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International Medical Graduate GPs Research

Experiences of training and transitioning into employment

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Executive Summary

Summary of key findings

Ipsos has carried out 53 interviews with international medical graduates who were either in the final year of GP specialty training, or who had already completed GP specialty training. The interviews sought to understand their experiences and views of transitioning into working in primary care in England.

This research found that participants were globally mobile. As well as studying in another country, they often had spent time working in other health systems, and this was not always the same health system where they completed their core medical degree. The route taken to GP specialty training in England was rarely a direct one, and was not always the path preferred by participants, or the path originally planned for. Participants did not always move to England to specifically undertake GP specialty training. Participants had moved to England for a number of reasons, for example, following a spouse, or because training and working in the NHS was recommended to them by peers and colleagues. Often, participants began their medical career in England by seeking employment, usually in a hospital. It is whilst working in the NHS that participants began to consider further training, and the idea of undertaking GP specialty training begins to grow from interactions with colleagues or those on the training programme.

Perceptions about the GP role, including the work-life balance, the type of care, the variety of work and the career development paths, drew participants to train as GPs. These perceptions indicated the long-term aspirations that many had for themselves, their families, and how they wanted to live their lives. Practical considerations also played a role in decisions to train as a GP, including the length, the form and the structure of the training programme as well as the perceived ease of getting a place on a GP specialty training programme compared to other specialties. The reputation of NHS training programmes drew many to England. Other reasons for moving to England over other places included a sense of familiarity with English language and culture, and therefore transitioning to life in England would be easier than other countries. Recommendations from personal networks, both social and professional, also played a key role in shaping decisions to move to England.

Participants spoke positively of colleagues and peers with whom they studied and worked. The sense of camaraderie and mutual support was highly valued. The training structure, including the provision of one-to-one supervision and rotations, was also appreciated, and seen to offer the variety of learning opportunities participants wanted. However, some struggled to balance the life administration that comes with moving to a new country alongside the demands of the training programme. Other challenges included adapting to a new culture and ways of communicating. Some participants who are currently working as a GP explained that they had experienced racism or micro-aggressions during training. The combination of all these challenges, on top of the training demands, impacted their wellbeing.

Informal support from peers, colleagues and personal networks was available to many participants. Professional support was also available from senior colleagues and professional institutions. However, not everybody felt comfortable coming forward or asking for support.

Experiences of transitioning from training to employment were often tied to immigration issues and whether or not a work visa was required and whether a visa sponsoring practice could be found. When making decisions about employment after training, location, the type of role, the practice and the working environment were key considerations. Participants who are not working in primary care in England cited

both pull factors to other countries (personal networks) as well as push factors from primary care and England.

Supervisors and trainers, as well as professional bodies, were sources of support when transitioning into employment. Participants felt that hearing the experiences of others would be beneficial, as well as further support applying for jobs and a change to the visa process.

When reflecting on experiences in work, participants working in primary care enjoyed the type of role and the colleagues they worked with, in line with some of the motivations to train as GPs. However, expectations about the working hours were not always met. Some of the cultural and communication challenges faced during training were also prevalent during their employment.

Recommendations

On the basis of this research, the following is recommended:

- Support IMGs to settle in England to try to ease the administrative burden of moving country. For example, this could include collating information into a single accessible place that provides resources on visas, accommodation, or childcare. Creating official reference letters that can be used by IMGs to demonstrate proof of their situation to various actors, such as banks and landlords, would help.

- Participants each had different experiences of training from different settings. There is a need to adapt to the way in which training is delivered in the NHS, which can often be quite different from what they are used to. Establishing an IMG mentor scheme, where IMGs who have recently finished specialty training could offer support to new trainees on the range of challenges IMGs face would be beneficial to helping them adapt to these new ways of learning, amongst other challenges.

- Provide support with transitioning into employment by delivering training on interview practice and how to write a CV, as well as careers advice on working in the NHS as a GP.

- Strengthen the culture of asking for help. There is a perception amongst some that asking for help may impact on their progression through training and that it can be a sign of failure. These beliefs are often based on experiences of training elsewhere. Asking for support should be positively reinforced, and actively encouraged to ensure those who are struggling do not suffer in silence.

- Reduce the pressures and costs of obtaining a visa. There are a number of mechanisms that can be utilised at different levels to support IMGs' transition into working as a GP. Creating a complete and centrally held list of all visa sponsoring practices would give IMGs clarity on those practices that they can apply to once they complete training. This would save IMGs and other staff time from having to research which practices will be able to employ an IMG needing a visa. Other possible macro-level interventions include removing disincentives for practices to become sponsoring practices or working with the Home Office to amend the visa process for GP specialty trainees, this could involve exempting them from some visa requirements, to make the process of transitioning into work easier and less stressful.

Contents

1 Introduction

Almost every healthcare profession is facing workforce shortages in the NHS. In July 2022, the Health and Social Care Committee recommended that reforms to the Health and Care Visa Scheme should be made to ensure it meets the needs of the workforce to bolster recruitment of medical professionals and trainees from overseas.[1] International Medical Graduates (IMGs) make up an increasing proportion of those training to be GPs and will form a key element of any strategy that aims to train, recruit, and retain GPs. To develop any workforce policy and strategy focussed on IMG GPs, NHS England needs to understand why people from overseas come to study in England as a GP, what their experiences of training are, and what their experiences of finding work after training are. This research moves toward providing a deeper understanding of the needs of IMG GPs to facilitate the kind of reforms recommended by the Health and Social Care Committee in July 2022.

Ipsos has carried out 53 interviews with international medical graduates to understand their experiences and views of transitioning into working in primary care in England. Interviews were carried out with:

- IMGs who were in GP specialty training;
- IMGs who had completed GP specialty training in England and were working in primary care in England; and,
- IMGs who had completed GP specialty training in England and were not working in primary care in the UK.[2]

Policy background

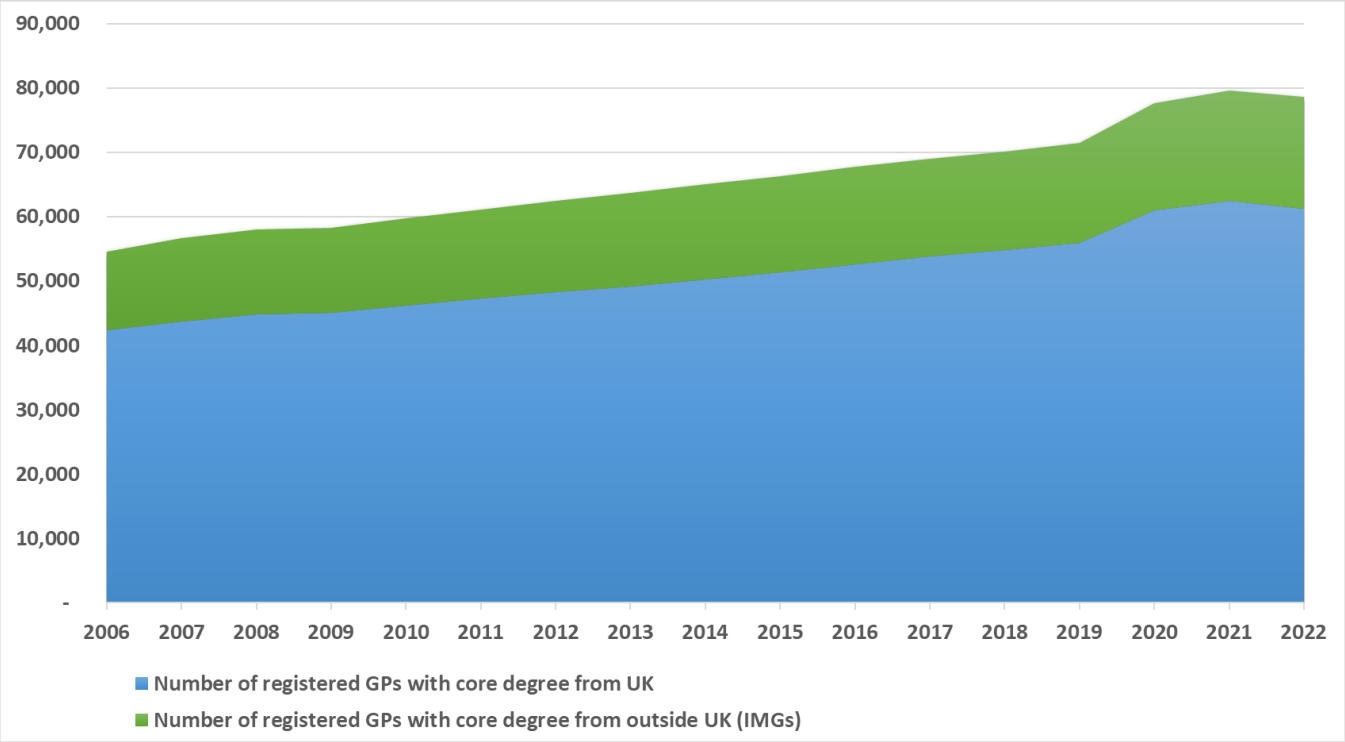
For some time, the UK has faced a shortage of GPs, as have many countries worldwide. A number of initiatives and targets have been announced to address the shortage. In 2019, the UK Government announced a drive to recruit 6000 more doctors in general practice by 2024-25.[3] The NHS People Plan states that the NHS needs more doctors overall, but in particular "doctors who can provide more generalist care".[4] Coupled with this shortage of GP's, demand for GP practice services is reaching record levels. From January to July, around 11 million more routine appointments had been carried out in 2022 than in the same period in 2021. However, between 2019 and 2022 the NHS has lost 717 full time equivalent (FTE) GPs.[5] Understaffing of health services not only poses risks to staff and patient safety, but also leads to increased costs on the NHS as patients present later with more serious illnesses.[6]

Recruiting, training and retaining overseas students and staff are some of the key actions that can help increase the GP workforce. The NHS Long Term Plan recognises this and aims to increase the number of those from overseas coming to study and work in the NHS.[7] However, recruiting and training students and staff from overseas has proven to be a challenge. In 2020, the General Medical Council (GMC) found that doctors who first qualified as a doctor outside of the UK were more likely to leave soon after attaining a Certificate of Completion of Training (CCT). Nonetheless, data from the Royal College of GPs

[1] https://committees.parliament.uk/publications/23246/documents/171671/default/
[2] This includes IMG's who had completed GP training in England and were working in primary care but outside of the UK.
[3] https://www.bmj.com/content/367/bmj.l6463?ijkey=4b2e1f0978bd4645c34a35cc6adda074b53b3fca&keytype2=tf_ipsecsha
[4] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/05/Interim-NHS-People-Plan_June2019.pdf
[5] https://committees.parliament.uk/publications/23246/documents/171671/default/
[6] https://committees.parliament.uk/publications/23246/documents/171671/default/
[7] https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf

(RCGP) shows that in 2020/21, 47% of new GP specialty trainees were international medical graduates (IMGs). **Figure 1.1** below shows that IMGs make up roughly 20% to 23% of the pool of qualified GPs on the GMC register (but not necessarily practising). The RCGP states that internationally trained doctors play a major role in the NHS and there needs to be a continued focus on recruiting IMGs to UK GP specialty training programmes, where this is ethical and feasible.[8]

Figure 1.1: Number of registered GPs on the General Medical Council register, 2006 to 2022[9]



Research objectives

This research aims to provide NHSE with evidence to design policies aimed at supporting IMGs in finding employment in General Practice in the UK as part of a broader strategy to increase GP numbers and improve retention amongst IMGs.

The objectives this research sought to address are:

- **Motivations of IMGs**
  - Why do IMGs choose to undertake medical training in England?
  - Why primary care?
  - For what reasons do they choose to stay and work in England?
- **Experiences of training**
  - What are IMG experiences of specialty training?

[8] https://committees.parliament.uk/writtenevidence/42683/html/

[9] https://data.gmc-uk.org/gmcdata/home/#/reports/The%20Register/Stats/report, accessed 3 November 2022.

  - What support is offered when making decisions on employment?

- **Transitions from training to employment**
  - What are IMG experiences of transitioning into employment?
  - What are the key decision-making points?
  - What are the barriers and enablers to gaining employment in general practice?
  - What experience of the visa process and finding a visa sponsoring practice have IMG GPs had?
- **Employment decisions**
  - What drives IMG GPs' decisions on their employment?
  - Do IMGs choose locum, salaried or partner roles for lifestyle reasons?
  - Do IMGs choose certain areas for lifestyle reasons?
  - How much, if at all, do visa experiences impact employment choices?

Based on scoping research carried out by Ipsos and conversations with NHSE it was decided that a number of areas were neither feasible nor appropriate to cover with this research, and so were deliberately left out of scope. These were as follows:

- Qualified family physicians who have completed their GP specialty training abroad but applied for roles in England (international GPs). Ipsos understand that this is not a current priority and that the NHSE International GP Recruitment programme has been paused.
- Differential attainment on the basis of ethnicity. This issue was raised in more than one interview during the scoping phase. Ipsos understand that work is already underway by HEE and other health bodies in this area. As such, group-level comparisons in this report are largely focussed on the roles participants were in (in training, working in primary care or working outside of primary care) as opposed to comparisons on the basis of ethnicity.
- Making generalisable comparisons between any differential experiences of IMGs with non-IMGs in transitioning into employment (i.e., GP specialty trainees who have acquired their core medical degree in the UK) and whilst in employment. Undertaking this analysis would have required a significant extension of the scope of the project to include both IMG GPs and domestic GP specialty trainees and staff. It would have meant interviewing a cohort that was not the primary audience of the research and posed risks to the value for money of this research. Occasionally participants in the sample made such comparisons spontaneously and these have been reported where appropriate.

