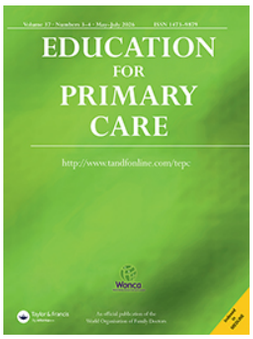

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Challenges, motivators and differential attainment: a qualitative study of the experiences of GP Educational Supervisors

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ABSTRACT

Introduction: General practice (GP) Educational Supervisors (ESs) play a vital role in supporting resident doctors (RDs) to achieve success on their training journey, but previous surveys have shown them to be at high risk of burnout. Aims: This study explored the motivational factors and current challenges experienced by GP ESs across one UK Deanery. Methods: Questionnaires were used to collect data from practising ESs. The free-text data was analysed thematically. Results: Completed questionnaires were returned by 82 GP ESs. Thirty-seven respondents (45%) had considered stopping training at some point with the largest proportions among mid-career ESs (in the role between 6–14 years) and ESs who had supervised at least five international medical graduate (IMG) GP RDs. Managing workload, effects on wellbeing, and practice issues (including insufficient remuneration), posed challenges impacting ESs in their role, along with professionalism concerns and the complex needs of some RDs (especially IMGs). Positive motivating experiences including good relationships with the RDs, personal development, and fulfilment, were described by all participants. Discussion: The increasing workload in general practice along with more complex supervisory needs of resident doctors, particularly international medical graduates, can place added pressure on ESs, affecting wellbeing. The Government's intention is to substantially increase the number of GP training places by 2031. GP Educational Supervisors are integral to the success of any planned expansion and their retention at all stages of their careers is vital. Understanding and addressing their concerns, needs and motivators will be important in recruiting and retaining this important workforce.

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Educational supervisor; motivators; challenges; differential attainment; international medical graduates (IMGs); retention

Introduction

In 2023, the United Kingdom (UK) Government published its National Health Service (NHS) long term workforce plan highlighting the specific intention of increasing the number of general practice (GP) training places by 50% by 2031 [1]. Despite acknowledgement that action will be required to increase educator capacity there remains no clear indication of how this will be implemented or the impact on the current educator workforce.

General practice is currently struggling under unprecedented strain and increasing workload due to burgeoning patient demand and reduced doctor availability [2,3]. The 2025 General Medical Council (GMC) workplace survey indicated 44% of GPs struggled with workload with GP trainers describing worse experiences, working longer hours and having more difficulty providing patient care than their non-trainer colleagues [2]. Although the 2026 GMC national training survey indicated that 93% of GP trainers enjoyed training, 56% had experienced burnout (similar to 2025 but improving from 66% in 2023) with 85% describing their work as emotionally exhausting [4]. Despite this, the quality of GP training remains high with 95% of trainees satisfied with their clinical supervision [4].

For the expansion of GP training to succeed, it will be important not only to recruit more trainers but to retain those already in post. This will require a review of current working practices to make the role more attractive.

International medical graduate (IMG) doctors play a vital role within the NHS and their number has risen significantly. These doctors are at particular risk of examination failure [5–7], with significantly more IMGs failing the Royal College of General Practitioners membership examination (MRCGP) than UK graduates [8]. This disparity in achievement between different groups undertaking the same assessments is described as differential attainment [9].

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The greatest increase in IMG resident doctors (RDs) within UK speciality training is seen in GP, where currently 52% of RDs qualified overseas [10]. Providing them with appropriate support to reduce the attainment gap was therefore deemed important, underpinning the rationale for this study.

Many face an uphill struggle to adapt to the structure of a new working environment [5] and achieve success due to a variety of complex needs including cultural, language, and social challenges [11,12]. Much of the current research on differential attainment focuses on the RDs' needs [5–7] with a recent shift away from deficit-focused narratives [13]. Having a supportive Educational Supervisor (ES) is integral to their success [6] and relationships with senior colleagues are crucial [7]. Previous studies have demonstrated some challenges and enablers to being a GP supervisor [14–17] however, researchers have rarely considered the effect on trainers when supervising RDs with difficulties. Two studies described significant emotional impact on the GP trainer and negative effects on the wider practice when supporting trainees struggling to progress [18,19], but the impact of differential attainment on ESs supporting RDs with more complex needs and in particular IMGs, has received minimal attention.

