective interventions
- Estimate the value delivered by the Programme.

3. METHODOLOGY

We took a phased approach to this project:

1. Define the national Programme framework, its primary interventions and associated tools and activities
2. Deepen understanding of which interventions have been implemented in different regions and identify variations in approach, through stakeholder interviews with those responsible for regional Programme delivery. Explore the impact of different interventions.
3. Support the qualitative findings with International Medical Graduate (IMG) focus groups, to gain an understanding of the most impactful interventions from the trainee perspective
4. Use qualitative engagement findings alongside self-evaluation of interventions from across the regions to understand potential impacts of the Programme.

We used a range of data sources to enable a broad, holistic perspective on a large-scale, complex nationally led but regionally tailored and delivered Programme. Those sources consisted of:

- Desk research
- Evaluation feedback for regional activities under the Programme framework consisting of different formats
- National Quarterly Reports containing Advanced Knowledge Test (AKT), Annual Review of Competency Progression (ARCP) and Recorded Consultation Assessment (RCA) outcomes data, regional narrative KPIs and financial reporting
- One-to-one interviews with regional delivery leads, called 'stakeholders' in this report
- Regional focus groups with IMG trainees who have experienced support measures as part of the funded Programme framework
- Workshop narratives and presentations (1st March 2023 community best practice workshop).

We used existing studies and articles on differential attainment (DA) in UK postgraduate medical training, available progress reporting from HEE on regional interventions, as well as discussions with the clients and interview with Professor Vijay Nayar, national Differential Attainment Lead Primary Care. Upon the basis of these findings, we drew up a framework of the Health Education England (HEE) strategy to gain a clear picture of which standardised activities and interventions were being implemented as part of the national framework, regionally. On this basis, we then were able to create a discussion guide for our facilitators to explore the range of activities carried out regionally and their impact. The sources for this work can be found in Appendix 1.

We interviewed 14 representatives who are all leading on closing the attainment gap, from 7 regions across the following range of professional titles and roles to understand the range of activities implemented as part of the HEE Programme of interventions:

- Differential Attainment Representative
- Postgraduate Inductions, Improving Outcomes and Equality Lead
- Associate Dean – IMG Support
- Lead for Race, Equality and Differential Attainment in Primary Care
- Deputy Head of School
- HEE International Support Fellow.

We held interviews with individual stakeholders for nine of the interviews, two stakeholders for another interview and three stakeholders for another discussion. We also had introductory and weekly calls with the Primary and Integrated Care Team and participated in the community of best practice group workshop in March 2023. alongside a community of best practice workshop on 1st March 2023 where regional leads discussed their progress on DA. We would like to thank the HEE professionals driving this work for their engagement. We invited IMGs to focus groups to discuss their experiences.

3.1 STAKEHOLDER INTERVIEWS

We created a discussion guide (Appendix 3) for facilitators to lead stakeholder interviews, based on desk research and an interview with Vijay Nayar. We spoke with the leads for this Programme implementation regionally to:

- Gain a rich understanding of how they were implementing the HEE-funded programme framework
- Explore variations in how regions approached activities and tools within the framework, geared towards local needs
- Understand which Programme interventions were considered most effective and impactful at supporting IMG trainee progression from the educational provider perspective
- Triangulate the stakeholder perspective with self-evaluation and IMG focus group findings for a 360 view of regional Programme intervention and most impactful activities.

3.2 IMG FOCUS GROUPS

The IMG focus groups aimed to capture the impact of Programme interventions for those who experienced them, by:

- Gaining the perspective – negative, neutral and positive – of those who experienced support measures
- Exploring how aware trainees were of measures designed and implemented to support them
- What they perceive the barriers are, to their progression
- The cost – professionally and personally – of challenges within training, particularly exam failure.

In this process, we found that a wide range of activities were being implemented as part of the HEE Programme of interventions within the national framework and many additional activities tailored to regional perspective on bespoke intervention.

There were a significant range of interventions being carried out which had similar aims and activities but varied in timing of intervention along the GP trainee journey or in quantity. For example, all of the regions held one major induction at the beginning of the trainee journey, but one region made the decision on the basis of effectiveness, that induction should be a longer process, and two other regions created pre-induction initiations to avoid too much, too soon for IMGs upon arrival.

We note regional variation in how certain intervention activities were delivered but recognise that they had similar aims and still reflected the rationale for implementing primary intervention activities. For example, all regions had some form of community and network-building activities to encourage peer support but took varied approaches to this task including one-to-one buddying, buddying families consisting of ST1, ST2 and ST3 level peer families, learning sets and small group work in different settings.

The regional differences in ameliorating different challenges for IMGs such as facilitating buddying and peer-networking, are less reflected in approaches to exam support and preparation, which contained across the board a broad mix of proactive and reactive measures to prevent exam failure and in the case of exam failure, provide targeted support.

4. THE NATIONAL PROGRAMME

This section sets out the national programme and its aims which formed the basis of our discussions.

The aim of the National Programme to implement regional interventions was to provide a standardised framework through which regions could deliver support to their GP trainee IMGs, whilst adapting to local needs. Against each primary intervention, there are a number of sub-categories providing, though not restricted to, indicative activities carried out to support the wider intervention aims.

HEE have also provided a resource toolkit for regions to appropriate and adapt for their own needs, which includes training and upskilling in bystander awareness, diversity, inclusion and equity, cultural sensitivity, fairness in training, feedback and difficult conversations and raising awareness of racism and racial justice. The HEE GP Differential Attainment toolkit is available at https://learninghub.nhs.uk/.

There are four primary intervention categories in the HEE primary care strategy to support GP trainees with non-UK qualification, each with sub-categories of activities implemented as part of this. The underlying motivations for the creation of those four primary categories are explained in the introduction but we will expand on this for each category below.

4.1 PRIMARY INTERVENTION 1: ENHANCED INDUCTION

Key Activities

- Cultural induction
- Early identification of needs
- Targeted neurodiversity screening.

The enhanced induction should go beyond the basic introduction to 'local policies and protocols' (Nayar, 2022), to enable new trainees and often their families, to settle, foster belonging, build community networks and understand the different contexts – cultural, regulatory, organisational – within which they will be training.

Whilst early identification of needs and neurodiversity screening are measures to ensure proactive support is provided on a bespoke basis, it is intended to support and not single out IMGs on the basis of recruitment scores but 'according to need' (ibid, 2022).

4.2 PRIMARY INTERVENTION 2: PERSONALISED LEARNING PLANS

Key Activities

- One-to-one support
- Personal development plans
- Ongoing mentorship.

This intervention has been intended to offer a more bespoke, individualised provision of support to trainee GPs. Closer and more personalised support through meetings, mentorship and co-created learning plans are for the professional, educational and pastoral support of trainees.

4.3 PRIMARY INTERVENTION 3: EXAM PLANNING AND SUPPORT

Key activities

- Communications and consultation skills
- Support with e-Portfolio and Annual Review of Competency Progression (ARCP) preparation.

The purpose of enhanced communications and consultation skills support is to foster shared meaning, understanding and relationship-building. The e-Portfolio support and ARCP preparation is as much about the knowledge required to progress in a trainee's journey, as it is about equipping trainees in understanding expectations and how to individually approach learning, study and revision in preparation.

4.4 PRIMARY INTERVENTION 4: FACULTY DEVELOPMENT

Key Activities

- Courses, forums and themed networks
- Support for educators
- Cultural competence and education.