Methodology and sample

Before conducting this research, Ipsos carried out scoping interviews with 26 stakeholders throughout 2020 and 2021. Stakeholders noted that IMGs experience several challenges in transitioning from training to employment. These include challenges around language, cultural and communication barriers; limited support networks; lack of familiarity with the NHS and the complex health and social care system in England; and difficulty obtaining an appropriate visa or finding a sponsoring practice. In

addition, once IMGs are working in general practice, they continue to face challenges such as discrimination and differing experiences to non-IMGs. The scoping interviews demonstrated that the term 'International Medical Graduate or IMG' is not a firmly defined term and can be used to describe people in a number of different situations. For the purposes of this research, an IMG GP was defined as "*an individual who has completed their core medical degree abroad and is carrying out, or has completed, GP specialty training in England".*

Between August and October 2022, 53 in-depth interviews were conducted with IMG GPs who were either:

- training to be a GP;
- had obtained the certificate of completed training (CCT) over 12 months ago and were currently working in primary care in England; or,
- had obtained their CCT over 12 months ago and were no longer working in primary care in England.[10]

Interviews lasted approximately 60 minutes and were conducted over the phone or via Microsoft Teams. In-depth interviews allow for more generative and investigative discussions, making them an ideal method for exploring experiences of GP specialty training and transitioning into work.

To ensure a diverse range of views and experiences were gathered through the research, a sampling matrix was designed with minimum quotas for each of the groups of interest. Participants were recruited from across geographies to reflect the diversity of the target population. This included characteristics such as location of work or training, location of where their core medical degree was obtained, and presence of existing social support networks (family or friends) in the same region as their employment or training. **Table 1.1** below provides details of the final interview profile.

The recruitment of participants was largely through self-identification. Databases of potential participants are held by NHS England & NHS Improvement (NHSE), Health Education England (HEE), the Royal College of GPs (RCGP), and the British Medical Association (BMA). Each of these bodies sent emails to those on their databases inviting them to participate if they met certain criteria. Participants were then asked to email a central inbox managed by Ipsos UK and recruitment consultants Paton-Williamson. Paton-Williamson then contacted potential participants and took them through a screener questionnaire to ensure they met the required criteria. Based on a successful outcome from the screener, interviews were then booked in with members of the research team. In addition, social media channels were used to advertise the research, as well as snowballing, where contact with potential participants was made through previous participants. Upon successful completion of the interviews, a payment of £120 was made to compensate participants for their time. This is the industry standard for in-depth interviews with this group.

[10] This includes IMGs who had completed GP training in England and were working in primary care but outside of the UK.

Table 1.1: Participant profile

Attribute	IMG GP trainees	IMG GPs working in primary care in England	IMG GPs not working in primary care in England
TOTAL	**20**	**25**	**8**
Location of core medial training			
Africa	7	7	1
Asia-South	8	7	4
Europe	2	6	3
America	0	0	0
Oceania	0	1	0
Middle East	3	4	0
Region of employment or training in England			
East of England	3	7	0
London	1	3	0
Midlands	5	2	2
North East and Yorkshire	0	5	0
North West	7	2	1
South East	2	4	1
South West	2	2	2
Outside England	0	0	2
Social support network			
Existing social support network	8	12	2
No social support network	12	13	6
Length of employment			
Less than five years	N/A	20	1
More than five years	N/A	5	1
Unknown	0	0	5
Current working arrangement			
Locum GP	N/A	7	N/A
Salaried GP	N/A	14	N/A
Partner GP	N/A	4	N/A

Report structure and the presentation and interpretation of the data

This report is structured around four areas of the research:

- the professional journey participants took to working and training as a GP;
- motivations to train as a GP in England;
- experiences of training; and,
- experiences of transitioning from training to employment.

The data gathered in this research are qualitative. Unlike quantitative surveys, qualitative research is not designed to provide statistically reliable data on what participants as a whole are thinking. It is illustrative and exploratory rather than statistically reliable and based on perceptions rather than realities.

Verbatim comments from the interviews have been included within this report. These should not be interpreted as defining the views of all participants but have been selected to provide insight into particular issues or topics expressed at a point in time.

All participants were assured that responses would be anonymous and that information about individual cases would not be passed onto NHSE, their employers, or membership bodies. At the end of each interview, interviewers checked the level of attribution that participants would be happy with. While some were content to be fully attributed, many asked for some level of anonymity. As a result, quote attributions include whether they were a trainee, a GP (locum, salaried, or partner), or not working in primary care in England, alongside the global region of core medical training, and the region of England in which participants are either working or training.

2 The journey to GP specialty training

Participants described their journeys from when they completed their core medical degree to their current situation at the time of interview, this included questions about the personal and professional journey that led them to undertake GP specialty training in England. This section provides a brief overview of the journey and processes that participants went through before beginning GP specialty training. This offers important context for section three of this report which will explore in further detail why participants decided to undertake GP specialty training in England, as well as their perceptions of training and working as a GP in England.

Chapter summary

Participants were globally mobile individuals. As well as studying in another country, they often had spent time working in other health systems as well. This is not always the same health system where they completed their core medical degree. The path participants took to GP specialty training in England was rarely a direct one, and it is not always the preferred path, or the path originally planned for. Participants did not often move to England to specifically undertake GP specialty training; in many cases this is because the GP role in England is fairly unique. More often, moves to England were made for a number of reasons, such as following a spouse, or based on recommendations of training and working in the NHS more broadly. Participants tended to start their medical career in England by seeking employment, usually in a hospital. It is whilst working that participants began to consider further training, and the idea of undertaking GP specialty training begins to grow from interactions with colleagues or those on GP specialty training.

2.1 Locations of work and training

The paths participants had taken to GP specialty training in England were varied and indirect. Most did not come to England exclusively to undertake GP specialty training. Instead, journeys into GP specialty training in England were the result of a wider set of circumstances, decisions, push and pull factors. Participants had often not considered GP specialty training until they had arrived in England and spent some time working in various settings. Starting GP specialty training was often part of a longer process of settling down in England. Many had already been working in the NHS before embarking on GP specialty training, and the decision to do so was part of a longer-term plan to establish a medical career or settle in England, or both.

> ***"I qualified in** [country name removed], **and I did that in 1994, then I had to do some National Service for 14 months. When I came out, I wanted to actually do ENT. Because in** [country name removed] **at the time, there were no places. I went over to do a locum for 4 weeks in England and I'm still here."***
>
> *Locum GP, Europe, Midlands*

Participants moved to the UK for a variety of reasons. Reasons often related to moving with family or a spouse, or to seeking career opportunities in either work, research, or training (see section 3.2). Upon completion of their primary medical qualification, **most participants did not look to move to the UK**

straight away. There was often a gap of a number of years between the year that participants completed their primary medical qualification, and the year that participants moved to the UK. Following completion of their primary medical qualification, many continued to either study or work (often an internship) for a year or more at the location of their primary medical qualification or elsewhere. In a number of cases, participants were British citizens who had left the UK as children and were returning to the UK to be with family or pursue career opportunities. It was evident that participants were globally mobile individuals who often had experience of working, training, or doing research in other countries outside of the location in which they undertook their primary medical qualification.

> ***"I got a job offer from the** [country removed] **to work in a research position for 2 years, … So, I went there for 2 years, and as I thought, it wasn't really my thing. And then, I was actually thinking of staying in the** [country removed], **and I kind of started the process of the exams, but then, I didn't feel I had enough experience, and I was thinking of ways to improve my CV, my curriculum. So then, subsequently, applying to** [country removed] **training. And then I thought, 'Well, I have GMC registration', so I thought, I can work for a year in the UK and then see how I feel about that."***
>
> *Trainee, Europe, North West*

> ***"I went to medical school in [country name removed, I graduated from medical school after 5 years, got my MBBS degree. I then did something that we do back home called a house job, which is one year of work experience in a hospital as a junior doctor. … I studied for the USMLE exams, … it's an exam you need to work in America. And then, in the end, I decided to not go to America, and** [instead] **used those exams to work in** [country removed] **… So, I worked in** [country removed] **from, basically, one year after graduation to five years after graduation and I obtained a degree from them."***
>
> *Trainee, Middle East, Midlands*

Participants often described the exams they had to do to be allowed to practice medicine in the UK. While some saw little problem with these exams, others commented on the challenges these brought. One participant talked about how **the exams can be unnerving and that some have to do them four or five times**. Before IMGs can begin applying for training programmes, they first need to pass the relevant exams from the General Medical Council (GMC) to be permitted to apply for a licence to practice or train as a doctor in the UK.[11] Others spoke about other exams they needed to pass for immigration purposes, for example the International English Language Testing System (IELTS).[12]

[11] For example, the PLAB (Professional and Linguistic Assessments Board) exams. https://www.gmc-uk.org/registration-and-licensing/join-the-register/plab/a-guide-to-the-plab-test

[12] See section 4.2 for more on the visas and life admin.

" … a hurdle for most international medical graduates, is the English exams… having to do those exams, sometimes they're a bit unnerving. I didn't have a problem with the exams myself, with the IELTS, but I know, personally, a lot of people who had to sit the exams 3, 4, 5 times. And it's not just about the monetary implications, it's also like the confidence, and things like that, which is a big thing in medicine, because every exam you do, you know, knocks off-, it kind of knocks your confidence."

Trainee, Africa, North West

Once a licence to practice or train had been obtained, **most participants went straight into working in a hospital, very often in the accident and emergency department (A&E).** This gave them exposure and experience of working in the NHS. It was often during this time working that participants encountered the option of training as a GP through colleagues who were currently training or practising GPs. Conversations with these individuals about GP specialty training and the role led many participants to decide to apply for GP specialty training. A small number of participants came to the UK to undertake medical research and then decided to apply for GP specialty training as well.

The region of the UK that participants initially moved to was largely dependent on existing connections to the area. For some, the decision about where to initially move was based on their spouse having a career opportunity in that region. Others chose a particular town or area because of existing friends or family in that region who could offer a support network. Occasionally, the reason to move to the UK was for a specific career opportunity that was linked to a particular part of the UK.

"Because my husband was going to be in the UK for 2 years because he got the MTI training for 2 years. So, my thought was rather than just staying at home I would get some exams and see if I can get a GMC registration."

Salaried GP, South Asia, Midlands

3 Motivations to train as a GP in England

Participants were asked about their reasons for choosing to train as a GP, including why they decided to train as a GP, and why specifically in England. Both the pull factors of England and the training programmes on offer were explored, as well as the push factors from the country in which they did their core training, and the country or countries of which they were citizens. This chapter outlines the five factors that were most common in motivating participants to train as a GP in England.

Chapter summary

Perceptions about the GP role, including the work-life balance, the type of care, the variety of work and the career development paths drew participants to train as GPs. These perceptions indicated the long-term aspirations that many had for themselves, their families, and how they wanted to live their lives. Practical considerations also played a role in decisions to train as GPs, including the length, the form and the structure of the training programmes as well as the perceived ease of getting a place on a GP specialty training programme compared to other specialties. The reputation of the NHS and its training programmes motivated participants to train in England and some felt that transitioning to life in England would be easier than other countries as they were already familiar with English culture. Personal networks, both social and professional, also played a key role in shaping decisions to move to England.

3.1 Why train as a GP?

When deciding to train as a GP, participants described the perceptions they had of what it would be like to work as a GP. This was often contrasted with experiences of working elsewhere in medicine, witnessed either through personal experience, or the experiences of peers, colleagues, and occasionally family members. These decisions were also coupled with more near-term thinking that related to perceptions of the speciality training itself, how likely they thought it was that they would be accepted onto the training programme, how likely they thought it was that they would pass the course, and how soon they could start practising. The decision to enter general practice was often a factor of circumstance, and less about being a specific and long-held goal. However, participants often perceived the role of the GP in high esteem.

3.1.1 Perceptions about the role

Participants often **perceived the GP role as offering a good work-life balance and stated this as an important reason for choosing to train as a GP**. It was a common reason given amongst participants both training and working as GPs, but not amongst participants who were no longer working as a GP in England. Some had previously worked in other roles within the NHS, such as secondary care, and viewed the workload of a GP as being more manageable, relative to hospital work. Comparisons to consultant work in a hospital were common. Consultants working in hospitals were perceived as having much higher workloads, not having significantly higher wages, and having to do out-of-hours shifts. However, the GPs we interviewed that were working in primary care later discussed some of the challenges they faced in terms of workload and working hours. This suggests their actual experiences were not aligning with these initial expectations (see Section 5 for more detail).

GP hours were seen as being more structured than hospital hours, but also offering more flexibility to fit in around family life and responsibilities. Social life and life outside of work was an important factor when deciding on GP specialty training. GP working hours were perceived as being more social than other roles in the NHS, linked to an ability to control whether they do, or completely avoid, night shifts and weekend work. Some viewed the GP schedule as being more conducive to family life, i.e., no night shifts. This was particularly the case amongst participants who were already working as GPs in England. One participant commented that they enjoyed working in Accident and Emergency (A&E), but the long shifts made them "snappy", "changed their personality", and they were not spending much time with their children.

Decisions about training to be a GP tended to be part of broader decisions about long-term life decisions. When making the decision to train as a GP, participants often thought about the lifestyle they wanted and often about whether that lifestyle could facilitate family life. Working and a career was clearly important in their lives, but usually so it could facilitate a life outside of working.

> ***"It was flexibility around what I can do with my time, it was working more social hours, A&E doctors don't have a social life unfortunately."***
> *Trainee, Asia South, Midlands*

> ***"One of the attractions for me was the flexibility with GP, because in hospital if I were to say I want to go part-time, everyone would look at it as if I am doing some sort of crime or something. Whereas in GP, for example, that flexibility is there, I can go part-time, I can choose what I want to do, where I want to work, all of that was there..."***
> *Salaried GP, Europe, East of England*

The role itself and what it can offer was also a draw to train as a GP. Participants expressed the view that **work as a GP is diverse and varied**, providing opportunities to engage with a variety of patients, as well as to cover a breadth of areas and conditions. This was seen as an interesting role and the idea of facing new challenges every day was appealing. Some participants described a view that they would never get bored working as a GP, contrasting this to work in other specialties. This was also linked to personal career development, as participants saw these experiences and challenges as enabling them to develop a diverse set of skills, which could afford further career opportunities in the future. This included opportunities to move to other GP practices in the country, to other medical specialties, or to another country.