GP ESs play a vital role in the RDs' path to success [6,7] and it is imperative that factors which motivate them in their role, along with their concerns, are fully understood to equip them with the necessary skills and resources to continue to successfully support RDs, especially those at risk of differential attainment.

This research therefore seeks to answer the following questions:

(1) What are the motivators and challenges for GP ESs in their role?
(2) How are these influenced by differential attainment, particularly in the context of IMG resident doctors?

Methods

Setting

This study was conducted in one of England's largest deaneries with above average numbers of IMG RDs [10]. The percentage of IMGs differs greatly between teaching programmes within the region, enabling a multiplicity of ES experiences to be explored, enhancing the relevance of findings to other GP education programmes across the UK.

Study design

To investigate the experiences of GP ESs and provide relevance to those involved, a pragmatic approach was chosen, because of its flexibility and practical application [20,21] to data collection within the real-world setting of busy GP. Participants were asked how long they had been in the ES role, what they enjoyed about training, any challenges they encountered, and whether they had considered giving up the role, along with more specific questions about their experience supervising IMG RDs.

Questionnaires were chosen as the preliminary method of data collection to access a wide range of ESs across the whole region, with free-text responses facilitating exploration of participants' perspectives. The question length, wording and design were reviewed in a pilot study resulting in minor amendments before distribution.

Recruitment of Educational Supervisors

All GP ESs within the region (approximately 830 at the time of the study) were invited to take part. The regional GP administration team emailed all ESs with information about the study and a link to the questionnaire, which included consent, on Microsoft Forms™. A reminder was sent two weeks later to maximise the response rate. All responses were anonymous.

Data analysis

Data was recorded and analysed manually using the six distinct phases of thematic analysis [22]. This approach was chosen having previously been used in qualitative research within GP settings [23,24] and in the investigation of differential attainment [25]. All responses were included to allow consideration of any deviant cases.

Results

A total of 82 responses were received giving a response rate of approximately 10%. Responses were obtained from 20 out of 21 training schemes across the region.

The identified themes were grouped into motivating factors and challenges.

Motivating factors

All respondents described positive experiences that motivate them in their role. These related to three main themes: relationships, personal development and fulfilment which had the sub-themes of both helping others and a sense of achievement.

Time spent developing relationships with individual trainees, especially during one-to-one tutorials, was valuable as well as enjoyable and shared learning with trainees helped ESs keep up-to-date '*challenging me to learn more* [and] *look at my own practice*' (ES3).

Others relished the intellectual challenge, particularly training someone with no previous experience, and appreciated the variety that GP training brought to their working week, providing a break from clinical duties.

Contributing to the development of the next GP generation, made the ES role worthwhile:

> Supporting trainees, watching them develop and grow and helping them feel ready, positive and excited about a career in GP (ES51)

Challenges for Educational Supervisors

Several themes emerged, highlighting the challenges encountered as an ES. These were workload, wellbeing, practice considerations, professionalism and complex needs of the RD.

The additional time required for training activities on top of an increasing GP workload was demanding, with the administration of the ePortfolio and assessments being particularly burdensome. Many training activities fell outside any allocated protected time, with ESs needing to use their own personal time to complete the requirements, resulting in them feeling undervalued:

> All the portfolio stuff is unfunded work in my own precious time and it is work not seen or appreciated by others (ES8)

However, taking more time out from clinical duties, especially when supervising RDs needing additional input, proved contentious for practices with lack of sufficient remuneration to cover the costs of the extra time required:

> Pressure of work environment means non-clinical activities need review and appraisal as to what we have time for and what benefits the practice (ES40)

This act of balancing supervision against clinical commitments brought additional stress in day-to-day practice:

> GP workload has steadily increased, feels relentless at times; trying to balance that with providing good quality training can feel draining (ES79)

A perceived lack of professional behaviour by the RDs, including attitudinal issues, non-engagement with both work and learning, along with contractual challenges caused frustration, impacting both the ES and practice and necessitating additional input to address.