Faculty development measures have been embedded in the national framework for the purpose of ensuring educators are aware of the potential challenges facing international trainees embedded within organisational and systemic culture. Training in unconscious bias or bystander awareness can aid educators in identifying barriers to progression for IMG trainees and respond with appropriate support measures identified across the national framework, and as this report will discuss, often creatively beyond these interventions.

4.5 A SNAPSHOT OF REGIONAL VARIATION AND CREATIVITY

We found creative variations in the ways in which the regions approached support activities.

4.5.1 ENHANCED INDUCTION

One region offered an induction in six sessions for all of those 'New to the NHS' including international trainee GPs in addition to the general induction. These extra sessions gave the educators an opportunity to introduce IMG trainees to the NHS and different types of care.

Another region similarly spread their induction out over a longer period of time, rather than doing one or two day workshops at the beginning to training, with the stakeholder stating that it was quite a lot to do an induction all upon arrival. They had received overwhelmingly good feedback in their evaluation on this approach to induction. In our stakeholder engagement, we found that this regional induction also focused in depth on cultural induction into rituals, birth, death, retirement, identity and time – focusing on meaning making in relation to the medical profession and personal life, whilst Training Programme Directors (TPDs) introduced trainees to 'lighter' cultural practices around, for example, British food and television.

4.5.2 PERSONALISED LEARNING PLANS (PLP)

Sitting within their PLP support, one region partnered with a local university and piloted a new scheme to link trainees up with university language and linguistics students to improve language and communication.

In another region, the TPDs were expected to know their trainees by name, to ensure they supported needs specific to each individual and were expected to be able to give an update

on their trainees when asked, highlighting the pastoral nature of this regional approach to personalised learning.

4.5.3 EXAM SUPPORT AND PREPARATION

For this set of activities, there was far less variation in regional approaches and across all regions quite an intensive proactive, preventative (of exam fails) as well as post-fail support package was implemented. However, across some regions, there was variance in when exam support was deployed. For some regions, stakeholders interviewed emphasised that exam preparation began with induction for early identification of needs and targeted and personalised support to progress and pass. In one IMG focus group, a participant pointed out that intensive exam support only entered the picture once they had failed twice.

5. STAKEHOLDER PERSPECTIVES

This section reports on stakeholders' perspectives on the programme and its effective elements.

5.1 ENHANCED INDUCTION

> *"I think we have done our IMGs a disservice – we recruit them and dump them in without even offering a proper induction and that's what we're trying to do now, with the hope that that increases retention and hopefully patient safety as well."*
>
> Stakeholder interview

Thematic findings on induction activities would suggest the holistic approach to induction has been most effective within this primary intervention, on the basis predominantly of stakeholder interviews and self-evaluation feedback analysis. This has consisted of two dominant themes on which activities under the primary intervention have been considered most useful.

The holistic approach
All eleven regions provided multi-faceted inductions, geared towards initiating International Medical Graduates (IMGs) into many different aspects of their new lives – organisational, cultural, professional, communication in different contexts. Some regions provided 'New to the UK' inductions whilst others provided 'New to the NHS' and/or more in-depth cultural initiation, alongside locally adapted ways of identifying needs.

Fostering community and openness
Across all regional inductions, different activities and tools geared towards fostering peer-community formation and openness were implemented. The different ways of organising to encourage community building and expressiveness included small group work, encouraging trainees to ask questions, providing extra training on soft skills to support communication abilities, starting WhatsApp groups for trainees to share information and encourage cohesion, addressing hopes and fears for the training period, sharing experiences.

Early preparation
Across all regions, the inductions also prioritised preparing trainees for exams with many also laying down the foundations of what the role and expectations are of becoming a GP in the UK. The emphasis on early preparation and identification of needs right from the beginning one-to-ones with Training Programme Directors (TPDs) pre-start, linguistics and communications sessions, e-Portfolio sessions, offering In-Training Assessment Profile (iTAP) to those with lower Multi Speciality Recruitment Assessment (MSRA) scores, consultation support, reflective writing support, ethical scenarios, clinical case studies, introductions to IT systems, coverage of different types of care (palliative, elderly care).

Going beyond
All regions appear to have gone beyond the standard requirement in some way. For example:

- Two regions offered **pre-arrival sessions (either 1:1 or online pre-arrival introductory sessions)** to trainees, and another is currently planning to implement improved approaches to supporting pre-arrival trainees, whilst another region has a pre-arrival form to collect information on IMG experiences and learning needs
- Three regions set up **WhatsApp groups** for trainees to provide a way to communicate, share practical knowledge and create peer networks and community. One stakeholder called WhatsApp groups *"really powerful"*.

- One region included **8 x sessions during ST1** as part of the Enhanced Induction for those with lower MSRA scores – which includes a high number of IMGs – to support learning styles, exam preparation, consultation skills involving small group work.

5.1.1 EFFECTIVENESS OF ENHANCED INDUCTION ACTIVITIES

Views on effectiveness of Enhanced Induction activities have varied across stakeholder discussions and self-evaluation.

In Thames Valley, New to the NHS sessions received an average of 4.7/5 in feedback evaluation and scored an average of 5/5 across all induction activities.

Yorkshire and Humber produced a report on differential attainment (DA) and interventions with trainee feedback. Trainees gave "overall positive feedback" (Emery, 2022) on the induction process. The most effective components of the induction were deemed the section on communication and language to help with local accents and vernacular, the General Medical Council (GMC) talk to discuss medicolegal culture in the UK and the fact that facilitators had personal experiences as IMGs. One trainee found the induction an effective introduction to UK practice:

> *"…some of us that come into GP training who are IMGs, we come straight from our home countries, not everybody has NHS experience or has lived in the UK before starting GP training, so I think it's useful for people from that point of view."*
>
> IMG feedback (Emery, 2022)

The London region received excellent feedback from trainees, with over 70% of respondents finding the induction 'Extremely Useful' whilst the remaining found the process 'Very Useful'. The supportive environment, encouragement to be open about fears and experiences, the approachability of facilitators and interactive nature of the induction, as well as the introduction to the GMC were all considered effective aspects of the induction from the trainee evaluation perspective.

Wessex received overwhelmingly positive feedback from trainees about the induction including the cultural aspects of induction, language, expectations management, the forum to ask questions, safe space to share experiences.

> *"I think these sessions are really helpful for people who are new to country and new to the NHS on letting them know that you are not alone, lot of people have been through it and come out successful. It gives hope and just eases those nerves a bit."*
>
> Trainee feedback on the induction, Wessex

The East Midlands' induction received good feedback on the breadth of content, delivery method and facilitator skills. This region created a 'New to NHS' programme to offer space to develop and support network-building.

Kent, Surrey, Sussex developed a creative way of summarising their induction evaluation – alongside formal evaluation - which highlights the overall positive feeling towards the induction experience gathered from feedback. One aim of the induction in this region was to foster a sense of belonging, build peer communities and support small group work to encourage openness. Part of the induction evaluation was to analyse the participant feedback to summarise the most common feelings and thoughts about the process; participants were asked, "How do you feel at the end of the course?" and the most common responses were: loved, supported, more confident, motivated and valued.