> ***"I just thought if I was going to do a very specialist job, and doing the same thing every day, I probably would get bored. And I just thought it*** *[working as a GP]* ***might be more exciting, because you get a bit of everything."***
>
> *Trainee, Africa, North West*

The type of engagement that GPs were perceived to have with patients was also important to participants when deciding to train as GPs. Working as a GP was considered to be a **person-centred role which involved interacting with patients on a day-to-day basis**. In some cases, participants linked this to their personal traits, for example describing themself as a 'people person'. For some, this type of engagement was similar to work they had previously done, such as family medicine. **The continuity of care was an important factor**. Participants liked the idea of being able to see the same patients over a long period of time or even over their lifetime, as well as the opportunity to see multiple generations of the same family. Some framed this in contrast to secondary care and described the "short connection" they perceived to have with patients. Many participants felt a genuine passion about delivering this type of care, and this helped drive them to train as a GP.

> ***"I think in hospitals, it's a very short connection you have with the patient. For a GP, ideally, you'd see them from birth until their death."***
>
> *Trainee, Asia South, East of England*

Some participants felt they already had a good idea of what the GP role would entail due to previous experience. Some were family doctors already in the country of their primary medical training and commented how GP specialty training was a clear choice or a "no brainer". Others had often been working in the NHS and had therefore been exposed to GPs or GP trainees. It was from engaging with these professionals that they started considering the GP role as a career choice.

"Back home, I was doing my training in family medicine. Family medicine is the** [country name removed] **equivalent of GP. I was doing that already, so it just, kind of, felt natural."

Trainee, Africa, Midlands

"I was on the elderly care ward in** [location removed] **and it was more General Practice than any of the other medical wards, because these people had multiple conditions and there were always social factors about their discharges, there were social factors about their admissions. You had to think about the whole patient more than on the other wards basically, and I liked that. And there were also GPs, a GP working on the ward as a hospital doctor told me what he knew of the GP role."

GP Locum, Europe, North East and Yorkshire

Occasionally there was a sense of stagnation in their development. A number of participants seemed to have grown tired of working in secondary care and wished for something that offered a broader range of experiences and learning. This was something they perceived GP specialty training to offer.

"I liked to do a bit of everything, but it doesn't get boring and things like this."

Working in primary care outside of England, Europe,

In some cases, participants **saw a career development path as a GP** that they did not necessarily see working in other areas of medicine available to them. However, the career development aspirations of participants differed. Some linked their motivation to work as a GP with future opportunities, for example with a desire to become a GP Partner. Others saw training as a GP as an opportunity to gain experience and then develop a specialism beyond primary care (typically participants who hadn't got into other specialisms or who had chosen not to train in other specialisms for another reason such as the training programme being longer than GP specialty training). The ability to train in a special interest further down the line appealed to some participants.

"I do actually quite like the idea of being a GP partner, I am not a partner at the moment but that's what I want to be so that you've got your own business and that gives an extra dimension to your work which would be interesting I think."
Salaried GP, Europe, South West

"When I came here, I tried to join the ophthalmology training...I didn't get the chance to reach to the interview. This is why I joined GP training and planned to do special interests after finishing that GP training... in ophthalmology."
Trainee, Middle East. South East

Although the decision to enter general practice was often a factor of circumstance, and less about being specific and long held goal, the role of the GP was often held in high regard. The reasons for choosing to work as a GP were fairly consistent across the different groups. As mentioned above, the work-life balance, the hours, the diversity of the role and patient engagement, and the opportunity for career development were all key drivers for choosing to work as a GP over other medical professions.

"I saw during my training and everything that the main role in the whole health system is the GP. He** [sic] **probably is the most powerful person in the whole system. Even in the hospital, the consultants they respect the GP so much, and it was different. I thought that even if I become consultant, still there is somebody more powerful than me. I said, 'Okay, fine, let's be that person'."
Working in primary care outside of England, South Asia, Middle East

"I liked the idea of being a family doctor. So, taking back to the old times, really and just following a whole family from being a baby all the way through generations of a family, really. So, the young children, the parents, and the grandparents."
Working in care outside of England, Europe, Germany

"I thought surgical specialities need a lot more support from nursing and anaesthetics and hospital within which you work, because you need to keep people in after surgery, whereas general practice I can sit on a roadside and say I'm a GP and people would see me. I don't regret that decision at all, I love it."
GP Partner, South Asia, South East

3.1.2 Perceptions of the GP specialty training programme

Linked to perceptions of the role of a GP, many viewed the form and structure of the training programme itself as a reason for applying. The breadth and variety of the training programme drew some

participants in. This was often viewed within the context of having already spent time working in secondary care.

Practical considerations about the training programme were also a contributing factor to decisions about training to become a GP. Some participants only considered GP specialty training, others considered both GP specialty training and other specialty training programmes simultaneously, and others only considered GP specialty training after being unsuccessful in their application to their preferred choice of specialty training. Participants who considered applying directly to GP specialty training often already had experience and exposure to the GP role in England, or family medicine outside of the UK.

Not everyone had a passion for general practice before making their applications. Practical considerations related to the training were often factored into the choice to elect for GP specialty training. Many explained that **the GP specialty training programme was comparatively shorter** than other specialisms. The prospect of working as a medical professional in three years was appealing. This was particularly true for participants who had come to the UK for their spouse's career, who often had to reassess their own careers. Where participants were further on in their careers, the relatively short length of GP specialty training was attractive.

> ***"My top options were GP training or obstetrics and gynaecology. GP training in the UK is three years and obstetrics and gynaecology is seven. My personal situation being here and my husband being back and forth, that was a big factor in helping me push towards, okay, let's do first GP training."***
> *Trainee, Europe, South East*

Other practical considerations included how difficult it was for IMGs to get on some speciality training courses compared with others. Some participants felt it was **easier to get onto the GP specialty training programme.** A number of participants described how their IMG status prevented them from getting onto some specialty training programmes. For example, on some training programmes people on visas could only apply for unfilled places after the application rounds had been completed, rather than applying in the first round of applications as everyone else does. This was not the case for the GP specialty training, and so an application was made.

> ***"As an international graduate, we don't have all of the options to pick from…by the time I was applying for training not all of the specialities were even applicable for us to apply on round one … what was available for me as an international, it was things like, I don't know, A&E, medicine or GP."***
> *Trainee, Africa, Midlands*

> ***"Because of the cap, we were not allowed to apply in round 1, if we were on a work permit. So, until 2018 you could only apply for, other than round 1, so the left over seats you could only apply for…"***
> *Trainee, South Asia, Midlands*

Across each of the three groups, many had chosen to train in England because the training programmes on offer were highly regarded and viewed as being high quality. In many cases, participants had heard

about the training through friends or colleagues who had experience of training or working in the NHS. The training programme was seen as well-structured, pointing to exams, portfolios and rotations as part of this.

> ***"What I heard about the NHS was mainly from friends who had done exchanges, or as a student went to the hospital in the UK or went to a university in the UK…And they all spoke highly of the training in the NHS."***
>
> *GP Locum, Europe, North East and Yorkshire*

The high-quality training available in the NHS was seen to afford opportunities globally. Some participants felt the training and experience gained from the NHS would facilitate moves to other countries in the future. Given the globally mobile nature of participants, this was quite an attractive prospect. In some cases, participants came to England in order to gain skills and experience of working in the NHS so they could take these skills back to the country where they had done their core medical training. There were suggestions that this was common practice in a number of countries.

> ***"I think the UK educational system is one of the best in the world… It's thorough, you know? Your training is, like, world-class. Anywhere you go, they will respect that certificate."***
>
> *GP Locum, Africa, North West*

3.2 Why train in England?

Participants frequently mentioned the reputation of the NHS as one of the main drivers to choose to train in England over other countries. The NHS system was occasionally contrasted with the insurance-based systems that participants had experience of working in. The fact that healthcare is free at the point of service was important as it meant participants did not have to turn people away from care. Social, cultural, and linguistic familiarity with England was also an often-mentioned driver for choosing England as a place to train.

3.2.1 Reputation of the NHS

The National Health Service, and perceptions of what it would be like working in the NHS, was a draw for some participants. This was viewed through both a personal and professional lens. On a personal level, they felt that their workers' rights, such as annual leave and maternity leave, would be better protected in England compared to other countries they had worked in. Also, some saw the NHS as being similar to the system in their home country (such as India or Canada) and this motivated them to train in England as it would enable an easier transition. On a professional level, one participant explained that they wanted to work in a place with better equipment and testing than where they were working previously and saw the NHS as providing that. Additionally, some participants who were currently working in primary care were drawn to the NHS because they wanted to work in a place where healthcare is free at the point of use. There was an expressed desire to assist those who needed care, and the prospect of not having to turn people away for not having insurance or a means to pay was attractive.

"In terms of employee rights, it's pretty bad over there. There are times when you just won't get paid, they will slash your pay in half a week before payday, they don't grant annual leave if they don't want to for no reason."

Trainee, Middle East, London

"I wanted to work in a system where... patients get what they deserve, what their medical condition deserves rather than what they can afford. I didn't want that added pressure of somebody telling me I can't treat someone because they haven't got the money."

Salaried GP, Europe, East of England

Whilst some were motivated by what the NHS and the training programme could offer, some were guided by practical factors. A number of participants saw the training programme in England as being less competitive than other countries (with examples of more competitive programmes including the USA, and Holland). This was shaped, in some cases, by first-hand experience of applying to train in other countries and not getting in. In other cases, this was shaped by their perceptions of competitiveness and information received via word-of-mouth. Some current trainees considered the longer-term benefits of moving to England and the ability to get a job after the training programme had ended. They explained that they would be able to gain a licence and a job more quickly in England than in other countries and that motivated them to train in England. They framed this in relation to the job market, feeling that there are more job opportunities in England and that the process of getting a GMC licence is faster.

"My main plan was to work in the USA... but unfortunately, I did not get it. I heard that in the UK, it is much easier to get the training ...and I came to the UK in January."

Salaried GP, South Asia, North West

"I found that the UK had almost the shortest entry process. So, the length of time it would take to do the licensing exams and getting registration and getting a job was the shortest compared to a lot of other countries."

Trainee, Middle East, London

3.2.2 Familiarity with English culture

In some cases, participants felt the **English culture was similar to the culture of the place in which they had grown up or completed their core medical training.** Therefore, they saw it as easier to transition to life in England, compared to other countries. Many participants had been exposed to British culture and felt there were cultural similarities between the UK and their own culture, as well as similarities in terms of institutional and educational set-up. This was particularly true of ex-British colonies. The language was also a pull, a number of participants explained that they wanted to work in a country that was English-speaking. This was shaped by their individual circumstances, as some had grown up in, or had done their core medical training in an English-speaking country, or had been educated in an English-speaking school. Some described that when deciding between English-speaking

countries, other practical considerations also often played a role, such distance or ease of getting to and from their home country.

> ***"Growing up in** [country removed]**, we got a background connection with the English.** [country removed] **was colonised by the British, so … we've always had that understanding with our history and we've always learnt about England."***
> *GP Locum, Africa, East of England*

> ***"My wife speaks** [language removed] **but the only languages that we both speak are English and** [language removed] **so it had to be either a** [language removed] **or an English-speaking country so that narrowed our options down."***
> *Salaried GP, Europe, South West.*

3.2.3 Presence of existing support networks

Many of the participants' choices to move to England were guided by their personal support networks. In many cases, their partners played a key role in these decisions. They described situations where their partner was already living or working in England, was planning to move over because they had got a career opportunity in England, or where they were already a British citizen. In some cases, participants' partners were also working in medicine and so were also looking to train in England. Having other friends and family members more broadly in England was also a draw factor. Some participants had established social networks in England. Participants expressed differing views about the importance of having pre-existing social networks in the area, some felt this was important and others did not. In some cases, participants wanted to move to England to be closer to personal networks because of a change in personal circumstances, such as a birth or death in the family.

> ***"I wanted to return to be with my family"***
> ***Workforce not in primary care, South Asia, Midlands***

> ***"Because my sister was here before me, so I wanted to come to England, although I did go to the USA, but we were like, 'There's no family network, no support network.' My husband was like, 'We should live somewhere, where siblings are or, at least, there are some family members.'"***
> *Trainee, South Asia, Midlands*

4 Experiences of training

Participants were asked to describe their experiences of GP specialty training in England. They were prompted to consider what they liked about the training programme as well as any challenges they faced. They discussed the support they received during their training programme, as well as the support that they didn't receive but feel would have been helpful. This chapter outlines those aspects of the training programme that were most commonly discussed.

Chapter summary

Colleagues and peers largely made the training experience a positive one. The programme structure, including the provision of one-to-one supervision and rotations, was highly regarded, and seen to provide participants with a variety of learning opportunities. However, participants struggled to balance the life administration that comes with moving to a new country alongside the demands of the training programme and this shaped their overall experience of GP specialty training in England. Adapting to a new culture and ways of communicating were also challenges that some felt. Some participants currently in the workforce explained that they experienced racism or micro-aggressions during training. The combination of all these challenges, on top of the programme demands, impacted their wellbeing. Informal support from peers, colleagues and personal networks was available to many participants. Professional support was also available from senior colleagues and professional institutions. However, not everybody felt comfortable coming forward or asking for support.

4.1 Positive experiences

When reflecting on their experiences of GP specialty training, participants often regarded the training programme itself very highly. They commented on the structure of the programme and felt it provided them with a variety of learning opportunities, which was key given that many participants mentioned the variety of experiences as a motivation to train as a GP in England. This suggests that the variety of training opportunities the programme provides goes some way to fulfilling participants' expectations. Almost all participants spoke highly of the colleagues they worked with during specialty training, who positively shaped the overall experience.

4.1.1 Colleagues and peers

Colleagues and peers largely made the training experience a positive one. It was clear that engaging with the colleagues in their practice was important to participants and many felt well supported throughout their training. Some participants currently working in primary care described feeling a general sense of togetherness and team spirit amongst their colleagues. Participants pointed to their colleagues being encouraging and being on hand to answer queries. Having people who were willing to respond to questions when needed was very important to participants and contributed to a general sense of feeling supported. This even impacted some of their future decisions, as some who had later taken up a role in their training practice explained that the team they worked with, and the way in which this team treated them, shaped their decision to accept a job offer from their training practice.

Participants also drew a lot from interactions with other trainees and other IMGs, which helped to foster a sense of community. Engaging with people who were in a similar situation or going through the same experiences as themselves appeared to be important to the participants. Through these interactions, they were able to share experiences and discuss solutions to different challenges they were facing. However, current trainees noted the impact that coronavirus had on their ability to engage with their peers as they weren't able to meet face-to-face. Some explained how virtual meetings made it harder to foster this sense of community, indicating that they gained a lot from face-to-face interactions with their peers. For more detail about the specific types of support received from peers see Section 4.3 below.