This along with an increasing number of RDs with more complex needs, has added to the ESs workload:

> In the last 3 years we have had . . . .a stream of trainees who have struggled at a really basic level . . . The work required has been relentless and often unrewarding. (ES 59)

In light of the multiple challenges experienced by the ESs questioned, GP training was frequently described in emotive terms, including feeling overwhelmed, drained, and unrewarded, highlighting the impact on ESs' personal wellbeing, often augmented when providing additional support to meet the more complex needs of RDs: *'It sucked the life out of me'* (ES 20).

Thoughts of giving up ES role

To try to determine the impact of the challenges encountered, the ESs were asked if they had considered giving up training, with thirty-seven (45%) respondents admitting they had. Mid-career ESs who had been in the role for six to fourteen years (61%) were the most likely to have considered stopping training when compared to newer (26%) or more experienced ESs (42%).

Also, ESs who had supervised ten or more IMGs were almost twice as likely (63%) to express thoughts of stopping training than those who had supervised fewer than five IMGs (32%), warranting further exploration.

Impact of supervising multiple international medical graduates

Several key themes were identified specifically in relation to the support of IMGs in GP training: lack of NHS experience, communication challenges, knowledge and learning style, social considerations, along with strengths of commitment and diversification of the practice.

Supporting IMG RDs with NHS acculturation, communication, and cultural awareness was especially pertinent in the early months of training when IMGs were often unaware of their patients' and colleagues' expectations. *'Lots of gaps -knowledge / skills / system or NHS knowledge impacting performance – not best use of trainers time filling gaps*' (ES81).

IMG RDs can experience communication challenges, particularly struggling to understand colloquial or regional phrases leading to difficulties with patients, along with managing the societal expectations of British culture whilst developing a patient-centred approach.

Highlighting culture or language issues caused concern for ESs as it could be '*difficult to articulate the problem and difficult to teach*' (ES82). They were keen not to cause offence when trying to '*identify cultural aspects to the consultation which can be challenged without feeling I am being racist or judgemental*' (ES 43).

IMG RDs' clinical knowledge was considered good, but issues could arise from the application to practice. The different cultural approaches to learning could be problematic with, ES9 describing '*reliance on didactic teaching* [and] *reluctance to accept adult learning principles*'.

Additional external challenges faced by many RDs had detrimental effects on their ability to progress successfully often requiring more input from the ES:

> Issues due to visa problems, trainee struggling with accommodation, needing time for house moves, doctors' appointments and occupational health appointments. By the time they are established the rotation is finished (ES 22)

Despite the challenges described, many appreciated the commitment and the diversity IMGs brought to the practices:

> I enjoy learning about how medicine is practised in different countries and the cultural differences between different groups (ES71)

However, the complexity of the diverse learning needs of IMGs meant ESs felt ill-equipped to provide the requisite level of support:

> I think their needs are quite different to UK graduates and I was trained to train UK graduates so maybe trainer support too. (ES12)

Discussion

Summary of key findings

The ESs in the study shared both motivating factors and challenges in relation to their training role. A sense of personal fulfilment and growth from the varied, intellectually challenging work was balanced against an excessive workload and the challenges involved in helping RDs adjust to a different culture and ways of working.

GP training was frequently described in emotive terms, highlighting the impact on ESs' personal wellbeing.

Worryingly, many respondents had, at some point, considered giving up their ES role. This was more pronounced for mid-career ESs and those who had supervised significant numbers of IMG RDs.

Comparisons and contrasts with existing literature

Findings regarding the positive factors motivating the ESs, especially the importance of the teacher-learner relationship, largely mirror previous work [15,17,26,27].