5.2 PERSONALISED LEARNING PLANS

Bespoke support

Through a range of formal and informal activities to do with both personal and professional needs - bespoke support tailored to the needs of IMGs. There were variations on regional offers and approaches to PLPs, but the overall analysis suggests that all regions are providing different forms of personalised support and early identification of development needs.

- One-to-one meetings with TPDs or educators for training support as a standardised approach to support and/or post-exam failure support to identify specific needs
- One-to-one meetings with TPDs or educators for overall pastoral support, proactively in touch with trainees and responsive to individual needs
- Early needs assessment and subsequent tailored support given either by the educator or Professional Support Unit (PSU)
- Mentorship and training to become mentors
- 'Hello' forms specifying experiences and needs used from commencement of training to inform personalised support
- Regular drop-in sessions for any practical, curriculum or wellbeing support
- Social prescribing for personalised and needs-based support
- Drop-in sessions with TPDs
- Buddying systems
- Learning sets.

Edge Hill University were commissioned to undertake qualitative research for the North West region on the impact of the recruitment of the DA Champion. Amongst many other findings, the report found that personalised, proactive, responsive and holistic trainee support was considered an effective way of improving outcomes for IMGs.

> *"It is a holistic role… So it's not going to be purely academic. I mean yes, academic is part of the role but beyond that it is more giving a broader support which I think is what is required."*
>
> *"I hope to be an additional layer of support for them. Lots of these trainees are away from family, away from their home, lots of them haven't been home for two years if they, because of covid and various reasons. I hope to provide some sort of support."*

DA Champions on supporting trainees in 'Evaluation of the impact of the Differential Attainment Champion role in the GP School, Health Education North West' (Brown & Jenkins, 2023)

Introductory forms

For professional, targeted support, a number of stakeholders have introduced forms for IMGs to fill in at the beginning of their training, sometimes known as 'Hello Forms', which can then be given to supervisors and used as the basis for tailored support right from the beginning. This can anticipate challenges facing individuals in training and intervene to prevent such challenges from growing.

Gap assessment

Many regions also discussed identifying gaps in professional knowledge and recommending, for example, attending specific events, to fill knowledge gaps.

Supervisory support

Supervisory support on a one-to-one basis has been offered across all regions in different formats; on a tiered basis depending on exam outcomes, early provision of standardised one-to-one

support for curriculum/knowledge-based support and/or provision of one-to-one supervision offering holistic support around curriculum, knowledge and pastoral care.

Many of these one-to-one supervision routines have been informed by different communications and information. Some are informed by MSRA scores, and those with lower scores will receive more targeted supervisory support. Others are informed by forms the IMGs are requested to fill out in order to give supervisors the opportunity to prepare for tailored support.

In two regions, the supervisors were expected to know their trainees on a more personal level, being able to know what was happening with them and if they were facing any challenges at any given time – providing pastoral support. In another region, educators responsible for trainee supervision were expected to be proactively in contact with trainees to support with a range of personal and professional needs. One regional stakeholder interview emphasised the importance of relationships in creating trust in the trainee's personal development.

One stakeholder gave an example of going even beyond the personalised support within the national framework, and recounted an example of personalised, bespoke support offered to one trainee by their supervisor to ensure their trainee knew they were not alone, whilst separated from their family.

5.2.1 EFFECTIVENESS OF PERSONALISED LEARNING PLANS

In Yorkshire and Humber, a major intervention and considered most valuable and successful, was a social prescribing pilot, which aimed to intervene at an early stage to assist IMGs with a host of practical arrangements, including childcare, accommodation, visa support, transport and mental health and wellbeing support. The need to identify needs early and provide bespoke support on that basis was identified as an effective approach by trainees interviewed in the Edge Hill University Report (Brown & Jenkins, 2023).

Thames Valley's evaluation highlighted strong positive feedback about the consultation skills session (80% strongly agreed the session met their needs and 20% agreed) owing to its inclusion of roleplaying, technique support, real-life rather than online delivery, encouraging environment, peer learning opportunity and forum to ask questions.

Whilst Wessex had found some buddying practices that were effective, it was not necessarily the case across the board. According to the stakeholder interview, effective buddying practices are more likely to encourage those involved to want to "pay it forward" and offer others a good experience of buddying. Yorkshire and Humber also reported mixed results on the effectiveness of buddying, but reported that buddying families (a mix of ST1, ST2 and ST3 in one family) and similar schemes do support professional and social aspects of trainee life which help reduce DA. In contrast to the mixed feedback from those two regions, the North East reported very positive feedback on buddying systems.

East and West Midlands, and the North West highlighted the impact of closer support, whether with TPDs or bespoke support from DA Champions. These closer working relationships allow the TPD/DA Champion to tune into particular needs of trainees.

East Midlands and South West regions reported that Personal Learning Development Plans (PLDPs) as being effective ways of helping trainees access support, screening for neurodiverse needs and helping start conversations that may be difficult or wouldn't have happened without these plans.

5.3 EXAM PREPARATION AND SUPPORT

Exam support across the regions appears to be the most comprehensive primary intervention from the national framework, with a combination of proactive, preventative (of exam fails) and reaction (post exam fail) support on offer.

Preventative measures
In some regional cases, the Programme allowed the implementation of more measures to identify needs, intervene with the necessary support and prevent exam failure before it happens. A number of stakeholders pointed out the importance of preventative measures, given that exam failure is often de-moralising for trainees. It is far better to prevent than to wait.

Such measures took the form of targeting those entering training with lower MSRA scores, offering them tailored support with communications and consultation skills, providing roleplay opportunities, ensuring conversations are happening in advance about readiness-to-sit to avoid misaligned expectations over progress between senior educators and trainees, feedback from examiners, learning from peers in group consultation sessions, mock papers, providing exam TPDs, phonics courses, webinars, access to online consultation videos, ensuring educators are supported in their abilities to navigate difficult conversations and recognising that ways of learning are diverse and sometimes trainees need support in understanding how trainees engage with their education.

As stated in the thematic review of enhanced induction processes, all regions – although in a variety of ways – began the preparation of exams from the beginning through setting expectations, supporting with consultation and communications skills and taking a targeted approach to ensuring trainees who needed more support were identified through arrival forms, one-to-ones and/or MSRA scores.

Reactive measures
Reactive support refers to intervening to support the trainee after an exam fail. The ways of supporting trainees after failed attempts vary slightly from region to region.

In the East Midlands, trainees who fail are given one-to-ones with an examiner, are supported on their approach to preparation and understanding the educational journey, given access to Fourteen Fish (for consultation support) and given joint feedback on exam recording from the examiner and trainer.

The East of England region provides intensive support where appropriate to those identified with that need and has appointed Exam TPDs to monitor trainees who have experienced exam failure.

In the West Midlands, trainees who have failed exams discuss reasons why with their educational supervisor and TPD. This conversation is documented in their e-Portfolio and the group can mutually plan for success in the re-sit. This region also offered one-to-one sessions and feedback on different aspects of exams including looking at how the trainees prepare and revise, not just purely a focus on knowledge or curriculum. Those who fail the ARCP are also given exam workshops including roleplaying and acting alongside feedback delivered by outsourced facilitators.

Yorkshire and Humber provide Exam Leads to support trainees who struggle and offer support on a tiered basis; those who fail an exam are invited to a course, those who fail twice are invited to small group sessions and those who fail three times receive one-to-one sessions.

London targets trainees identified as needing additional, intensive support and provides support to address any gaps in knowledge.