> ***"Everybody supported you if you had questions to the trainers, to the other doctors, to the nurses, to the admin staff. They were all extremely generous with their time and with their help that they gave you."***
> *GP Locum, Europe, North East and Yorkshire*

> ***"The sense of community that was developed amongst the GP trainees on my local scheme was really nice. It was a bit harder because we started in the midst of COVID, so we didn't get to meet face-to-face at all until last year."***
> *Trainee, Middle East, London*

4.1.2 Training programme structure

As the support received from colleagues was important to participants, the structures put in place to facilitate this support were also viewed positively. Participants often described how having a supportive supervisor shaped their experience of training, they were seen to provide holistic support by looking out for their mental wellbeing as well as their academic and professional development (see Section 4.3 for more detail about the support received). Specifically, the **one-to-one supervision which participants received during the speciality training was valued**. They contrasted this to other countries or other specialties where one-to-one supervision is not provided.

> ***"The supervision was very much one-to-one in the UK, which was very positive compared with a group of trainers in*** *[country removed]* ***who train family physicians."***
> *GP Partner, South Asia, South East*

A number of participants **described the training programme as being well-structured, well-organised and holistic.** They explained that the structure of the programme allowed them to have dedicated time for training as well as having rotations organised for them. It was also seen to provide them with a variety of experiences and learning opportunities. The rotations provided the opportunities to gain professional knowledge, such as learning about the NHS and how different departments are run. It also offered opportunities to learn about patient communication and English culture. This aligns with some of the factors that originally drew participants to train as GPs in England. In some cases, rotations were pointed to as a positive part of the training programme and were seen to facilitate these diverse learning opportunities. This is because it allowed participants to work across different departments, types of care and with a variety of different patients.

"There is time set aside when the training happens…so the training was clearly structured, that's what was extremely helpful."

Working in primary care outside England, Europe, Germany

Whilst some participants enjoyed the learning opportunities that the rotations provided, **individual experiences of rotations were mixed and some pointed to this as a challenge of the training programme.** Some participants were disappointed they didn't get to do all of the rotations they wanted to do, and some felt that they were treated differently to specialist trainees when training together in a specialist rotation. They described being treated as though they were an inconvenience or were not taken as seriously as the other specialist trainees. Others said they were seen simply as a resource and the work they were doing felt more like service provision, which detracted from the focus on their learning and development. In some cases, they felt they lacked general practice experience due to having spent more time on secondary care rotations which led participants to feel they weren't sufficiently prepared for their exams.

"One critique I would have is that perhaps the GP training posts within the hospital should be more tailored to what you're actually going to be doing as a GP, rather than just placing you because they need somebody as an assistant for an ophthalmologist."

Salaried GP, Europe, South West

4.2 Challenges encountered during training

Participants commonly described struggling to balance the life administration that comes with moving to, and settling in, a foreign country with the demands of the training programme. They described additional challenges relating to adapting to a new culture and ways of communicating with both patients and colleagues, while some also experienced racism or discrimination whilst training. These challenges impacted participants' wellbeing and shaped their overall experiences of training in England.

4.2.1 Life administration

The administration that comes with moving and settling into a new country was an often-mentioned challenge. Participants described challenges with organising accommodation, setting up bank accounts, registering with a doctor or dentist, and getting a National Insurance number. These were challenging for a variety of reasons. Some didn't know how to go about doing these things, others described the financial costs, but also the time and mental energy required to organise all of this alongside training.

Some participants found themselves in a difficult cycle where, in order to get a National Insurance number, they needed accommodation and to get accommodation they needed references from previous landlords in England, a credit score, or a bank account, but to get a bank account they needed accommodation. This process was described as difficult and time-consuming. Participants discussed a range of ways of getting around these accommodation challenges. This included receiving advice from friends or family about places that would rent accommodation to them without references, paying more money to landlords upfront on account of not having references, or staying in hotels for a period of time whilst they set their accounts up. Even once in work, for many, renting remained the only viable option.

With the uncertainty faced by the participants who were on work visas, committing to buying a property or taking out a mortgage was a risky prospect.

> ***"It's really difficult to get a house. So you need a National Insurance number, to have a National Insurance number you need an address, to have an address you need a bank account … to have a phone you need an address, but you can't get an address without a bank account and you just get into this situation where it's near impossible to get there."***
> *Salaried GP, Europe, South West*

> ***"I have a mortgage, family, but I have a 3-year visa …so by the end of my training … if I'm unfortunate not to get any job, the day I stop my training, I will be sent packing."***
> *Trainee, Africa, North West*

In addition to the initial administration that is required when moving to a new country, some participants described the longer-term practical challenges that they faced on a day-to-day basis, such as commuting and childcare**.** Whilst these challenges are unlikely to be specific to IMGs alone, they could be exacerbated by other challenges that face people who are new to the country. For example, some participants explained that they struggled with long commutes when their accommodation was far away. Because finding accommodation was difficult for many participants, there were concerns that this may force them to go further away from their training practice. Additionally, participants who were unable to drive or who didn't have a car described challenges getting to and from work, and to house visits.

Childcare was a challenge for participants who were looking after children alongside their training. Some participants reported difficulties in organising childcare when on call and needing care last minute, or when working late or night shifts. Childcare was especially difficult when participants' partners were also working in a medical field or another role with long hours. In some cases, the lack of a support network in the local area, such as family who would have been around to care for children if they were living near them, made this harder. Many chose GP specialty training because it was perceived as more suitable to raising a family but the limited options for childcare during working hours broke these expectations.

> ***"We have to arrange for childcare all the time because my husband is working, I am working… if I was in Pakistan, I knew my mother-in-law would be there to look after my children, my sister-in-law would be there."***
> *Trainee, South Asia, Midlands*

All of these administrative challenges placed an extra burden on participants that they perceived their English-trained peers to not have had to deal with to the same extent. It was evident that this was causing an additional layer of stress and, whilst many of them viewed the training programme positively, these burdens outside of the programme cast a shadow over the overall experiences of training and living in England.

4.2.2 Challenges of the training programme

In addition to the IMG-specific challenges, **participants described the challenges associated with the demands of the training programme,** some of which are likely to reflect the challenges faced by GP specialty trainees more generally. Specific parts of the programme which were challenging included exams, portfolios and the workload. These challenges impacted the wellbeing of participants who specifically pointed to exams as a source of worry. Participants who had experience of failing exams talked about how this made them feel demotivated. Some participants felt the training was too intense and should have been longer to spread things out and make it more manageable. However, the demands of the programme were especially difficult for some participants who were also having to adapt to a new way of learning and a new way of being examined. Occasionally, the learning and assessment models differed to what trainees were accustomed to from their core training programme and experiences of training outside of the UK. For example, a few trainees found the emphasis on reflections and ongoing feedback in their portfolio a new approach. Additionally, some found the expectation to identify their own learning needs a new and novel approach that they needed to adapt to. Others described how the primary care model in the UK is unique, and they needed to learn and understand how primary care worked in the UK, as well as the NHS as a whole.

> ***"You have to explore your own personal learning needs …so, that was a bit of a difficulty for me to actually adapt to, because I was coming from … a lecture system and the educator is responsible for teaching. Over here the student is responsible for their own teaching."***
>
> *Trainee, South Asia, North West*

4.2.3 Learning about a new culture and its communication styles

Participants faced **challenges associated with adapting to, and learning about, a new culture and ways of communicating**. In some cases, differences in communication styles were seen to impact participants' ability to effectively communicate with both their colleagues and their patients. Participants already working in primary care often recalled anecdotes misinterpreting or misunderstanding patients when sarcasm, idioms, phrases or expressions were used that were new to them. Such skills are essential for GPs who are engaging with patients and colleagues on a day-to-day basis. Miscommunication can cause real issues when communicating with patients. It can make it harder to build a rapport with patients and, in some cases, cause misunderstanding in the conditions being explained, leading to incorrect diagnosis and treatment. Understanding different accents was occasionally mentioned as a challenge. This was exacerbated when conducting consultations over the phone. Some participants were also concerned about appearing too direct or rude when engaging with their patients and colleagues, with a few having received complaints which they attributed to differences in communication styles.

"My very first patient told me that she lost two stones... and I thought she had mental health difficulties.... What could she possibly mean?' I thought she actually, physically lost stones... I remember telling my registrar... And he was like, 'No ... that's lost weight. That's just how you say it.'"

Trainee, Europe, North West

Beyond language barriers, **some participants found they had to adjust to a new way of engaging with patients.** Some felt the patient-doctor dynamics in England were different to the dynamics in other countries they had worked or trained in. This difference tended to centre around patients being more involved in the decision-making process in England. Some participants also described feeling that patients in England are more informed about their healthcare than elsewhere. They explained that, in countries they had been in previously, the treatment tended to be steered more by doctors, who are expected to make decisions and then relay this information to patients.

"Patients here are really involved in the discussion. They challenge when they need to. In** [country removed] **things are a bit different ... the patients expect you to decide so many things for them so that autonomy is the only difference."

Trainee, Africa, South West

4.2.4 Discrimination

Not all, but **a number of participants who are currently in work (either within primary care in England or elsewhere) described experiences of racism or discrimination whilst in training**. Current trainees did not raise this to the same extent, though the reasons for this are unclear. Without further research, it is not possible to determine why participants who were working spoke more about their experiences of discrimination than trainees. Possible explanations could be that this reflects a positive shift in recent years, or it may reflect the stage that the current trainees are at. Trainees' experiences are less extensive, and they may not feel comfortable speaking about negative experiences, or they may not have had enough time to reflect on their experiences and consider that what they have experienced could have been prejudice. Nonetheless, these are speculative explanations. This research was not designed to allow robust conclusions on the causality of differences between the groups interviewed. These perceptions are illustrative, and exploratory, but not statistically reliable.

The examples given by participants in the workforce reflected treatment from a range of staff members and colleagues. Examples included a trainer during work-based training singling out trainees from ethnic minority backgrounds and treating them differently to their white peers. In some cases, rota staff were reported to not treat requests for leave during religious holidays such as Eid in the same way as requests for leave around Christmas. Participants also described examples of discrimination received from patients. This included both overt instances, such as patients asking to be treated by a different doctor, and less overt instances such as participants feeling that the information they conveyed to patients would have a different impact if it came from another doctor. It is worth noting that these

experiences are not likely to be restricted to IMGs, other research suggests this is an issue for black and ethnic minority staff more broadly.[13]

> ***"She** [trainer] **would pick on all the ethnic minority … trainees, to come in the front and practice … she would say … 'you'd better learn to do that otherwise you'll create more work for your colleagues'… she wouldn't say that to the white trainees."***
> *GP Partner, Middle East, North East and Yorkshire*

> ***"I knew that when I said something to a patient in terms of a management plan or something, it coming out of my mouth had a different effect … compared to the same thing coming out from a different white doctor's mouth"***
> *Working in secondary care in England, South Asia, Midlands*

4.3 Support received during training

Participants described the range of support that they received during their training programme, drawing on different sources for different types of support. They received professional and practical support from their practices, deaneries and other professional institutions, as well as informal support from their personal support networks and peers. Throughout these conversations, it was evident that participants really valued having people around to listen to them and answer their questions.

4.3.1 Support offered by institutions

Institutions currently offer an array of support for trainees and IMGs. This includes:

- the delivery of an induction programme for all IMGs, accompanied by mentoring and supervision;
- the Targeted Enhanced Recruitment Scheme (TERS) which offers a one-off payment of £20,000 to GP Specialty Trainees committed to working in under-recruited, under-doctored or deprived training locations in England; and
- reimbursement of the Immigration Health Surcharge (IHS).

In recent years, extra support has been rolled out for trainees. However, this is not likely to have impacted the majority of the IMGs interviewed as they were either in their final years of training or already in the workforce.

The section below illustrates the support that participants said they received during training and the support they would have liked but didn't receive. This does not necessarily reflect the support that actually was, or wasn't, available but rather what participants perceived to be available.

4.3.2 Informal support

As noted previously, **peers were often seen as an important source of informal support amongst participants during training**, including other trainees and other IMGs. Participants often spoke about

[13] https://www.bma.org.uk/news-and-opinion/racism-an-issue-in-nhs-finds-survey

engaging with their peers through meetings that had been organised for them, for example, trainee meetings, university days or national IMG networks. They drew social and emotional support from these groups, as well as professional support. They would share experiences and discuss solutions, as well as study together. Engaging with people who were going through the same experiences or in a similar situation to them appeared to be important to participants and reassured them about the things they were going through. However, as previously noted, current trainees described how this was impacted by coronavirus as they weren't able to meet face-to-face.

In addition to other trainees and IMGs, a number of participants cited **support received from colleagues who were from a similar cultural or ethnic background to them**. Some participants explained that they felt more comfortable communicating with people who were also IMGs or who had gone through similar experiences to them.

> ***"In GP training you always have your small groups, and you meet up, you have your uni*** *[university]* ***days, which is, I think, pretty unique. It certainly doesn't exist in*** *[country removed].* ***And that was an amazing support network... we still have a WhatsApp group... we share, yes, just problems and issues."***
> *Working in medicine outside of England, Europe, Germany*

> ***"My trainer... she's Asian and she's, like, an immigrant as well...so at least I felt more open to her. I would tell her more things that I could than when I go to the white guy."***
> *Salaried GP, Africa, North West*

Personal networks were often a key source of support for participants who had personal support networks in England when they moved to the country, or who built these networks up. Friends and family offered emotional support, although the degree to which they felt comfortable speaking to their friends and family about work differed. Some relied heavily on them for emotional support and valued this when they were going through stressful experiences during training but some did not feel comfortable bringing their stresses home. Friends and family also provided practical support, such as financial support or help moving accommodation. Some also drew on other local communities such as sports groups or religious communities for informal support; this tended to be social and emotional, but they sometimes offered practical support such as help finding accommodation.