Issues with burgeoning workload along with the challenge of balancing appropriate supervision with safe patient care, have been described previously [14,16,17,28], though the costs of supporting RDs in training with complex needs, both financially and in terms of human resources, have received little attention until now.

The impact of the multiple challenges faced resulted in almost half of the respondents having considered leaving their training role at some point. This worrying level of potential attrition has not been previously documented. ESs who had supervised significant numbers of IMGs, at risk of differential attainment, along with mid-career ESs, were most likely to express a desire to leave the role. There is no clear evidence of why mid-career ESs are at greatest risk, having not been previously reported among GP educators, however, it mirrors findings from other professions suggesting burnout and low job satisfaction are more common mid-career [29].

System-level bias has been recognised in GP training, focusing on IMG deficits rather than the specific individualised support needed to facilitate success [13]. Several interventions have been implemented to help address this, including enhanced inductions, examination coaching, communication support, social prescribing and mentorship [30–34]. However, as these are not universal and uptake among RDs is variable [31,33], the role of the ES remains pivotal.

Our study has highlighted the potential challenges ESs can face when providing this support, often feeling under-prepared and under-resourced. The extent of the personal and professional impact on ESs who shoulder responsibility for helping colleagues adapt to a very different cultural context has yet to be explored in the literature. Given that IMGs are particularly vulnerable to differential attainment, this is an important finding.

Strengths and limitations of the study

This study covers an important topic, particularly relevant considering the planned expansion of GP Training.

The low response was disappointing but not unexpected, as lack of time and increased workload have been implicated in low response rates in various studies [35–38], including those related to GPs [35,39,40]. Non-responder bias can be a concern however is considered less of an issue when studying homogenous groups, as in this case [37], as differences between doctor-

responders and non-responders have been shown to be small [38]. Responses were considered representative of the deanery as a whole, as they were received from ESs across the whole region, with a broad range of experiences. Although a higher response rate may have uncovered additional areas of interest, sufficient data was obtained to explore the research questions. It is recognised that a higher response rate may have produced a different proportion of ESs contemplating stepping down. Considering the shared characteristics across deaneries, findings are likely to be replicated in other areas of the UK, although further studies would be needed to confirm this.

Questionnaires facilitated a wide coverage both in terms of geographical area and ES experience, however further in-depth exploration is needed to gain a greater understanding of the themes identified.

Implications for practice and further research

This study has identified numerous challenges facing ESs in UK general practice. Given the need to increase GP training places by 50% within 5 years, the findings raise important concerns. To fulfil this increased training need, the country needs to recruit and retain many more ESs, yet we have shown significant numbers of ESs, particularly those in mid-career, are considering giving up. Although the reasons for this are unclear, our study has highlighted many of the challenges ESs face, which could plausibly lead to them prematurely terminating their teaching role. For example, our study has demonstrated the additional workload associated with GP training, often carried out in personal time, along with the challenges of supervising RDs with more complex needs, including IMGs,

IMG doctors can struggle with linguistic and cultural aspects of communication. In some countries the role of the doctor is perceived differently, with patients expecting a more didactic style of consultation than the UK, where patients prefer more involvement in their care [41]. As patient-centred care is intrinsic to passing the MRCGP examination [42], linguistic and cultural diversity needs to be addressed during the training period to better equip the RDs not only for day-to-day practice, but to successfully complete training. However, as our study has demonstrated, ESs can be apprehensive about highlighting concerns related to language and culture, feeling ill-equipped to deal with the complex issues and fearful of being considered insensitive or racist. Similarly, addressing perceived professionalism issues can cause concern with many referencing '*strict contract conflicts*' (ES 52) and a mismatch in expectations between the RD and ES with respect to working patterns and work-life balance.

Further exploration of these issues is needed, as it is important that ESs' are equipped with the skills to appropriately meet the needs of their RDs and conduct these difficult conversations in a culturally sensitive way. At present, it is unclear how best this can be achieved; there is clearly potential for more research in this area.