The North West offers a Support on Exams (SOX) one-day course for those who fail and tutorials after each failed exam.

5.3.1 EFFECTIVENESS OF EXAM PREPARATION AND SUPPORT

Evaluation gathered by Kent, Surrey, Sussex on support for Advanced Knowledge Test (AKT) preparation was overwhelmingly positive but with feedback that had trainees received preparation earlier, they would have been prevented from repeated AKT failure and subsequent impact on personal and professional confidence.

> *"I would like to personally thank you and let you that I passed the AKT, feeling very overwhelmed and happy. I would like to take this opportunity to say thank you for guiding me and supporting me during this journey, when I was a little lost. Thanks again. Will never forget the one-one calls and support and time you have given."*
>
> Trainee who passed on 5th attempt, Kent Surrey, Sussex

The East Midlands received strongly positive feedback across all evaluations for exam support and preparation tools for their Recorded Consultation Assessment (RCA) Preparation Saturday which included examiner and peer feedback. Trainees acknowledged that they feel better prepared to approach the RCA, felt reassured receiving feedback to improve and considered small group work and online delivery useful for engagement.

The East Midlands assessed the outcomes for those who took the one-to-ones offered to trainees who had failed, and those who did not accept this offer. Those who took up this offer were found more than twice as likely to pass upon re-sitting than those who didn't take up this offer.

Kent, Surrey, Sussex found vastly improved understanding of the AKT in their 'Introduction to AKT' webinar when comparing pre- and post- webinar feedback. They found significantly higher understanding of best learning methods, what is needed to prepare, awareness of the curriculum and the relevance of the AKT as well as available resources and educators to turn to when needed.

In London, the RCA preparation days received positive feedback upon evaluation, owing to the good opportunity for feedback from examiners and linguists from the Professional Support Unit (PSU).

Thames Valley received overwhelmingly positive feedback on their provision of one-to-one support for RCA preparation due to the inclusion of psychosocial aspects of consultations, clearer understanding of the role and involvement of the patient, the role of active listening, the marking scheme and lack of jargon involved. Consultation skills support across all ST levels were considered the most useful interventions on the basis of trainee feedback as they support the essence of what it is to be a GP, with genuine learning and feedback in a supportive community environment.

The South West stakeholder interview identified Support for Performance and Exams (SPEX) to be the most useful intervention regionally. It ensures trainees understand expectations and requirements, what makes GP practice different and takes a proactive approach to exams, rather than waiting for trainees to fail.

In Wessex, the stakeholder feedback highlighted that stepping back and explaining certain aspects of preparation to be most effective. For example, the region has amended its ARCP session for ST1 level trainees to support trainees in understanding the e-Portfolio in drop-in sessions.

5.4 FACULTY DEVELOPMENT

Aside from the practical upskilling aspects of development, appointment and recruitment of different roles across regions to support in the delivery of interventions, faculty development also included upskilling and training educators on the role DA plays in IMG progression and their roles raising awareness organisationally. Some regions focus more on the outreach and awareness raising aspect of development to address the attainment gap and challenges facing IMGs, whilst other regions focus more on the more practically applicable upskilling for educators to support IMGs.

Levelling the field through awareness raising
Across a number of regions, those responsible for closing the attainment gap have done outreach to raise awareness and put the DA agenda onto the wider organisational radar.

For example, the East of England has an induction for hospital staff about the challenges specific to IMGs for hospital staff.

Kent, Surrey, Sussex involve wider stakeholders, where they will drop into different team meetings to discuss DA, drop into Trust meetings to run sessions on DA. The goal was to foster a shared understanding of the issue of DA.

In the West Midlands, funding allowed the continuance of already-existing activities around faculty development. This included putting DA on the agenda with a DA Lead speaking at TPD away days, supervisor meetings and conferences.

In London, those responsible for DA have visited Vocational Training Schemes to talk about DA with trainers and trainees and to encourage an understanding that IMG trainees are a highly qualified group of people, that any interventions and support offered must not be on the basis of a deficit model.

The North West holds DA Champion monthly meetings to discuss different issues, give updates and run workshops. They also hold an annual conference for DA Champions.
Thames Valley holds a day course on DA and holds faculty days with workshops.

Training
Whilst the awareness raising component of faculty development is about educating wider stakeholders on this issue, across the regions, there are varied initiatives designed to practically upskill and train educators in supporting their trainees.

Wessex holds a mandatory region-wide trainers' day, commission a course on culture, hold bi-annual trainers' days across each patch to include aspects of IMG support as a focal point, hold sessions for TPDs and 2-day coaching sessions for senior educators on cultural intelligence.

The East Midlands offer webinars, conferences and workshops on neurodiversity, support sessions for newly qualified trainers and provide specific training for TPDs across two days a year for development.

East of England holds a 2-day seminar in spring which includes lectures for trainers and informs educators about extra support available, stating that HEE funding has supported the provision of extra educator time making it easier to identify trainee needs.

Kent, Surrey and Sussex have offered monthly educator workshops focusing on a wide range of topics including consultation, communications, the AKT, and have been improving staff communications including working on difficult conversations.

Yorkshire and Humber offer Blackboard which has extra courses and training, holds twice yearly primary carers educators' seminars with DA workshops and presentations. This region provides a trainer's pathway for new or intending trainers offering a roadmap for trainers which includes a DA training module.

The North West region holds a masterclass to help educators support IMGs to progress through exams. They also offer sessions on language, communications, neurodiversity and cultural competence.

The South West have aimed to upskill, where TPDs train the trainers, facilitated by the TPD for EDI. These sessions focus on Active Bystander Training, trainer workshops, drop-in sessions for support. The North East offer neurodiversity training and ways of supporting trainees, which consist of two three-hour sessions with expert voice and lived experience inclusion.

Thames Valley run a day course on DA and the attainment gap, hold a DA workshop twice a year and hold an event in March on how to give language support to IMG trainees for consultations. They also provide Active Bystander Training.

5.4.1 EFFECTIVENESS OF FACULTY DEVELOPMENT

The East Midlands compared pre- and post- perspectives from educators on the DA workshop hosted by the Midlands Primary Care School in collaboration with experts in DA. The workshop was intended to raise understanding of DA, its relevance and look at practice measures to address the issue. The feedback noted a positive shift in educators' understanding of what DA is and understanding potential mitigations to apply in the attendees' teams.

5.5 CHALLENGES AND LIMITATIONS OF INTERVENTIONS AND ACTIVITIES

5.5.1 ENGAGEMENT

Some regions had challenges with engaging International Medical Graduate (IMG) trainees in some of the activities and tools designed to support them, including one-to-ones and filling out forms for Personalised Learning Plans (PLPs), or arrival information forms to pass to educators for the early identification of needs. For some regions, what worked once, did not work the second time, so the leads have had to experiment with what works and make amendments to offerings where necessary. One stakeholder stated that trainees have enough forms to fill out, and although they are encouraged to fill out their supervisory form, it can be difficult to achieve.

In some of the feedback on effectiveness, we have highlighted that small group work, bespoke support and peer networks help trainees. The reasons are potentially that trainees do not want to

be singled out or seen as deficient in knowledge. This qualitative thematic review has highlighted the measures taken regionally to support inclusion by encouraging sharing, peer networks and fostering belonging, but some regions reported the challenge of encouraging trainees to stand up or come forward to openly engage with some of these efforts.