> ***"My main support, my main emotional, financial support or psychological support has been my wife."***
> *Trainee, Africa, East of England.*

4.3.3 Professional support

The **holistic support received from colleagues such as supervisors, trainers and mentors was valued.** This included professional support with exams and portfolios, as well as with communication skills**.** For example, one participant described being given a list of common phrases and terms in the local area by her trainer. Another had recorded themselves doing patient consultations and was able to

listen back to them with their supervisor to receive feedback and help them develop. Participants thought of themselves as lucky to have such supportive supervisors, though the majority who talked about their supervisors did so in a positive light, suggesting it is not unusual to have a supportive supervisor. Throughout these conversations, it became apparent that having regular contact with these colleagues, either through formal supervision channels or just being on hand to answer queries, was really helpful. This was not restricted to supervisors, trainers and mentors, however. Participants currently working in primary care also cited the support that came from GP administrative teams and secretaries who were around to answer questions, helping them and their peers settle into the role.

> ***"As a GP trainee, you get an educational supervisor … I was blessed to have a very good one. She's basically like my, like a grandmother, she takes care of me, makes sure I'm physically, mentally, emotionally, professionally happy in everything."***
> *Trainee, South Asia, Midlands*

> ***"I was in touch with one of my programme directors and also with my educational supervisor, and if there's any problems, if I have to ask any questions … I was just sending a text message to both of them and they always come back to me."***
> *Salaried GP, South Asia, London*

Professional institutions were also a source of professional support, helping with practical challenges and personal development. Examples given often reflected times when institutions were flexible or accommodating to suit particular needs. This includes practices clustering home visits and organising lifts to work for those who couldn't drive, extending consultation times when a participant was struggling with them, and providing study leave Participants currently working, either in primary care in England or elsewhere, also cited support received from Deanery Practice Directors, helping them find placements near to their home or paying for tuition to help with exams. Additionally, professional organisations provided support that enabled personal development, for example, through training courses such as the Applied Knowledge Test (AKT) exam training course or IMG-specific training.

> ***"Where I worked, they were very supportive. Massively supportive. I wasn't driving. The department sometimes dropped me off in my house. That is different drivers."***
> *GP Locum, Africa, East of England*

However, **not everybody accessed support, and gave a variety of reasons for this**. Some felt they didn't need support and were happy with their experience so didn't access it. However, others explained that they weren't aware of which support was available, didn't know where to access it or didn't know who to reach out to for support. Some were concerned about the implications of accessing support, for example, one participant expressed concern that when they spoke about their mental health with a colleague this was recorded in their portfolio. Another was worried that accessing support would impact a future application for indefinite leave to remain. This may suggest that there are some misconceptions about the implications of seeking support, which need to be addressed. Some participants felt that IMGs are less likely to ask for help from supervisors or other colleagues, compared to their English-trained peers. They explained that some came from cultures where asking for help was not the norm, or where emphasis was placed on not questioning those who are more senior than you. As a result, some participants said they didn't come forward for help or support when it would have been useful.

"Any external support you seek, you're going to pay for it somehow in the future. If the government supports you through Citizens Advice or someone supports you, it's going to negatively impact on you when you want to get indefinite leave to remain ... so, most IMGs ... avoid any support from anyone, other than maybe colleagues."
Trainee, Africa, North West

"As part of my training background... there was some element of, I'd say, shame with asking for help. Again, this was back in** [country removed] **where sometimes if you asked for help you'd get yelled at."
Salaried GP, Africa, London

4.4 Support needed during training

Participants described the kinds of support that would have helped them during their training. These reflect the key challenges outlined above as they would appreciate more support to help them manage settling into England alongside the demands of the programme, as well as support adapting to cultural and communication differences. Participants with children often discussed the challenges of childcare whilst training and felt that provision of childcare that matched the training hours or financial support to pay for childcare would help. Participants felt that extra support with all of these would help to reduce stresses and enable them to better manage both their personal and professional life whilst training as a GP in England.

4.4.1 Support with settling in England

Participants wanted more structures in place to help them navigate the challenges associated with settling into England. Many participants would have valued help finding accommodation or being linked up to others looking for flat shares. Some suggested that accommodation could be provided for them and framed this in contrast to hospital jobs which can provide accommodation. As noted earlier, one of the key challenges was the cycle of acquiring accommodation, a National Insurance number, and a bank account. Participants would like the process of getting employer references to be easier, as some spent considerable amounts of time chasing people for these. One participant who is currently working in primary care suggested that Health Education England or the Home Office could provide a reference letter which could be used when setting up a bank or applying for accommodation, to smooth out this process.

All of this administration comes at a cost and therefore some mentioned that financial support, such as improved relocation packages, would help to mitigate these extra costs. Additionally, whilst reimbursement is offered to those who paid the Immigration Health Surcharge, participants reported that the process of getting the reimbursement was sometimes difficult and support with this would have been appreciated.

"Support can definitely be better, especially when searching for accommodations. Even linking them with other trainees … I would be possibly open to having a roommate, you know, GP fellow trainee. We just don't get exposed or linked with one another."

Trainee, Europe, South East

"The problem is with IHS 3 imbursement, if you have paid extra and you want to get reimbursed for it you have to keep chasing them which is a lot of effort and time."

Trainee, South Asia, Midlands

In addition to practical support, participants called for more advice and information about administration. Some found these tasks challenging because they didn't know what they had to do or how to go about doing it. Therefore, collating a list of key information into one place would help. Alternatively, some felt that the provision of a holistic support service which could be used for a diversity of challenges would be helpful. This should be tailored to doctors or IMGs moving to England for the first time and could benefit from being delivered by those who understand the specific challenges they face.

"I think there should be a charity, some maybe retired doctors… to help settle in** [new] **doctors. … giving them pointers on what cars to buy, how to go about their driving lessons, how to go about their portfolios… where to buy food, where to get, maybe, relevant information…"

Trainee, Africa, North West

4.4.2 Academic support

Because of the additional administration associated with moving country, any extra support to help with the training programme and its demands could reduce stress. Many participants spoke about having to adjust to a new way of working as well as new ways of learning. Some explained that they had received training on exams but didn't find this helpful as it didn't cover how the exams actually worked, they also wanted more advice on how to make best use of the time in the exam. For participants who speak English as a second language, reading can take longer. Some commented on the amount of reading required as part of the exams within short periods of time, which was a challenge. To minimise stress and demotivation that can come as a result of failing exams, some participants emphasised the need for support to be proactive. In some cases, the AKT training exam was used as an example. Participants who had been put on this course after failing an exam felt that it was useful but that it should be rolled out to everybody, proactively.

Often mentioned was a desire for more support navigating areas of the NHS that are new. Examples included additional support being given in relation to IT systems and training on how to deal with difficult situations. On a practical note, one participant stated that they would like advice on what training to do, and another suggested they would like clarity about how much time they can take off for training.

"Rather than offering more time, I would suggest opening up that sort of programme** [AKT training] **for, like, foreign graduates early, so that they know what to expect … because you can have the time, but you need to know what to do with the time"

Salaried GP, Europe, East of England

4.4.3 Support with cultural and communication differences

Participants often felt they would benefit from more training and support to help with cultural differences. This included suggestions for formal training sessions, both for the participants themselves as well as for their colleagues. For themselves, they suggested that being taught more about this area, or being given information about cultural differences ahead of starting the training programme, would help with the "culture shock" some feel when coming to England. Some felt that providing training on cultural differences for their colleagues would be helpful, as increasing their understanding of cultural differences could help them to better understand their IMG colleagues. However, there is a balance to be struck between explaining the differences that may exist between IMGs and their English-trained peers, whilst not creating divisions between IMGs and their colleagues or leading to feelings of discrimination. In addition to formal training, informal support could help with cultural and communication differences. A few participants felt the provision of an IMG mentor, or encouraging more IMGs to become mentors, would be helpful as they have an understanding of the experiences of IMGs.

"Sometimes it seems like we're the ones who need to learn so much about British way of doing things but I feel like there's other ways that people could do or at least understand their colleagues which makes the transition from being a doctor in** [country removed] **to being a British doctor much easier

Trainee, Africa, South West

4.4.4 Support with wellbeing

Some participants specifically called for more support for IMGs' wellbeing. This included offering counselling or help for those who are struggling with stress. Coronavirus impacted participants on a personal level, affecting their mental wellbeing as they were away from family members, unable to travel and, in some cases, experiencing the loss of friends or family members. One participant also noted that the pandemic impacted the wellbeing of healthcare professionals working on the frontline and suggested that counselling should be offered to these people. Participants who discussed experiences of racism or discrimination during training felt more should be done to support those who experience this as well as tackling it.

"I think white allyship is really important, … when a person of ethnic minority says, 'I have faced this, this is racism', okay, and in broad terms you should accept it. It's like saying, 'I feel bullied, this person has bullied me', you know, you have to take their word for it, and then talk about it more and, you know, try and see what's going on. You can't just dismiss them."

GP Partner, Middle East, North East and Yorkshire

5 Transitions to employment

When speaking to participants who are in the workforce, discussions covered their experiences of transitioning from training to employment. This included the challenges they faced, the support they received, the factors that fed into their employment decisions, and their experiences of employment. Current trainees described how they were feeling about employment, including any concerns, their future plans regarding employment, any preparations they were taking and any support they were receiving.

Chapter summary

Experiences of transitioning from training to employment were mixed. Experiences were often tied to immigration issues and whether or not participants required a work visa and a practice to sponsor their work visa. When making decisions on employment after training, location, the type of role, the practice and the working environment were key considerations. Participants who are not working in primary care in England cited both pull factors to other countries (personal networks) as well as push factors from primary care and England (stress, negative experiences, visas). Supervisors and trainers, as well as professional bodies, were sources of support when transitioning into employment. Participants felt that hearing the experiences of others would be beneficial, as well as further support applying for jobs and a change to the visa process. When reflecting on experiences in work, participants working in primary care enjoyed the type of role and the colleagues they work with, in line with some of the original motivations to train as GPs. However, expectations on the working hours were not always met. Some of the cultural and communication challenges faced during training were also prevalent during their employment.

5.1 Experiences of moving from training to employment

Experiences of transitioning from training into employment were mixed amongst participants and these tended to be driven largely by whether or not a work visa was required. Finding a sponsoring practice within a short time frame presented a variety of challenges and resulted in uncertainty and stress.

5.1.1 Attitudes towards transitioning from training to employment

There is variation amongst current trainees in terms of when they start thinking about employment, and their attitudes towards this. Some of the current trainees were not concerned about finding a job, either because they already had a job offer or were reassured by the fact that many GP jobs were going. Others explained that they were not thinking about jobs at present as they were focussed on their training programme and exams, which were taking up a lot of their time and mental capacity. This group said they would begin thinking about jobs later or towards the end of their training. However, this wasn't an active choice for everybody as some who required a work visa explained that they weren't able to apply for jobs now as they would need to wait to get their results before being able to find a job. Visas appeared to be a key factor that shaped experiences of finding employment. Some of the trainees who needed a work visa described feeling concerned about finding a job and explained how their job options were limited due to needing to find a sponsoring practice. Some of these felt they may

need to get a job in secondary care for a short period (one or two years) to get sponsorship, until they could get indefinite leave to remain and return to primary care.

> ***"My mindset at the moment is trying to finish my exam…I can only process so much I need to do otherwise I start to …worry."***
> *Trainee, Africa, North West*

Similarly, **experiences of transitioning to work were mixed amongst participants who are currently working in primary care in England**. Some received multiple offers so found the transition easy. Many took up roles in one of their training practices and therefore largely found the transition a smooth one. Amongst participants currently working in primary care who required work visas, there were similar reports of the options being limited, as well as having to find a job within a short timeframe. In contrast to some of the reports from the current trainees, participants who required a work visa said they had to apply earlier than their peers because they needed to get a role with sponsorship sorted before their visa ran out. Across all of the conversations with participants who required work visas (all groups), the uncertainty that comes with being reliant on a work visa was evident. This was especially apparent as some had already received offers from practices but were then told they were unable to sponsor or were left wondering whether they would become sponsoring practices within the required timeframe. This uncertainty led to some being concerned about their ability to get a job and stay in the country.

> ***"I cleared my exam in October and my training was to be finished in June, July, so I knew I had to … look for jobs earlier than other people just because I'm on Tier 2 visa because the visa process takes 3 months."***
> *Salaried GP, South Asia, Midlands*

> ***"It's about 2 weeks, 2 days, so you have 2 weeks to find a job or you leave the country."***
> *Salaried GP, Africa, North East and Yorkshire*

Amongst participants not currently working in primary care in England, experiences of moving into work were mixed. Some found the process easy as they went into a role in their training practice or found there to be plenty of jobs available. Others found it more difficult to find roles that fitted their needs (being part-time or being in the area they wanted) so took up locum roles as a result of this. One participant went straight into secondary care because they couldn't get a role in primary care that would provide sponsorship fast enough (Section 5.2).

5.2 Factors that influence employment decisions

Decisions about employment within primary care were shaped by a number of factors, location was a key consideration and participants considered how this would impact them on a personal level as well as their professional work. The type of role they wanted differed in line with their personal priorities. As discussed previously, the working environment and colleagues shaped experiences of training and were therefore also a consideration when making employment decisions. Participants who are not currently working in primary care in England cited both push factors from primary care and England, as well as pull factors to other countries.

5.2.1 Factors that influence decisions about jobs in primary care

Amongst participants who are currently in training or working in primary care in England, location was often a priority when making decisions about employment. The location was viewed through the lens of personal factors as well as considering the ways in which this would impact their work as a GP. Keeping in line with reasons for choosing to train as a GP, being close to their home was especially important for participants who needed to manage childcare and fitting in picking up children from school/nursery around work. Having a short commute to manage this was important. Location was also linked to participants' social networks. Wanting to be near friends/family, in an area where their partner works, or near to good schools were often mentioned. For some, the characteristics of the area were important, but the specific characteristics that were valued differed. For example, some wanted a rural area, whilst others preferred an urban area. These priorities were often shaped by practical factors such as being near an airport as well as considerations about the population there, including being in an area with cultural diversity, low crime rates and where levels of racism were perceived to be lower. The impact that the type of area would have on their work as a GP was also considered. Some considered the catchment area of the practice, the diversity of the local and the number of patients.