The current level of remuneration for the supervision of RDs does not take into consideration the additional time often required when supporting those with more complex needs. There are financial implications for practices struggling to balance the needs of their RDs with those of the patients, with ESs reporting that they are forced to provide the necessary support in their own time. This remuneration shortfall appears to create tensions between ESs and the wider practice. It is possible, though currently unclear, that this could be a factor involved in giving up supervision. Further research is needed to understand the influence that remuneration has on retaining ESs.

The Medical Training (Prioritisation) Act (2026) [43] is likely to see a significant reduction in new-to-NHS doctors entering GP training from August 2026. Overseas doctors with significant NHS experience will be included within the priority group from 2027 but the level of experience is yet to be defined.GP training will continue to support trainees from other countries, albeit with more initial NHS experience.

Although the focus of this study has been the support of IMGs, complexity of training is not limited to this cohort alone. A better understanding of ESs' experiences supervising IMGs, will be helpful when planning appropriate support for all RDs with more complex needs.

The personal impact on ESs' wellbeing, especially as a result of supporting RDs with complex needs, is worrying and needs to be addressed both at regional and national level. Although positive motivators exist, it is not clear how long these will exert a protective influence given the number of challenges experienced which could in turn lead to major implications for workforce planning.

Further research is needed to better understand the nature and extent of the difficulties encountered and identify appropriate support mechanisms.

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Author contributions

CRediT: **Allison Rees:** Conceptualization, Data curation, Formal analysis, Investigation, Methodology, Writing – original draft, Writing – review & editing; **Christopher Harrison:** Supervision, Writing – review & editing; **Helen Hooper:** Supervision, Writing – review & editing.

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References

[1] NHS England. NHS long term workforce plan (version 1.2). London: NHS England; 2023. www.england.nhs.uk/wp-content/uploads/2023/06/nhs-long-term-workforce-plan-v1.2.pdf.

[2] General Medical Council. The state of medical education and practice in the UK: workplace experiences report 2025. Gener Med Counc. 2026. Available from: https://www.gmc-uk.org/cdn/documents/somep-workplace-experiences-report-2025-full-report_pdf-111877911.pdf

[3] Parisi R, Lau YS, Bower P, et al. GP working time and supply, and patient demand in England in 2015–2022: a retrospective study. Br J Gen Pract. 2024;74(747):e666–e673. doi: 10.3399/BJGP.2024.0075

[4] General Medical Council. National training survey 2026: education data tool. London: General Medical Council; 2026. Available from: https://www.gmc-uk.org/cdn/documents/nts-2026-england-report-final_pdf-115225189.pdf

[5] Pattinson J, Blow C, Sinha B, et al. Exploring reasons for differences in performance between UK and international medical graduates in the membership of the Royal College of General Practitioners applied knowledge test: a cognitive interview study. BMJ Open. 2019;9(5):e030341. doi: 10.1136/bmjopen-2019-030341

[6] Woolf K, Rich A, Viney R, et al. Perceived causes of differential attainment in UK postgraduate medical training: a national qualitative study. BMJ Open. 2016;6(11):e013429. doi: 10.1136/bmjopen-2016-013429

[7] Roe V, Patterson F, Kerrin M, et al. "What supported your success in training?" a qualitative exploration of the factors associated with an absence of an ethnic attainment gap in post-graduate specialty training. Gener Med Counc. 2019. Available from: https://www.gmc-uk.org/-/media/documents/gmc-da-final-report-success-factors-in-training-211119_pdf-80914221.pdf

[8] Royal College of General Practitioners. MRCGP annual report: August 2023–July 2024. London UK: Royal College of General Practitioners; 2024. Available from: https://www.rcgp.org.uk/mrcgp-exams/annual-reports-and-research

[9] Regan de Bere S, Nunn S, Nasser M. Understanding differential attainment across medical training pathways: a rapid review of the literature. Final report prepared for the General Medical Council. 2015. Available from: https://www.gmc-uk.org/-/media/documents/gmc-understanding-differential-attainment_pdf-63533431.pdf

[10] General Medical Council. The state of medical education and practice in the UK workforce report 2024. somep-workforce-report-2024-full-report_pdf-109169408.pdf.