One regional stakeholder stated that it could be very difficult to persuade IMG trainees to attend activities for their benefit, owing to a view that they were being punished for something.

5.5.2 THE DEFICIT MODEL

A number of regional stakeholders discussed how to balance targeted support with negatively basing interventions of support on a deficit model. As a result, some support provision was widened out to others. For example, some induction events initiating those 'New to the NHS' were widened out to other trainees who fit into that category.

The issue of the deficit model presented a challenge because it appeared to be a balancing act of ensuring the attainment gap was being addressed and trainees were being supported through these Programme activities and tools, whilst trying not to reinforce the inevitability of exam fails and stalled progression onto this cohort.

5.5.3 COHORT SIZE AND RATIO

Measuring impact has been difficult for regions who have fewer trainees, it is challenging to draw intermediary conclusions from a small cohort.

Another region stated that it was difficult to carry out one-to-ones and offer close support given that their region has so few Training Programme Directors (TPDs), no Differential Attainment (DA) Champions and only GP educators. This region highlighted a lack of best practice to evaluate against yet.

6. IMG PERSPECTIVES

Two focus groups were held – one with IMGs from the East Midlands and one with IMGs from Wessex. The interventions offered in these areas can be found in Appendix 4.

This section presents IMGs views on enhanced induction, exam support and personalised learning, as well as presenting their suggestions for adding to or improving each of these. The IMGs also talked about their wellbeing and the final part of this section explores the impact of being an IMG on wellbeing.

6.1 INDUCTION

- Build induction into IMGs' schedules at a very early stage; some trainees had waited several weeks for induction.
- Hearing from successful IMGs was both reassuring and motivational.
- In Wessex trainees took part in a 2-day orientation course, which was not solely for IMGs, which they welcomed; however, they felt it would have been better spread across four days as there was a lot of information to take in.

Suggestions for improvements to induction training:

- Before arriving in the UK, the trainees would welcome information about what they might expect training to be like. Some said that a brief video on what to expect in their first few weeks in the UK would have been very useful.
- Introducing IMGs to other IMGs further along in their training before they arrive in the UK would be useful, so that trainees could understand from their peers what the experience is like.
- Having an induction to the computer systems before IMGs start work would be welcomed, so that they understand how to use the systems once they are in rotations
- Make sure that IMGs know, well ahead of time, when induction will take place – short notice meant that some trainees had trouble booking training time to attend.

6.2 EXAM SUPPORT

- Some trainees had a session on preparing for the Advanced Knowledge Test (AKT) with an examiner, which they found both practical and supportive.
- Trainees felt that more time and support is needed for e-Portfolio – it is a new concept and takes a lot of time and effort, especially for people for whom English is not their first language.
- Some IMGs did not understand the purpose of e-Portfolio, saying it did not seem to test their medical knowledge, rather the capacity to write and reflect in particular ways. More explanation on this would be welcomed.
- The timing of some exam support was questioned with trainees saying that there is a lot of information at the start of training, but there is too much to take in, so reiteration nearer the time would be welcomed.
- Trainees did not always understand the need to fail an exam twice in order to access support.

Suggestions for further support re examinations

- IMGs who had failed examinations called for more detailed and direct feedback on their submissions, rather than generic feedback. Some reported being told by their educational supervisor that they were doing well, which made failure more surprising for them and left them not knowing how to improve to pass.

6.3 PERSONALISED LEARNING SUPPORT

- Informal peer support had been useful, where it existed, for sharing concerns particular to IMGs and gaining advice on things such as completing the e-Portfolio. Some IMGs had access to peer groups which met online and face-to-face; some peer-to-peer support failed, however - for example a WhatsApp group had very little interaction.
- GP Buddy systems were useful – where IMGs were paired with ST1 or ST2s – and were deemed to be effective as another source of help with e-portfolio and general support
- One-to-one sessions with educational supervisors had been effective where the supervisor had spent time getting to know IMGs individually to understand their background – this was viewed as supportive and helpful.

Suggestions for further support re personalised learning:

- One-to-one sessions could include more practical advice and information about what to expect in training
- There could be better communication about buddy systems – some IMGs did not know about these.

6.4 GENERAL SUGGESTIONS FOR IMPROVEMENTS:

IMGs made suggestions more generally on how the programme might be improved:

- Some IMGs felt that first rotations should be in GP practices so that they have an opportunity to see and understand how GP practices work. IMGs perceived other benefits of starting in GP practices: having a context for hospital rotations at a later date; and improving interactions with e-portfolio.
- Neurodiversity screening for ST1s should be available with fewer eligibility criteria.

6.5 IMPACT ON TRAINEE WELLBEING

The primary aim of this report is to gain a richer understanding of the impact of the national framework interventions, as they have been locally adapted and implemented regionally. The cost of differential attainment and the attainment gap between IMGs and their fellow trainee cohort should also be considered from the perspective of trainees themselves. The experience of being an IMG, including moving to a new country, often leaving family and community networks behind, as well as the experience of failing exams, can have negative impacts on people's mental health, wellbeing and the ability to persevere with training and re-sits.

Participants talked about being overwhelmed being thrown into an induction process whilst trying to settle family members, find housing, get to grips with IT systems, knowing how to navigate transport whilst being placed on a long waiting list for a driving test. One trainee described the situation as being thrown into the deep end.

There were calls for some process and standardisation around how GP surgeries induct their trainee IMGs. For some, it has been a good experience, where administrative staff and clinical staff are supportive and ensured one trainee had working conditions that enabled them to balance family and professional commitments. However, it should not be a matter of luck.

Entering training and navigating a new surgery, trainees are timed on their consultations and have to work out IT and administrative systems at the same time. One participant said they had heard horror stories about how IMGs are treated at GP surgeries, and this would be less the case if there was standardised guidance on how trainees should be treated.

The case study below illustrates how one IMG's wellbeing was affected by failing the Recorded Consultation Assessment (RCA).

CASE STUDY

One participant described the impact of repeatedly failing the Recorded Consultation Assessment (RCA)

> *"My life has been ruined because of it".*

They said:

> *"I'm on my last chance now and it has completely affected me. I've been off work since November, and I'm now being seen by Occupational Health. This is something I really, really want to do and I don't know what I will do if I fail again".*

The participant felt they were disadvantaged when submitting for the RCA because of bias against accents. This IMG said the feedback on the RCA was not enough to help them pass at their next attempt. They did not understand why more support was not available after failing once, rather than only after a second fail. They did not know how to improve their performance because they had been given positive feedback but had failed three times.

Some regions said they had implemented formal 'readiness to sit' discussions between trainee and supervisor, in order to manage expectations and prepare trainees.

Overall, the feedback from IMGs was a mix of positive and negative feedback about their experiences. Some gave positive feedback about communications skills training, particularly on British colloquialisms, and the bespoke aspect of some consultation feedback. However, other participant feedback highlighted that their consultation recording feedback was too general, that there appeared to be bias in the assessment procedure for the RCA, that their supervision did not effectively monitor or communicate issues affecting exam performance, at which point they would fail, and overall, there was no standard approach to ensuring IMGs received across-the-board support to progress and pass.

The discussions showed the personal cost and impact to the IMGs who participated, including stress during the induction process, stress dealing with practical and personal matters upon beginning training, concern hearing of other IMGs' bad experiences in GP surgeries the negative impacts of failing examinations.