> ***"It's just close proximity to home. I don't like commuting so it was the closest place that I could get to work so I could drive there as quick as possible."***
>
> *GP Locum, Europe, London*

> ***"I think the patients, the population that you got... a nice variety of ages, and in terms of complexity you saw a bit of everything really."***
>
> *Working in medicine outside of England, Europe*

Considerations on the type of role varied according to priorities. For some, a desire for stability meant they wanted a Salaried or Partner role. Others wanted flexibility and so wanted Locum roles. Participants who wanted flexibility explained that this would give them an opportunity to get an idea of different practices before committing to a permanent role, or because they weren't planning to stay in the area or in England long term. A few of these were thinking about moving abroad to countries such as Australia, New Zealand or Canada in the longer-term, reasons for this included them already having citizenship in the country or better pay and working conditions. Locum roles also appealed as they created some flexible capacity, one participant explained that they felt it was difficult to get a part-time Partner role, and they didn't want to be a Salaried GP, so chose to be a Locum as it would give them more time for childcare. Current trainees explained that they considered pay and work-life balance to be an important factor when thinking about the role they would want. For some, this included wanting to find a role which would enable them to go part-time or where they could have flexibility regarding their hours. This is largely consistent with earlier findings on the motivations for training as a GP in the first place.

"I'm a slightly older trainee which meant that I want a more secure, settled job because I just didn't want to go and do locum."

Salaried GP, Europe, East of England

"To start off with I would like to get a taste of a bit of everything so I might go for a locum at the beginning."

Trainee, Middle East, North West

The practice and the working environment play a key role in shaping employment decisions. As discussed earlier, the colleagues an IMG worked with played a significant role in shaping their experiences of training. Therefore, this, and the working environment were key considerations when thinking about employment after training. Some participants explained that taking a Locum role gives the opportunity to get an insight into what it is like working in a practice. A number of participants currently working in primary care in England had taken up a role in their training practice and explained how they had experienced a positive team culture, where they got on with their colleagues and this was part of the reason they stayed. Familiarity with the systems and ways of working were also factors that encouraged them to take up roles in their training practices. In some cases, they received offers from other practices but this familiarity and understanding of the working environment encouraged them to stay.

"The most important key factor was that I liked the team and I liked the way that they worked and the way that they innovated."

GP Locum, Europe, North East and Yorkshire

5.2.2 Reasons for not working in primary care in England

Participants who graduated from training but were not currently working in primary care in England were largely working outside of England. Some of these participants had taken up roles within primary care in England after finishing training but then moved onto a different role or country.

Some participants left England due **to pull factors from other countries.** Personal networks were often part of the reason that the participants (across any of the groups) chose to come to England in the first place. In line with this, many participants who were now working outside of England explained that they moved to be with family members or to go with partners who were working abroad, either in the country they had done their core medical training in or elsewhere.

"I don't think there were too many reasons why we wanted to move away from the UK. It was really just being closer to my family."

Working in medicine outside of England, Europe

Others described **push factors from primary care in England.** A couple of participants explained that they experienced stress or burnout whilst working as GPs in England and this contributed to wanting to move abroad. One of these participants explained that they were always worrying about doing something wrong as a GP. In addition to the stress of the role, some participants explained the way their own personal experiences or perspectives prompted them to leave. Whilst these participants made an

active choice to move away, one participant was forced to leave work in primary care because of issues getting a visa. They were working in secondary care in England and explained that this was because they could not get a job in primary care that would provide sponsorship in time before their visa ran out. They intend to return to primary care in the future.

> ***"The visa is the only sole major factor. It's not the only factor but it's a major factor that sort of, pushed me away from primary care."***
> *Working in secondary care in England, South Asia, Midlands*

5.3 Support for transitioning to employment

As well as the experiences of transitioning from training into employment being mixed amongst the participants, the levels and types of support they received were also mixed. Colleagues continued to be a key source of support, alongside professional bodies. Participants often commented on how they would like more opportunities to hear from the experiences of newly qualified GPs, and more support finding and applying for jobs. Participants who required a work visa felt the visa process should be improved to make it easier for them and easier for practices to become sponsoring practices.

> ***"It would have been nice if GP practices would hire a doctor, but just showing interest in them and just write the Home Office a letter to say, 'We are sponsoring this doctor,' and that's it. They don't have to go through this bottleneck of applying and having to wait and things like that."***
> *Trainee, Africa, North West*

5.3.1 Support offered by institutions

In addition to support provided by institutions for IMGs whilst in training, support is available for IMGs transitioning to employment from training. This includes:

- matching up recently qualified GPs with recruiting practices who can provide sponsorship;
- providing guidance materials for IMGs so they understand what they should be doing, and when they should be doing this, in terms of applying for roles and visas;
- supporting practices to become sponsoring practices, including webinars on the visa process;
- reimbursing the cost of the Health and Care visa once qualified; and,
- regional teams contacting IMGs to find out about their plans post-qualification and helping to find a suitable practice in their preferred location.

The section below illustrates the support that IMGs said they received when transitioning from training to employment and the support they would have liked but didn't receive. This does not necessarily reflect the support that actually was or wasn't available but what participants told us.

5.3.2 Support received when transitioning to employment

Supervisors and trainers were often a source of support when preparing for, or transitioning into, employment. They offered practical support to help with job applications, including offering interview practice to trainees. They also shared information about what it is like in the workforce, including about the different types of roles available. One participant explained that their supervisor informed them about the GP Retention Scheme which helped them to protect their time and manage childcare. In addition to providing practical support relating to applying for jobs. Participants often appreciated that their supervisors and trainers began pushing them towards the end of their training, giving them the opportunity to work more independently or to get more of an insight into what work would be like. This appeared to be important for preparing them for their transition into employment.

> ***"He** [supervisor] **also mentioned the GP Retention Scheme, because I was worried that, you know, I wouldn't be able to do the school run and resume work at eight o'clock with, like, my other colleagues and then stay on later in the day. So, he suggested that maybe it could fit…"***
> *Salaried GP, Africa, London*

> ***"My trainer… was pushing me a little bit more, towards the end of training he definitely changed the weekly schedule, and the way I saw patients. I was more involved in on-calls, and had to work a bit more independently, that really helped."***
> *Working in medicine outside of England, Europe*

Trainees and participants currently working in primary care in England explained that they sometimes heard about jobs via word of mouth. This included speaking to friends and family about their experiences of employment, as well as hearing from newly qualified GPs about their work or speaking to colleagues about jobs in the area. It was evident that connections with other people in their industry helped trainees to understand more about jobs, and in a few cases, these networks were used to get jobs.

> ***"I know some of my colleagues who have been qualified recently as GPs and find jobs locally here in my area, so I know them, and, you know, GPs talk, people talk, so they tell us which surgery is good, which GP partners are not so good with salary GPs, 'So, avoid this practice, avoid this practice'."***
> *Trainee, Middle East, South East*

Professional bodies provided practical support and training for participants. Participants who are currently in the workforce, either in primary care in England or elsewhere, gave examples of support they had received from professional bodies to help with getting a job and understanding what employment is like. These examples included practical support from HEE with visas or circulating a participant's CV to help them find a role. Some participants attended training run by the Royal College of General Practitioners (RCGP), or seminars run by their training practice about work and working life. Current trainees did not give as many examples of support from professional bodies but this may reflect the stage of their career at the time of interviewing.

"There was this Life after VTS** [vocational training scheme] **session … they, sort of, laid out options. You know, the salaried GP pathway, the partnership, locum, you know, working full time, less than full time, all of those things. So, some of those things were explained. Some of the terminology used."

Salaried GP, Africa, London

5.3.3 Support not received when transitioning to employment which would have helped

To help the transition into employment, many participants would like to have more opportunities to hear from the experiences of those in work. Whilst some participants did get this opportunity and some did this informally via their personal networks, others explained that they would like to have more opportunities to hear from recently qualified GPs about their work. It was evidently important to hear from people who have gone through similar experiences to them. For example, one participant noted that they would want to hear from those who are recently qualified rather than those who qualified a long time ago, and another specified that they would want to hear from other IMGs, who have been through the same experiences. A few suggested that this could be done formally through a mentorship scheme. Alternatively, another suggested offering the opportunity to get first-hand experience via a work experience scheme.

"You do need to have a role model or a mentor who's done it and they have lived the experiences like you. Like, if you're telling me, 'I'm a partner now… I trained in India,' for example…we just need practical examples of people doing it just like us."

Trainee, Africa, North West

Participants wanted more practical support and information to help them find and apply for jobs. Some of the participants explained that they would like to be provided with information about the types of jobs that are available to them or the ways in which they could find jobs, such as through recruitment schemes. Additionally, some explained how communication differences can be a challenge when interviewing for jobs. Therefore, any additional support such as interview or soft skills practice would be helpful. One participant explained how the way in which the small talk and conversational elements of an interview work in England were especially new to him. Beyond the job application process itself, participants would appreciate more guidance about the practical tasks once a job has been secured. This includes negotiating a salary, organising contracts, and navigating finances and pensions.

"You see, if this was an interview, you'd probably ask me if I have pets and if I do climbing, or if I do running, or I bike, which would be an interesting conversation for you but that wouldn't be what I would expect from my interview myself."
Trainee, Africa, North West

"I actually went back to my last trainer and said, 'You know, you should have warned me in terms of the contract and the employment issues and the taxes'."
Salaried GP, South Asia, East of England

Participants called for a change in the visa process to help them secure work within primary care and to stay in England if they want to. They pointed to the way in which the process could be improved for IMGs who are looking for jobs in sponsoring practices. Although this is already being offered in some places, they suggested that the deanery could provide a list of sponsoring practices or match the needs of newly qualified GPs to practices looking to hire. Some participants noted that they only have a short period of time from finishing their training and their visa ending before they need to have found a job and sponsorship. This time pressure limits their already restricted list of job options because they don't have the time to consider all of the possible options. Additionally, some would have liked to have had time off after training to relax and recuperate ahead of starting work but they were expected to go straight from completing training into employment without any kind of break, and some were required to do so if their visas ran out shortly after finishing training. Therefore, if the process was amended to give them more time after finishing training this could help them to consider more options and find a job that best suits their needs. It may also reduce levels of stress around finding a job and give an opportunity to recover from the intense preparation for, and completion of, stressful exams before joining the workforce.

Participants also felt the process that practices are required to go through to become sponsoring practices could be improved. They described feeling that some practices are put off by the amount of paperwork, admin and costs involved in doing this. Some of the practices which are willing to become a sponsoring practice don't know what they need to do. In some cases, participants were trying to work out the process themselves so they could advise the practice. Even when practices do apply, the process of completing the paperwork and waiting for approval can take a long time. Throughout this, the trainee is left in a state of uncertainty, which can lead to stress. Participants reported receiving job offers but not knowing whether the practice could sponsor or whether they would be able to become a sponsoring practice before their visa ran out. Therefore, assisting practices, or incentivising them to become sponsoring practices may smooth out this process and improve IMGs' experiences of transitioning into employment.

"There are jobs, but you're limited … so when I send out CVs I have the question, 'Are you able to sponsor?' If you're not, there's no need to have any conversation with you. So, there are other practices that could be better than where I'm going, or that could align more with my values, but because they're not sponsors, I couldn't apply. So that was a limiting factor there."
Salaried GP, Africa, North East and Yorkshire

"Most of the GP surgeries are not Home Office employers, and they don't give visas, they don't want to become employers… Because that involves paperwork, keeping up you know, your employer status and money… And they prioritise the business, they wouldn't want to do that."
Working in secondary care in England, South Asia, Midlands

"You have to go to your Visa office, liaise with the** [country removed] **embassy and then make sure everything is in place …You lose a lot of energy in tackling it so hopefully if someone could have streamlined things, which I'm sure it's not that difficult, could have made IMGs life much, much simpler so that they can focus on their work and their career and their personal development."
Salaried GP, South Asia, Midlands

5.4 Experiences of employment

When participants who are currently working in primary care in England were asked to reflect on their experiences within primary care so far, some of the elements that originally drew participants to train as GPs in England were present in their day-to-day work. However, some continued to face challenges that they had experienced as trainees. In some cases, there was a mismatch between the original perceptions of GP work, experiences as a trainee and actual experiences of work, especially relating to workload and working hours.

"The experience as a trainee and as a doctor… they are different. I was driving about 25 minutes to work as a trainee. I was leaving on time, I could get back home on time and be with my family. As a GP, that support and that flexibility of finishing was not there. So, I started finishing late … I'd take work home, and that is what I would never want to do."
GP Locum, Africa, East of England

Participants tended to enjoy the role itself and the colleagues they work with, in line with some of the factors that originally motivated them to train as GPs. They explained that they enjoyed the patient interaction and the continuity of care they could offer to them. In addition, they enjoyed the variety of the role and the learning opportunities this offers, one participant explained that they got a lot of variety from their Locum role as they weren't in the same surgery every day. Participants appreciated the

opportunities for personal development that being a GP afforded, some explained that they had specialised or were taking on leading roles in relation to specific areas within their practice. As was prevalent during training, colleagues continued to play a key role in shaping experiences of employment and making it a positive experience.

Despite the work-life balance being a reason to train as GPs in the first place, views on the working hours were mixed. Only a small number described being satisfied with the hours they work as a GP. One of these participants pointed to the fact that they don't have to do shift work as an example of this. Another explained that they were on the GP Retention Scheme which enabled them to have a good work-life balance.[14] In contrast, many participants currently working in primary care talked about being overworked and having an intense workload. A number of participants were surprised when they first entered the workforce at the amount of administration, they were required to carry out, which contributed to workloads. Some of these explained that their trainers managed a number of these tasks during their training, so the full workload of a GP came as a surprise. In some cases, participants saw the workload and hours as being related to wider pressures within the NHS and one noted the extra challenge that coronavirus added to this. In some cases, this led to GPs feeling stressed and burnt out. Additionally, whilst some participants originally found the possibility to go part-time appealing, this did not always happen in practice. One participant noted that even though they are technically part-time they ended up working longer hours.