[11] Wearne SM, Brown JB, Kirby C, et al. International medical graduates and general practice training: how do educational leaders facilitate the transition from new migrant to local family doctor? Med Teach. 2019;41(9):1065–1072. doi: 10.1080/0142159X.2019.1616681 Epub 2019 Jun 19. PMID: 31215285.

[12] Kehoe A, McLachlan J, Metcalf J, et al. Supporting international medical graduates' transition to their host-country: realist synthesis. Med Educ. 2016;50(10):1015–1032. doi: 10.1111/medu.13071 PMID: 27628719; PMCID: PMC5113661.

[13] de Silva D, Roberts R, Nayar V, et al. Tackling differential attainment in specialist GP training in England and Scotland. Educ Prim Care. 2023;34(4):199–203. doi: 10.1080/14739879.2023.2243453

[14] Elliott D, Shepherd A, Hanley KA, et al. A mixed-methods study of the experience of GP educational supervisors. BJGP open. 2025;9:BJGPO.2024.0106. doi: 10.3399/BJGPO.2024.0106 PMID: 40074283; PMCID: PMC12728878.

[15] Garth B, Kirby C, Nestel D, et al. Becoming a general practice supervisor: a longitudinal multi-case study exploring key supportive factors. Clin Teach. 2024;21(4):e13738. doi: 10.1111/tct.13738

[16] Thomson J, Haesler E, Anderson K, et al. What motivates general practitioners to teach. Clin Teach. 2014;11(2):124–130. doi: 10.1111/tct.12076 PMID: 24629250.

[17] Jerjes W. The multifaceted roles of GP trainers in guiding trainee transition to portfolio general practice. Educ Prim Care. 2024;35(1–2):7–12. doi: 10.1080/14739879.2024.2330101

[18] McLaren P, Patel A, Trafford P, et al. GP trainers' experience of managing a trainee in difficulty: a qualitative study. Educ Prim Care. 2013;24(5):363–371. doi: 10.1080/14739879.2013.11494201 PMID: 24041101.

[19] Sneddon A, MacVicar R. The impact on the educators of 'complex fails' in the MRCGP: ensuring systems learning through significant event auditing. Educ Prim Care. 2012;23(1):63–67. PMID: 22306150.

[20] Shaw JA, Connelly DM, Zecevic AA. Pragmatism in practice: mixed methods research for physiotherapy. Physiother Theory Pract. 2010;26(8):510–518. 0.3109/09593981003660222

[21] Allemang B, Sitter K, Dimitropoulos G. Pragmatism as a paradigm for patient-oriented research. Health Expect. 2022;25(1):38–47. doi: 10.1111/hex.13384

[22] Braun V, Clarke V. Thematic analysis: a practical guide. London: Sage; 2022.