7. CONCLUSIONS AND RECOMMENDATIONS

This evaluation sought to gain a deeper understanding, after the second year of Programme implementation, about what is happening regionally, what is working and where there are challenges and limitations, as well has how regions have creatively adapted interventions to roll out local support measures.

We found a great deal of activity taking place to implement the national framework of interventions designed to support IMGs to progress through their training. We gained an understanding of how this early implementation phase is progressing, where the need for standard process is and where the limitations and challenges lie, in balancing local adaptation and national standardisation of IMG support.

Based on our work, and going forwards, we recommend the following steps:

- The creation of a national promotional campaign to raise awareness of the role of IMGs in the workforce, highlighting their positive contribution to the healthcare workforce and encouraging participation from both IMGs and wider stakeholders involved in integrating trainees from arrival to qualification and transition into the workplace.
- At all levels of activity (NHS England, regional and scheme), an agreed-upon level of measurement, set of indicators and mode of reporting should be implemented as the Programme continues. This will permit refinement and improvement of support provision and deepen understanding of the specific challenges IMGs face as well as solutions. Where regions have a small population of IMG trainees, it may be more difficult to draw conclusions or identify trends for some time, about the progress of support measures. We would propose therefore, that those regions with the highest population of IMG trainees may need to take the lead in setting best practice standards drawn from their evaluation data, to feed into national benchmarking.
- Regions should further develop and formalise peer networking and community building opportunities, tools and activities. This includes a variety of buddying systems across healthcare settings (primary and secondary), offering training to IMGs who may wish to become buddies or mentors, raising awareness of effective communications tools to enable IMGs to form relationships with one another.
- The prioritisation of small group work integrated into any aspect of the framework of interventions. Many regions are already offering small group work. Extending this enables trainees to participate in their training in a more personal way, to express without concern that they will be judged or punished for asking questions or discussing their experience. When facilitated by experienced educators and/or former IMGs themselves, this supports both a structured style of learning as well as encourages openness.
- The continued balance between ensuring IMG trainees have the proactive support they need and ensuring regions are not working on the basis of a 'deficit model'. Trainees that arrive here are a highly qualified cohort and whilst nationally and regionally, responsible leads need to continue identifying barriers to progress and refining support measures, IMG trainees should not feel stigmatised for needing those support measures.

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8. APPENDIX 1 – BIBLIOGRAPHY

Brown, J. & Jenkins, L., 2023, *Evaluation of the impact of the Differential Attainment Champion role in the GP School, Health Education North West, Edge Hill University*,

Differential Attainment, General Medical Council, London, [Accessed: 28 March, 2023]. URL:https://www.gmc-uk.org/education/standards-guidance-and-curricula/projects/differential-attainment

Emery, L., 2022. *Educational Interventions for Differential Attainment.* https://www.gmc-uk.org/-/media/documents/2016-04-28-fairpathwaysfinalreport_pdf-66939685_pdf-73893295.pdfhttps://www.gmc-uk.org/-/media/documents/2016-04-28-fairpathwaysfinalreport_pdf-66939685_pdf-73893295.pdf

Vijay Nayar, 2022, *Levelling up medical education: getting comfortable with being uncomfortable.* British Journal of General Practice 2022: 72 (725). **DOI:** https://doi.org/10.3399/bjgp22X721217

Woolf et al, 2016, *Fair Training Pathways for All: Understanding Experiences of Progression,* General Medical Council, [Accessed: 28 March 2023]. URL: https://www.gmc-uk.org/-/media/documents/2016-04-28-fairpathwaysfinalreport_pdf-66939685_pdf-73893295.pdf#page=9

9. APPENDIX 2 – AUDIT OF INTERVENTIONS IN EACH REGION

Region	Enhanced Induction	PLPs	Exam preparation and support	Faculty Development
East of England	Cultural Induction: Extra training on soft skills Linguistics and communications Neuro-diversity screening 1:1s for PLPs Early ID of needs: i-TAP offered WhatsApp group IMG representatives appointed TPD appointments Digital communications about practical matters	1:1 support PLPs by TPDs for ST1 support Targeted support	Linguistic and communications skills training Exam TPDs monitor trainees who fail Targeted Intervention TPDs, intensive support for those who need it. Exam preparation courses Help and advice on e-Portfolio, reflective writing, thinking and consulting like a GP for workplace assessments.	International Support Fellows Induction for hospital staff about IMGs
East Midlands	Cultural induction Neuro-diversity screening Early I.D of needs 'New to UK' meetings Drop-in sessions on different issues/subjects 1:1s with TPDs/Senior educators	1:1s with TPDs PDPs: 1:1 forms Signposting to services and support on basis of PDP 1:1 forms	RCA webinars and workshops for trainees & educators Q&A with RCA examiner 1:1 with examiner after exam fail. Joint feedback on exam recording with examiner and trainer Exam newsletter 3-4 webinars a year AKT working groups	Neuro diversity webinars, sessions and workshops Support and drop-in sessions for newly qualified trainers 2 days per year for TPD training DA Trainee Fellow

Region	Enhanced Induction	PLPs	Exam preparation and support	Faculty Development
			AKT mock papers for ST2s Introduction to e-Portfolio and ARCP Presentations, Q&As Targeted ARCP support Regular ARCP newsletter Reflective writing sessions	
Kent, Sussex, Surrey	Workshops on GMC standards, peer learning group formation, expectations setting, hopes & fears, belonging, NHS structure, learning styles, e-Portfolio. Small group work Made aware of end-to-end journey, training process and preparation for future transitions as well	Every IMG assigned pastoral TPD. Neurodiversity screening. Weekly drop-in sessions on practical issues, curriculum, exam, knowledge.	1:1 support AKT and RCA webinars 1:1 support for exam fails and signposting for targeted help. Communications workshops for ST1 and ST2	Staff support on communicating and difficult conversations Monthly workshops Drop into organisational staff and Trust meetings to discuss DA Educate trainers on different types of induction
London	WhatsApp group Invitations to learning sets Introduction to NHS Communications & consultation skills	Hello forms Signposting to PSU for any additional needs PSU offer 1:1 targeted support Shadowing and upskilling on needs basis Clinical attachment training 1:1s done by PSU, signposted to this targeted support.	RCA preparation 3 x preparation days with role players Targeted support on basis of need Exam support with examiner and linguist Learning sets for exams	Trainer workshops Schemes with more IMGs are targeted Visiting VTS schemes to talk with trainers and trainees Joint session with PSU for trainer exam support
Thames Valley	New to NHS Small group work Cultural Induction: Time,	1:1s Template for 1:1 as prompt for TPDs	Consultation skills support for ST1 Early I,D of needs	Faculty day Day course and 2 x workshops a