> ***"We're all finding the workload to be quite difficult, which is another reason I've not wanted to take a partnership."***
> *Salaried GP, Europe, South West*

> ***"The aspect I don't particularly enjoy is the admin. And there are lots of things that … I wouldn't have thought should be a clinician's responsibility to deal with, okay? Things like letters to the courts, letters to insurance companies, just people wanting particular details."***
> *GP Partner, Africa, East of England*

Some of the challenges participants faced during training were also prevalent during their time in employment. Participants gave similar examples of challenges associated with cultural differences and communication, as well as experiencing discrimination coming from patients and finding it difficult to work around religious holidays and prayer**.** Participants felt more support during the training programme with cultural and communication differences could be offered, these examples were not specific to the training experience alone and are unlikely to be specific only to general practice.

> ***"I'm a Muslim … in** [country removed] **it would be automatic that on a Friday at 2 o'clock you can go to mosque and nobody would ask the question, whereas here, at 2 o'clock, you're having to do visits and if you're not doing visits, where are you?"***
> *GP Partner, South Asia, South East*

[14] https://www.england.nhs.uk/gp/the-best-place-to-work/retaining-the-current-medical-workforce/retained-doctors/

6 Conclusions and recommendations

Participants were often globally mobile individuals who spoke multiple languages, held multiple citizenships, and had options about where they could work and study. Working and studying in England was not the only option, and after completing GP specialty training it was clear that they did not always need to stay working in England. However, as summarised below there are some strong motivations to work in England and the NHS.

Almost none of the participants went straight from completing their core medical degree directly into GP specialty training in England. Most often the first steps participants took when moving to England were to pass the necessary exams to be able to practice in the UK. Once achieved, participants would often work at a hospital or on an A&E ward. It is during this time that participants thought about further training. Often influenced by the people they interacted with during work. In some cases, participants were following a spouse to the UK and were looking for employment themselves. These participants tended to be at a later stage in their careers and the move to the UK required a change in career direction.

The motivations for training and working as a GP included:

- **The work – life balance** that the GP role offered. Many participants either had, or wished for, a family, and the GP role was perceived as being more conducive to raising a family over other roles in medicine.

- **The type of care.** Some commented that they preferred the continuity of care that GPs provided. The idea that you will see the same patient multiple times over a number of years, and that you will get to know and understand their medical history was an attractive prospect that no other role offered.

- **The variety of care.** Participants often discussed the broad understanding of medicine that the GP specialty training provided, and how they would not be performing the same general tasks each day as a GP. When discussing their decisions to train as a GP, participants often compared this to their experiences of working in a hospital. Many would talk about how the patient interaction is more transactional, and less varied, where they would see patients with the same condition or conditions, and care was focussed on treating that single condition rather than the broader health of the patient.

The motivations for choosing England as a place to train included:

- **Global reputation of the NHS as a provider of training**. Participants had often encountered people who trained in England or who had worked in the NHS whilst working and training overseas. These colleagues would recommend training in England and working in the NHS. The training was said to be of high quality and internationally respected. Receiving internationally recognised and respected certificates was appealing, as it would allow them to continue to be globally mobile.

- **Reputation of NHS as a healthcare system**. Some participants were attracted by the prospect of not having to turn patients away as they might have to in other insurance-based systems. The NHS was also viewed as a high-quality national health system that would provide valuable professional experience and lead to further career opportunities.

- **Cultural and linguistic familiarity of England.** A high number of participants studied their core medical degree in Commonwealth countries. These participants stated that because they are taught about the UK in their education system they have a good understanding of the language, culture, and institutions. This led to a perception that the move to England was easier than other countries.

Participants spoke highly of their colleagues and peers during training. The support that was offered by both peers on the training programmes and other colleagues whilst practising or on rotations created a **sense of camaraderie that was vital to helping participants through the training programme**. The variety of interactions with medical staff and patients that the GP speciality training programme offered was valued. This is very much in line with the motivations for training as a GP. The programme structure, the one-to-one supervision, and the rotations were all frequently mentioned elements of GP specialty training that participants appreciated.

Training experiences are not shaped solely by the programme and its participants. The challenges participants faced during training included:

- **Additional 'life administration'**. The stresses of dealing with this administration would leak into their training programme and have a negative impact on their experiences. Tasks such as housing, getting a bank account, and getting a National Insurance number were some examples of the tasks faced by IMGs that distracted from their training.

- **Adapting to the subtleties of language**. Whilst some stated cultural and linguistic familiarity as a reason for training in England, many also spoke about the challenges of adapting to a new culture and ways of communicating. While there was familiarity with the English language, there was less familiarity with the way the English language was used in England.

- **Discrimination**. Few of the participants currently in training made any mentions of discrimination. However, participants currently part of the GP workforce did discuss the discrimination and microaggressions they faced from peers and patients. Support was often available, but not everyone felt comfortable seeking support.

Possibly the standout issue for IMGs when transitioning to work is acquiring a visa. Not all participants needed to navigate the immigration system, but many did. For many IMGs who are completing their GP specialty training, their main priority is to acquire the correct visa, without one they cannot stay in England. Visa challenges included:

- **Finding a sponsoring practice.** To be able to acquire a visa and work as a GP after training, participants needed to find a visa sponsoring practice. Whilst support can be offered at a regional level to help IMGs find practices, there is no central list to find such practices, and so IMGs need to do their own research to find a practice that can sponsor their visa or convince their preferred practice to become a visa sponsoring practice.

- **Expiring visas.** Upon completion of training, the time participants had to find work before the training visa expired was felt to be short. Occasionally participants decided to apply for secondary care roles in order to acquire the visa, and then look for a GP role once their visa had been secured. In at least one case, the second half of this plan had not yet occurred, and the participant continues to work in secondary care.

Visa issues aside, the factors that IMGs considered most important when transitioning into work were the job location, the type of role (Locum, Salaried, or Partner), and the working environment of the practice. Supervisors and trainers, as well as professional bodies, were supportive when transitioning into employment. Participants felt that hearing the experiences of others would be beneficial, as well as further support applying for jobs and a change to the visa process. Of the participants who were no longer working in England, the pull factors abroad such as personal networks were mentioned, as well as push factors away from England such as stress, and negative experiences.

When reflecting on experiences in work, participants working in primary care enjoyed the type of role and the colleagues they work with, in line with some of the motivations to train as GPs. However, expectations about the working hours were not always met, and some of the cultural and communication challenges faced during training were also prevalent during their employment.

On the basis of this research, the following is recommended:

- Support IMGs to settle in England to try to ease the administrative burden of moving country. For example, this could include collating information into a single accessible place that provides resources on visas, accommodation, or childcare. Creating official reference letters that can be used by IMGs to demonstrate proof of their situation to various actors, such as banks and landlords would help.

- IMGs each have different experiences of training from different settings and they have to adapt to the way in which training is delivered in the NHS, which can often be quite different from what they are used to. Establishing an IMG mentor scheme, where IMGs who have recently finished specialty training could offer support to new trainees on the range of challenges IMGs face would be beneficial to helping them adapt to these new ways of learning, amongst other challenges.

- Provide support with transitioning into employment by delivering training on interview practice and how to write a CV, as well as careers advice on working in the NHS as a GP.

- Strengthen the culture of asking for help. There is a perception amongst some that asking for help may impact on their progression through training and that it can be a sign of failure. These beliefs are often based on experiences of training elsewhere. Asking for support should be positively reinforced, and actively encouraged to ensure those who are struggling do not suffer in silence.

- Reduce the pressures and costs of obtaining a visa. There are a number of mechanisms that can be utilised at different levels to support IMGs transition into working as a GP. Creating a complete and centrally held list of all visa sponsoring practices would give IMGs clarity on those practices that they can apply to once they complete training. This would save IMGs and other staff time from having to research which practices will be able to employ an IMG needing a visa. Other possible macro-level interventions include removing disincentives for practices to become sponsoring practices or working with the Home Office to amend the visa process for GP specialty trainees, this could involve exempting them from some visa requirements, to make the process of transitioning into work easier and less stressful.

7 Appendix

Below are the two different discussion guides used by Ipsos UK interviewers when talking to IMG GPs.

Trainees' discussion guide

Questions	Timings
Section 1. Introduction to interview	**3 mins**
Introduce yourself and the purpose of the research project • Thank interviewee for taking part and introduce self / Ipsos. • Ipsos has been commissioned by NHSEI to conduct interviews with GP International Medical Graduates. The research aims to understand experiences of training and transitioning to employment. • The interview will last up to 1 hour. Interviewees will receive a £120 incentive as a "thank you" for their time (by bank transfer or cheque) – payment details will be collected by the recruitment company. **Reassurances and confidentiality** • This research project is being carried out in accordance with the Market Research Society (MRS) Code of Conduct. • You should have received a copy of the privacy policy in advance of this interview. *IF NECESSARY:* Offer to email interviewee a copy of this. • It is completely up to you whether you take part, and you can change your mind at any time. • Any information collected will remain confidential and will be used for research purposes only. • Explain that at the reporting stage, aggregated findings will be shared with NHSEI and may be published. Confirm that any quotes used will not be linked to any individual. No individuals will be identified in the reporting. **Consent for audio recording** • With your permission, we would like to digitally record the interview. These will be transcribed to help with our analysis, stored securely and then securely deleted after the research project is completed. **Is that okay?** *[INTERVIEWER: Once recording has started, please confirm that you are now recording.* Where consent is not provided, interviewer to seek consent to take detailed notes*].* **Consent to take part in the research** • Are you happy to take part? **Before we begin, do you have any questions?**	
Section 2. Introduction	**5 mins**
1. To start off, please could you tell me a bit about yourself and your medical training journey so far? PROBE: • Which country did you complete your core medical degree in? • What is your citizenship? • What region of England are you training in? a. East of England b. London	

c. Midlands d. North East and Yorkshire e. North West f. South East g. South West • Why did you choose this region? IF NEEDED: For example, because you had family in the region, because it was less competitive, because you wanted to be based in a city or rural area? **2. What, if any, support network (family / friends) do you have in this region? How important, if at all, is this to you?** PROBE: • How far away are your social support networks? • How strong do you consider these social support networks to be? • Would you feel confident in discussing personal issues with any part of this social support network? • Can you discuss issues you may be having in your professional life with this social support network?	
Section 3. Motivations for training to become a GP in England	**5 mins**
- **I'd like to understand more about your motivations for becoming a GP.** **3. Why did you choose to train as a GP/in primary care?** PROBE • Did you consider other specialisms? What was it about primary care that meant you chose this specialism over other options? LISTEN FOR • Salary • Career development • Personal development • Perceived working conditions • Interacting with people • Requirements of the role **4. Why did you decide to undertake medical training in England?** PROBE • Were you required to take any specific steps e.g. a conversion course in order to do so? • Were there any reasons for not doing your training in your home country or the country where you did your core medical degree? • Was language a factor? • Did you have existing connections with England? • Was it related to the reputation of the NHS in England? • Any other factors? **5. Did you consider applying for the Targeted Enhanced Recruitment Scheme (TERS)?** *[INTERVIEWER: If needed, the Targeted Enhanced Recruitment Scheme offers a one-off payment of £20,000 to GP Specialty Trainees committed to working in under-recruited, under-doctored or deprived training locations in England]* PROBE • IF YES: Why? How, if at all, did this influence your decision to become a GP? • IF NO: Why not? IF NEEDED, PROBE TO UNDERSTAND e.g. was the incentive not sufficient, low or no awareness of the scheme, or another reason.	
Section 4: Overview of training journey to date	**10 mins**

[INTERVIEWER: Each element of their journey will be explored in this guide, but please get an upfront summary to provide context and warm-up the interviewee] **We will discuss each stage of your education and employment journey to-date in this interview. For now, please could you briefly provide an overview of your journey from completing your medical degree to where you are now?** PROBE ON: **6. What stage of your GP training are you at?** PROBE • How many years/months/weeks until you finish your final assessments? • How long is the course? **7. How long have you been in GP training for?** PROBE: • Have you extended your training? • What was the reason for this extension? • What has been your experience of extending training? • We will talk more about visa's later, but were you required to extend your visa? What type of visa do you have? **8. What have been the key decision points in your professional journey up to now?** **9. What will be the key decision points for the future up to the point of entering the workforce?**	
Section 5. Experiences of training	**20 mins**

10. Can you briefly describe your experience of GP training to-date?
• What have been the factors that have had the largest impact on this experience?
Listen for: COVID-19, navigating the immigration system, navigating the health system, the education institution, peers, English culture, language.
• IF NOT MENTIONED: How, if at all, has COVID-19 impacted your experiences?
 	
11. What, if anything, was positive about your training experience?
 	
12. What challenges, if any, have you experienced whilst training?
PROBE:
• Professional challenges / challenges with the course?
  ○ Complexity of NHS / lack of understanding of NHS system
  ○ Different learning environment in the UK (e.g. more self-directed learning)
  ○ Relationship with supervisors
  ○ Anything else
• Administrative challenges?
  ○ Visas
  ○ Bank accounts
  ○ Housing
  ○ Utilities
  ○ Anything else
• Social challenges?
  ○ Language/communication/culture differences	

○ Social support networks • Any other challenges? **13. What support, if any, did you receive from your social networks, including friends, family, and peers (in general and to help you meet these challenges)?** PROBE: • What was the nature of this support? E.g. emotional, financial, material, professional? • How did this support help? **14. What support, if any, did you receive from your professional networks, such as support from your institution or professional bodies (in general and to help you meet these challenges)?** PROBE: • What was the nature of this support? E.g. emotional, financial, material, professional? • How did this support help? **15. Did you receive support from other sources, such as central or local government, charities, etc (in general and to help you meet these challenges)?** • What was the nature of this support? E.g. emotional, financial, material, professional? • How did this support help? **16. What, if any, further support would have been useful from any of these sources of support?** PROBE • How would this have helped? **17. IF NOT ALREADY DISCUSSED: What has been your experience in dealing with visas in England?** PROBE: • What type of visa did you have whilst training? • Have you experienced any challenges with your visa whilst training? Why? • Has this impacted your experience of training? How? • What, if any, support was available in relation to this? • What further support could have been provided?	
Section 6. Transitioning from training to employment	**10 mins**
18. Are you planning to find employment in primary care in England? • IF YES: Why? What has motivated you to stay in primary care? What has motivated you to stay in England? • IF NO: Why not? What are the barriers to staying in primary care? What are the barriers to staying in England? What support could be provided to overcome these? • IF UNSURE: Why? What, if anything, could support you to stay in primary care in England? **19. Have you started preparing for the transition to employment?** PROBE ON: • IF YES: At what point in your training did you start preparing for employment? What are you doing to prepare? What support is being provided by your education institution? Is this useful? How could this be improved? • IF NO: Are there any barriers preventing you from preparing? What support would be useful when you do start?	