[23] Russell A, de Wildt G, Grut M, et al. What can general practice learn from primary care nurses' and healthcare assistants' experiences of the COVID-19 pandemic? A qualitative study. BMJ Open. 2022;12(3):e055955. doi: 10.1136/bmjopen-2021-055955
[24] Tranter I, van Driel Ml, Mitchell BD. Did you Google my symptoms? A qualitative study of patient perceptions of doctors' point-of-care information seeking. BMJ Open. 2022;12(7):e061090. doi: 10.1136/bmjopen-2022-061090
[25] Woolf K, Viney R, Rich A, et al. Organisational perspectives on addressing differential attainment in postgraduate medical education: a qualitative study in the UK. BMJ Open. 2018;8(3):e021314. doi: 10.1136/bmjopen-2017-021314
[26] Stein CJ, Luff D, Gold JM, et al. A volunteer passion: a qualitative look at how we measure and reward the work of medical educators. Cureus. 2024;16(7):e65849. doi: 10.7759/cureus.65849
[27] Lagina M, Grum C, Sandhu G, et al. Sources of joy in medical educators as described by the PERMA Model. Teach Learn Med. 2024;36(1):53–60. doi: 10.1080/10401334.2022.21315569
[28] Jackson D, Davison I, Brady J. The tacit rules of the game in the GP trainee-trainer supervisory relationship: experienced educators describe GP supervision. Educ Prim Care. 2018;29(5):278–285. doi: 10.1080/14739879.2018.1501769
[29] Zhou Y, Zou M, Williams M. Is there a mid-career crisis? An investigation of the relationship between age and job satisfaction across occupations based on four large UK datasets. Socio-Econ Rev. 2024;23(3):1287–1314. doi: 10.1093/ser/mwae072
[30] Gambhir N, Gangadharan A, Pope L. Knowing me, knowing you: evaluation of the impact of trainer involvement at an enhanced induction programme for international medical graduates (IMGs). Educ Prim Care. 2024;35(1–2):46–51. doi: 10.1080/14739879.2023.2297670
[31] Tilsed F, Cattermole H, Mills C. Linguistic coaching: a pilot study of one-to-one near-peer coaching for international GP trainees in Yorkshire. Educ Prim Care. 2023;34(1):31–39. doi: 10.1080/14739879.2022.2153750
[32] Hawkridge A, Molyneux D. A description and evaluation of an educational programme for north west England GP trainees who have multiple fails in the clinical skills assessment (CSA). Educ Prim Care. 2019;30(3):167–172. doi: 10.1080/14739879.2019.1570476
[33] Morgan C, Baron R, Jenkins L, et al. An overview and evaluation of the differential attainment champion role in the North West of England GP School. Educ Prim Care. 2024;35(6):229–234. doi: 10.1080/14739879.2024.2374467
[34] Verma P, Reeve J, Mills C, et al. An evaluation of the social prescribing scheme pilot for international medical graduate GP trainees in Yorkshire and the humber. Br J Gen Pract. 2023;73(1). doi: 10.3399/bjgp23X733869
[35] Kaner EF, Haighton CA, McAvoy BR. 'So much post, so busy with practice–so, no time!': a telephone survey of general practitioners' reasons for not participating in postal questionnaire surveys. Br J Gen Pract. 1998;48(428):1067–1069. PMID: 9624749; PMCID: PMC1410021.
[36] Cottrell E, Roddy E, Rathod T, et al. Maximising response from GPs to questionnaire surveys: do length or incentives make a difference? BMC Med Res Methodol. 2015;15(1):3. doi: 10.1186/1471-2288-15-3
[37] VanGeest JB, Johnson TP, Welch VL. Methodologies for improving response rates in surveys of physicians: a systematic review. Eval Health Prof. 2007;30(4):303–321. doi: 10.1177/0163278707307899
[38] Kellerman SE, Herold J. Physician response to surveys. A review of the literature. Am J Prev Med. 2001;20(1):61–67. doi: 10.1016/s0749-3797(00)00258-0
[39] Templeton L, Deehan A, Taylor C, et al. Surveying general practitioners: does a low response rate matter? Br J Gen Pract. 1997;47(415):91–94. PMID: 9101692; PMCID: PMC1312913.
[40] Stocks N, Gunnell D. What are the characteristics of general practitioners who routinely do not return postal questionnaires: a cross sectional study. J Epidemiol Community Health. 2000;54(12):940–941. doi: 10.1136/jech.54.12.940
[41] Mannes MM, Thornley DJ, Wilkinson TJ. The consequences of cultural difference: the international medical graduate journey in New Zealand. Int J Med Educ. 2023;14:43–54. doi: 10.5116/ijme.6440.0e37
[42] Royal College of general practitioners. MRCGP: Simulated Consultation Assessment (SCA); 2025. Available from: https://www.rcgp.org.uk/mrcgp-exams/simulated-consultation-assessment
[43] Medical training (prioritisation) act 2026. Chapter 7. London: The Stationery Office; 2026. Available from https://www.legislation.gov.uk/ukpga/2026/7