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Region	Enhanced Induction	PLPs	Exam preparation and support	Faculty Development
	identity, purpose, territories, boundaries, communications issues, rituals, birth, death. Neurodiversity screening TPDs run bespoke inductions, for example, on cultural initiation.	Early I.D of needs 2 x external mentor sessions for ST1 Signposting to Professional Wellbeing and Support Service. Peer community encouraged across schemes through buddying formation and WhatsApp groups Training days, this year's day is celebrating diversity.	Targeted sessions for lower PSRA lower scores (open to anyone) Monthly, targeted ST1 and ST2 consultation skills AKT workshop Monthly consultation skills support group for ST3 Exam TPD hired e-Portfolio support group	year on DA gap and attainment Support for supporting your trainee - culture, language, sensitive support, language. March session on supporting IMGs with consultation and language Active bystander training Exam support for trainers
North East	Focus on language, communications, consultation skills, IT systems, e-Portfolio, how to do a reflection, fitting into your practice/post. New to NHS IMGs, 6 x extra sessions for IMGs 'Closing the Gap' covering e.g., Palliative, elderly care communications, feedback, the NHS, primary care	Implementing structured PLPs, bespoke approach, building relationships PLP intensity depends on needs Seminar groups and drop-in sessions with TPDs Self-led trainee forums who feed back to regional forum Buddy system with ST1 and ST3	Language, communication and consultation skills training with actors for ST1 Neurodiversity screening AKT mock exams, training and personalised feedback Wellbeing support after exam fail SOX offered to all, mandatory after a fail Fourteen Fish (via e-Portfolio)	2-day conference for educators 3 monthly TPD support TPD away days 2 x 3-hour sessions on neurodiversity Check-in at 8 weeks to identify issues with your DiT

Region	Enhanced Induction	PLPs	Exam preparation and support	Faculty Development
North West	New to NHS induction Pre-training, online on a range of curriculum, linguistic, cultural, regulatory and practical issues Neurodiversity screening link offered Targeted 8 x extra sessions for ST1 with lower MSRA scores on exam preparation, consultations, reflective practice Access to Virtual Primary Care website for consultation support	40 DA champions who: Are in touch with and available to trainees Offer 1:1 support, small group work, holistic, pastoral care	SOX: 1 day course for exam fail, then 11 tutorials ST1 and ST2: 3 consultation analysis sessions with bespoke feedback and tips Needs assessment resulting in varying levels of SOX tutorials	Monthly DA Champions meetings Annual conference for DA Champions. TALC Exam support masterclass Sessions and workshops on different areas Active bystander training
South West	Induction including: UK practice, GP induction, GMC session, networking, ethics, small group work, personal experience, reflection, cultural difference, language, e-Portfolio, clinical scenarios IMG conference Neurodiversity screening for those who fail AKT Handbook on UK and practical issues	1:1 support (all patches state they offer some form of this) PLDPs specific to IMGs' challenges IMG Fellows run drop-ins to help with different aspects of training. Fellows are a point of contact across all 3 years	SPEX: Early I.D of needs Preventative Targeted on basis of MSRA score Those targeted, get 3 x half-days during placements on GP practice, communications and consultations skills. Includes actors and small group work.	IMG Fellow recruitment (near peer) TPD appointment for EDI across region, who train the trainers who offer bystander training, workshops, drop-in sessions, resource development, upskilling TPDs in communications skills and IMG support March conference IMG workshops
Wessex	Cultural induction Identification of needs Targeted neurodiversity screening Mix of pre-start and post-start 1:1s with TPDs Hello forms to inform 1:1s	PDPs developed after initial 1:1s with TPDs Buddying in some patches	ARCP support with sessions for ST1 at the start and drop-in session for e-Portfolio help. Associate Dean for Exam Support appointed	Regional trainers' day, bi-annual trainers' day in patches including IMG focus Culture and Impact Course Experienced

Region	Enhanced Induction	PLPs	Exam preparation and support	Faculty Development
			RCA 1:1s with examiner after fail 5 x 2-hour PTK (phonics) sessions TPD-led trainee AKT question writing	trainer course every 5 years Session for TPDs 2-day coaching session for senior educators, focus on cultural intelligence
West Midlands	Pre-ST1: 8 x sessions on practical, knowledge and curriculum-based issues. Early I.D of needs, targeting those with lower MSRA scores offering i-TAP, e-Portfolio help, consultation and communications support with senior educator feedback and roleplay Neurodiversity screening through MSRA scores and TPD 1:1s	1:1s with TPDs 'Readiness to sit' formal discussion between educator and trainee	SOX and AKT support, formal 'readiness to sit' discussions Exam workshops i-TAP offer for ARCP Communications and consultation training Targeted support for exam fails: 1:1 sessions with TPDs, recorded in e-Portfolio. Support with revision, learning style and approaching exams	DA Lead speaks at TPD away days, educational supervisor meetings and conferences. TPD away days covering culture, bystander awareness, communication and feedback to IMGs
Yorkshire & Humber	2-day induction covering: Introduction to UK, e-Portfolio, Workplace Based Assessment, working in teams, NHS & Primary Care, neurodiversity, linguistics, consulting, wellbeing & mental health, reflective writing, the rules & responsibilities of being a doctor. Social prescribing pilot Neurodiversity screening Small group sessions with psychologist for positive	1:1s Form feeds into 1:1 and PDP Pilot linking university language student with trainee for language practice Varying offers across schemes but include: Educational advisor for trainees, peer	Varying activities and tools across schemes, but includes: Multi-day consultation skills courses 12-week half-day consultation skills sessions for ST3 Scheme-level e-Portfolio and ARCP preparation Workshops	Blackboard courses and training Spring & Autumn school for trainers with DA content Twice yearly primary carers educator's seminar with DA workshop and/or presentation Trainer roadmap/pathway for new and future trainers

Region	Enhanced Induction	PLPs	Exam preparation and support	Faculty Development
	screens Trust shadowing Information form for PDPs	buddying systems, formal mentoring, becoming a mentor training	Tiered support for exam fails depending on number of attempts: First fail = invitation to a course Second fail = Invitation to small group sessions Third fail = 1:1 sessions	Feedback for DA leads

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10. APPENDIX 3 – STAKEHOLDER TOPIC GUIDE

Explanation
Verve has been asked by Health Education England to review and evaluate a Programme of interventions developed in 2021 to support International Medical Graduates (IMGs) with attainment and performance in postgraduate training/studies. The programme was introduced after it emerged that IMGs had significantly lower pass rates in postgraduate ethnic minority medical graduates and UK white graduates. Since the national roll out of the Programme of interventions across regions, it has received £9 million in funding from HEE. In reviewing and evaluating the Programme of interventions, Verve has been contracted to explore which interventions have been rolled out, how interventions are being evaluated, what worked/didn't work and future plans to support this programme, across the regions. The Programme of interventions includes the following: Enhanced Induction • Cultural induction • Early identification of needs • Targeted neurodiversity screening Personalised learning plans • 1:1 support • Personal development plans • Ongoing mentorship Exam planning and support • Communication and consultation skills • Support with e-portfolio and ARCP preparation • Exam workshops Faculty development and support • Courses, forums, themed networks • Support for educators • Cultural competence and safety We are interviewing those involved in the planning, delivery and evaluation of these interventions across all regions – one/two from each region. They will typically be the individuals responsible for leading initiatives to address differential attainment, including DA Leads, International Support Fellows, IMG support leads.
The interview will take around 30 minutes each and will take place online on Teams or Zoom. We would like to record the interview with the interviewee's permission. The recording will only be used to make notes for analysis and will be destroyed at the end of the project.
We have been given a list of stakeholders by HEE who have nominated the best placed person in each region to talk to, but we do not attribute opinions of quotations in our report.
The data will be written up into a report for HEE.
Do you have any questions? May I record our conversation?

Explore which interventions **- related to the Programme -** ran in the participant's area. If an intervention did not run, please explore why not – and if there were alterations or differences, find out what they were and why the variation.

Enhanced Induction

- Explore whether enhanced inductions were offered to IMGs, and if so, what was offered (NOTE: try to find whether anything was already in place, and differentiate elements put in place in terms of the interventions of interest)
    - Cultural initiation
    - Early identification of needs
    - Targeted screening for neurodiversity
    - Anything else? (what was it, how did it work, why was it included)
- Which elements of an Enhanced Induction have not been offered? Why?
- What has worked?
- What has not worked? Why?
- What has the feedback from IMGs been, about Enhanced Induction activities and their effectiveness?
- How is the delivery of Enhanced Induction evaluated?
    - KPIs, other indicators, feedback?
    - Consider the extent to which enhanced induction activities are judged to be more or less effective in supporting IMGs – by what metrics?
- What are the plans for enhanced induction for IMGs in the future?

Personalised learning plans (PLPs)

- Explore whether personalised learning plans were offered to IMGs, and if so, what was offered (NOTE: try to find out whether anything was already in place, and differentiate elements put in place in terms of the interventions of interest)
    - 1:1 support
    - Personal development plans
    - Ongoing mentorship
    - Anything else? (what was it, how did it work, why was it included)
- Which elements of the PLPs were not offered, and why?
- What has worked?
- What has not worked? Why?
- What has the feedback from IMGs been about PLP activities and their effectiveness?
- How is the delivery of PLPs evaluated and what has proven most effective?
    - What performance indicators and targets are in place?
    - Consider extent to which PLP activities are judged to be more or less effective in supporting IMGs – by what metrics?
- What are the plans for the future of PLPs?

Exam support

- Explore what support was put in place as part of this scheme preparing IMGs for exams (NOTE: try to find out whether anything was already in place, and differentiate elements put in place in terms of the interventions of interest)
    - Communication and consultation skills
    - Support with e-portfolio and ARCP preparation
    - Exam workshops
    - Anything else? (what was it, how did it work, why was it included)
- What has worked?
- What has not worked?
- What has the feedback from IMGs been about exam support activities and the effectiveness of the interventions?
- How is the delivery of exam support evaluated and what has proven most effective?
    - Indicators and metrics in place?

- Consider extent to which exam support activities are judged to be more or less effective in supporting IMGs – by what metrics?
- What are the future plans for the delivery of exam support for IMGs?

Faculty support

- Explore training or support opportunities made available for educators in relation to the delivery of interventions for IMGs.
- Can they tell us about the kinds of support that exists for educators?
    - Out of these, which are mandatory?
- What kinds of support, in particular, do they offer to Training Programme Directors (TPDs)?
- What kinds of support are considered more effective for enabling support for IMGs? Why?
- What kinds of support are less effective for enabling support for IMGs?
- How do they evaluate the effectiveness of faculty training and support in relation to improving IMG ?
- What are the future plans for faculty development?

End

- Anything participant wants to say which hasn't been asked
- Thank and close

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11. APPENDIX 4 – IMG TOPIG GUIDE

Explanation
Verve has been asked by Health Education England to review and evaluate a Programme of interventions developed in 2021 to support International Medical Graduates (IMGs) with attainment and performance in postgraduate training/studies. The programme was introduced after it emerged that IMGs had significantly lower pass rates in postgraduate ethnic minority medical graduates and UK white graduates. Since the national roll out of the Programme of interventions across regions, it has received £9 million in funding from HEE. In reviewing and evaluating the Programme of interventions, Verve has been contracted to explore which interventions have been rolled out, how interventions are being evaluated, what worked/didn't work and future plans to support this programme, across the regions. The Programme of interventions includes the following: Enhanced Induction • Cultural induction • Early identification of needs • Targeted neurodiversity screening Personalised learning plans • 1:1 support • Personal development plans • Ongoing mentorship Exam planning and support • Communication and consultation skills • Support with e-portfolio and ARCP preparation • Exam workshops Faculty development and support • Courses, forums, themed networks • Support for educators • Cultural competence and safety We are facilitating group discussions with International Medical Graduates who have accessed any aspect of the Programme of interventions in their region to find out which interventions they have accessed, whether they were considered effective or useful and what their experience has been as an IMG **specifically in terms of accessing support.** The last section on Faculty development and support is not relevant to IMG GP trainees, so for your information only and will not be discussed in this focus group.
The focus groups will take around **45 minutes each** and will take place online on Teams or Zoom. We would like to record the interview with the interviewee's permission. The recording will only be used to make notes for analysis and will be destroyed at the end of the project. **Please ensure you stay within this timeframe of 45 minutes.**
We have asked stakeholders to collect the names and contact details of those interested in participating in the focus group who meet the criteria of having accessed IMG support interventions. Those who have expressed interest have been contacted and invited to a focus group.
The data will be written up in a report format for HEE.
Do you have any questions? May I record our conversation?

Introductory **10 minutes**

- Introduce the project, using the project overview section, and thank participants
- Ask participants to introduce themselves and say a little bit about what kinds of support they accessed

Interventions **10 minutes**

Induction activities

- Explore different activities related to the induction process, including (but not limited to):
  - 1:1 support, New to NHS initiation, New to UK, Cultural Induction, Facilitated group discussion with Q&A
- Which induction activities were considered most effective, and **why?**
- In what ways were IMGs prepared during induction, for their training journey?
  - E.G., How were expectations managed and set up for the training process?
- Probe further on how they heard about any induction or initiation activities, if at all.
  - For example, did they receive e-mails, see flyers or did they have all the information in a welcome pack?
- Was there anything the participants would like to have been offered during their induction, which they were not?

Exam planning and support **10 minutes**

- Can the participant tell us about any help or support offered with, and whether they accessed support for, the **preparation and planning for exams**?
  - If they did access support, ask what this support looked like and what their experience was like
  - If they did not, probe as to why
    - For example, lack of need for exam support, lack of awareness of support on offer or issues with scheduling clashes
  - Examples of exam support include: consultation, communications and linguistics support, tailored support for dyslexia, dyspraxia, autism ADD, support with managing e-portfolios, prep support for the ARCP, AKT or RCA via mock exams, workshops, examiner feedback?
- How did the trainees find out about different exam support and preparation activities available?
  - Explore whether the exam preparation was offered proactively (without request) and/or offered on a more targeted basis (e.g., after sitting, to prepare for re-sit)
- Are there any exam support and planning activities the participants were not offered, which they would have like to have been offered?
- What do the participants consider the personal impact being, of extending their studies (if they did extend)?

Personalised learning support **10 minutes**

- What did **personalised learning support** for the participant look like?
  - You can prompt on activities including 1:1 support, drop-in sessions to ask about anything including curriculum or practical questions about housing etc, peer-to-peer support networks, buddying system between ST3 and ST1 level trainees
- If 1:1 support was offered, was it on a regular, organised basis or was it more informal and ad-hoc?

  - If they did not take up 1:1 support, was this because it wasn't offered, they weren't aware it was on offer or for other reasons?
- Are there any personalised learning support activities the participant was not offered, but would like to have been offered?

Concluding remarks **5 minutes**

- Is there anything else you would like to tell us about your experiences with being an IMG in postgraduate training in relation to support offered?
- Is there anything you think could be improved in the delivery of IMG support?
- Are there any other activities which you would like to have been offered during your training, which you think would have supported you further?
- Thank you for your time and next steps