20. What factors are you considering when making decisions about employment?
PROBE ON:

- What key decisions do you have to make?
- What support, if any, has been provided with these decisions? Who has provided this support? Was this useful? How could this have been improved?

21. IF STAYING IN PRIMARY CARE: What types of practices are you planning to apply to?
PROBE TO UNDERSTAND WHETHER THIS IS LIFESTYLE CHOICE OR BECAUSE OF COMPETITIVENESS OF POSITIONS IN LONDON/LESS DEPRIVED AREAS:

- Are you planning to apply in a certain region? IF YES: Why this region?
- Are you considering applying for roles in urban or rural areas?
    - AS APPRORIATE: Why urban/rural or why not urban/rural?
- Are you applying for certain types of role (e.g. part-time, full-time, salaried or locum)? Why/why not?

22. What concerns, if any, do you have about finding employment?
PROBE ON:

- Language/communication/culture differences
- Visas
- Finding a sponsoring practice
- Complexity of NHS / lack of understanding of NHS system
- Any other concerns

23. What, if any, support or advice would help to address these concerns?
PROBE:

- Emotional? Financial? Administrative? Professional?
- Who should provide this support? NHS England? Health Education England? Department for Work and Pensions? Home Office? Etc
- What would be the most effective way to provide this support? Online? Literature? One on one support? Support from your university / teaching institution?

24. IF NOT ALREADY COVERED: What support has been provided in preparing for employment?

- Who provided this support?

PROBE:

    - Social networks and peers
    - Professional networks (institution or professional bodies)
    - Central or local government
    - Charities
- What was the nature of this support? E.g. emotional, financial, material, professional?
- Have you considered applying for any formal support, such as recruitment schemes or fellowships for employment?
    - EXAMPLES IF NEEDED:
    - Regional "match-matching" between NHSEI and HEE teams, where local teams work together to match trainees who need visas with sponsoring practices.
    - HEE post-CCT fellowship which is available to GPs in their first 5 years after qualification.
    - NHSEI New to Practice Fellowship which offers a two-year programme of support to all newly-qualified GPs working substantively in general practice.

Section 7. Summary and looking ahead	**5 mins**

25. Overall, how does your experience of training in the NHS compare with your expectations? **26. Looking ahead, what role do you see yourself having in five years' time? What support, if any, do you need to achieve this?** PROBE ON: • Looking ahead, do you see yourself planning to go into GP partnership? • IF YES: What support, if any, would you need to achieve this? **27. Based on your experiences of training and preparing for employment to-date, what learnings or advice do you think would be useful to share with other trainees?**	
Section 8. Closing the interview	**2 minutes**
We will be producing a summary of these interviews for NHSEI. In the summary we may include verbatim quotes from these interviews. • Would you be happy for your verbatim quotes to be included? • Would you be happy for your quotes to be attributed to you by type of IMG (for example region of training)? As a reminder, NHSEI do not know who has taken part in this research, so you would not be identifiable. **This brings us to the end of the interview.** • Do you have anything else to add? • Do you have any questions for me? **Thank you again for taking part in this interview. Your input is very much appreciated.** **If you have any questions following the interview, please do get in touch.**	

Workforce discussion guide

Questions	Timings
Section 1. Introduction to interview	**3 mins**
Introduce yourself and the purpose of the research project • Thank interviewee for taking part and introduce self / Ipsos. • Ipsos has been commissioned by NHSEI to conduct interviews with GP International Medical Graduates. The research aims to understand experiences of training and transitioning to employment. • The interview will last up to 1 hour. Interviewees will receive a £120 incentive as a "thank you" for their time (by bank transfer or cheque) – payment details will be collected by the recruitment company. **Reassurances and confidentiality** • This research project is being carried out in accordance with the Market Research Society (MRS) Code of Conduct. • You should have received a copy of the privacy policy in advance of this interview. *IF NECESSARY:* Offer to email interviewee a copy of this. • It is completely up to you whether you take part, and you can change your mind at any time.	

• Any information collected will remain confidential and will be used for research purposes only. • Explain that at the reporting stage, aggregated findings will be shared with NHSEI and may be published. Confirm that any quotes used will not be linked to any individual. No individuals will be identified in the reporting. **Consent for audio recording** • With your permission, we would like to digitally record the interview. These will be transcribed to help with our analysis, stored securely and then securely deleted after the research project is completed. **Is that okay?** *[INTERVIEWER: Once recording has started, please confirm that you are now recording.* Where consent is not provided, interviewer to seek consent to take detailed notes*].* **Consent to take part in the research** • Are you happy to take part? **Before we begin, do you have any questions?**	
Section 2. Introduction	**5 mins**
28. To start off, please could you tell me a bit about yourself and your professional journey so far? PROBE: • Which country did you complete your core medical degree in? • What is your citizenship? • What region of England are you working in? a. East of England b. London c. Midlands d. North East and Yorkshire e. North West f. South East g. South West • Why did you choose this region? IF NEEDED: For example, because you had family in the region, because it was less competitive, because you wanted to be based in a city or rural area? **29. Is this the same region that you did your GP training in?** • IF NO: Why did you move region for employment? • IF YES: Why did you stay in the same region? Why did you choose this region for training? IF NEEDED: For example, because you had family in the region, because it was less competitive, because you wanted to be based in a city or rural area? **30. What, if any, support network (family / friends) do you have in the region you currently live and work? How important, if at all, is this to you?** PROBE: • How far away are your social support networks? • How strong do you consider these social support networks to be? • Would you feel confident in discussing personal issues with any part of this social support network? • Can you discuss issues you may be having in your professional life with this social support network?	
Section 3. Motivations for training to become a GP in England	**5 mins**
1. I'd like to understand more about your motivations for becoming a GP.	

31. Why did you choose to train as a GP/in primary care? PROBE • Did you consider other specialisms? What was it about primary care that meant you chose primary care over these other options? LISTEN FOR • Salary • Career development • Personal development • Perceived working conditions • Interacting with people • Requirements of the role **32. Why did you decide to undertake medical training in England?** PROBE • Were there any reasons for not doing your training in your home country/the country where you did your core medical degree? • Was language a factor? • Did you have existing connections with England? • Was it related to the reputation of the NHS in England? • Any other factors? **33. Did you consider applying for the Targeted Enhanced Recruitment Scheme (TERS)?** *[INTERVIEWER: If needed, the Targeted Enhanced Recruitment Scheme offers a one-off payment of £20,000 to GP Specialty Trainees committed to working in under-recruited, under-doctored or deprived training locations in England]* PROBE • IF YES: Why? How, if at all, did this influence your decision to become a GP? • IF NO: Why not? IF NEEDED, PROBE TO UNDERSTAND e.g. was the incentive not sufficient, low or no awareness of the scheme, or another reason.	
2. Section 4. Overview of training and career journey to-date	**5 mins**
[INTERVIEWER: Each element of their journey will be explored in this guide, but please get an upfront summary to provide context and warm-up the interviewee] **We will discuss each stage of your education and employment journey in this interview. For now, please could you briefly provide an overview of your journey from completing your medical degree to where you are now?** PROBE ON: • **What role are you currently working in?** • **How long were you in GP training for?** PROBE • How far through the GP training programme did you get? • Did you complete your training and receive your CCT? • Did you extend your training beyond the usual 3-year period? What was the reason for this extension? • What was your experience of extending training? • If you left GP training, why? • We will talk more about visa's later, but were you required to extend your visa during training? What type of visa did you have whilst training?	

• **What have been the key decision points in your professional journey up to now?**	
Section 5. Experiences of training	**10 mins**
[INTERVIEWER: This interview is more relevant for recently qualified GPs (i.e. those who completed training in the last few years). However, we are also conducting interviews with current trainees who can provide more recent insights. Therefore please only spend a maximum of 10 minutes on this section for qualified GPs] **34. Can you briefly describe your overall experience of GP training?** • What factors had the largest impact on this experience? Listen for: COVID-19, navigating the immigration system, navigating the health system, the education institution, peers, English culture, language. **35. What, if anything, was positive about your training experience?** PROBE: • From your experience, what learnings or advice would be useful to share with other trainees? **36. What challenges, if any, did you experience whilst training?** PROBE: • Professional challenges / challenges with the course? ○ Did you have to do any medical conversion courses to be able to train as a GP in England? ○ Complexity of NHS / lack of understanding of NHS system ○ Different learning environment in the UK (e.g. more self-directed learning) ○ Relationship with supervisors ○ Anything else • Administrative challenges? ○ Visas ○ Bank accounts ○ Housing ○ Utilities ○ Anything else • Social challenges? ○ Language/communication/culture differences ○ Social support networks • Any other challenges? **37. What support, if any, did you receive from your social networks, including friends, family, and peers (in general and to help you meet these challenges)?** PROBE: • What was the nature of this support? E.g. emotional, financial, material, professional? • How did this support help? **38. What support, if any, did you receive from your professional networks, such as support from your institution or professional bodies (in general and to help you meet these challenges)?** PROBE: • What was the nature of this support? E.g. emotional, financial, material, professional? • How did this support help? **39. Did you receive support from other sources, such as central or local government, charities, etc (in general and to help you meet these challenges)?**	

• What was the nature of this support? E.g. emotional, financial, material, professional? • How did this support help? **40. What, if any, further support would have been useful from any of these sources of support?** PROBE • How would this have helped? **41. IF NOT ALREADY DISCUSSED: What was your experience in dealing with visas in England whilst training?** PROBE: • What type of visa did you have whilst training? • Did you experience any challenges with your visa whilst training? Why? • Did this impact your experience of training? How? • What, if any, support was available in relation to this? • What further support could have been provided?	
Section 6. Transitioning from training to employment	**15 mins**
42. Can you briefly describe your overall experience of finding employment? • What factors had the largest impact on this experience? • LISTEN FOR: COVID-19, navigating the immigration system, navigating the health system, peers, English culture, language. **43. Did you start preparing for the transition to employment whilst you were in training?** • IF YES: What did you do to prepare? What support was provided by supervisors? Was this useful? How could this have been improved? • IF NO: What barriers prevented you from preparing? What support would have been useful? **44. What factors did you consider when making decisions about employment?** PROBE ON: • What key decisions did you have to make? • What support was provided with these decisions? Was this useful? How could this have been improved? **45. What types of practices did you apply to?** PROBE TO UNDERSTAND WHETHER THIS WAS LIFESTYLE CHOICE OR BECAUSE OF COMPETITIVENESS OF POSITIONS IN LONDON/LESS DEPRIVED AREAS: • Did you apply in a certain region? IF YES: Why? • Did you consider applying for roles in urban or rural areas? AS APPROPRIATE: Why urban/rural or why not urban/rural? • Did you consider applying for roles outside of England? Why/why not? • Did you apply for certain types of role (e.g. part-time, full-time, salaried or locum)? Why/why not? **46. What challenges, if any, did you experience in finding employment?** PROBE ON: • Language/communication/culture differences • Visas • Finding a sponsoring practice • Complexity of NHS / lack of understanding of NHS system • Any other challenges	

47. Thinking back to when you were training and applying of jobs, what, if any, support or advice would have been helpful to address these concerns? PROBE: • Emotional? Financial? Administrative? Professional? • Who should provide this support? NHS England? Health Education England? Department for Work and Pensions? Home Office? Etc • What would be the most effective way to provide this support? Online? Literature? One on one support? Support from your university / teaching institution? **48. What support, if any, did you receive when trying to find employment?** PROBE ON: • Who provided this support? PROBE ON EACH OF THE FOLLOWING: social networks and peers, professional networks (institution or professional bodies), central or local government, charities? • What was the nature of this support? E.g. emotional, financial, material, professional? • At what point was this support provided (during training or after)? • Did you apply for any formal support, such as recruitment schemes or fellowships for employment? o EXAMPLES IF NEEDED: o Regional "match-matching" between NHSEI and HEE teams, where local teams work together to match trainees who need visas with sponsoring practices. o HEE post-CCT fellowship which is available to GPs in their first 5 years after qualification. o NHSEI New to Practice Fellowship which offers a two-year programme of support to all newly-qualified GPs working substantively in general practice. **49. IF NOT COVERED: What was your experience of the visa process and trying to find a sponsoring practice?** • How much, if at all, did this influence the choices you made in finding employment? How?	
Section 7A. Employment experiences – <u>IMGs working in primary care</u>	**10 mins**
I'd like to understand a bit more about your role and the GP practice you work in. **50. What role are you currently working in?** PROBE TO UNDERSTAND WHETHER DECISIONS ARE DUE TO LIFESTYLE CHOICES OR BECAUSE OF COMPETITIVENESS OF POSITIONS/CHALLENGES FACED BY IMGs: • What role are you working in (for example partner GP, salaried GP or locum)? Why? • Are you working full time or part time? Why? • What region are you working in? Is it urban or rural? Why did you choose to work here? • What is the population of patients like in your area (e.g. elderly, deprived)? Did you choose specifically to work in this area? Why? **51. Can you briefly describe your experiences in primary care to-date?** PROBE ON: • What have you enjoyed the most? • What challenges have you faced? o LISTEN FOR: o Language/communication/culture differences o Visas o Lack of support networks o Complexity of NHS / lack of understanding of NHS system	

○ Poor relationship with supervisors • How, if at all, has COVID-19 impacted your experiences (e.g. working remotely and virtual appointments)? **52. What, if any, support has been provided to you whilst in employment?** • How, if at all, has this been useful? • What further support might be useful? • PROBE ON: What health and wellbeing support, if any, has been provided? For example, Looking After You Too coaching support or other mentoring. •	
3. Section 7B. Employment experiences – <u>IMGs NOT working in primary care</u>	**5 mins**
53. Why did you choose to work outside of primary care in England after completing GP training? PROBE ON: • What, if anything, influenced that decision? • IF RELEVANT: What, if any, support could have been provided to enable you to work in primary care in England? **54. Are you planning to try and find employment in primary care in the future?** • IF YES: What support would enable you to return to primary care? • IF NO: Why? What barriers are preventing you from doing this?	
Section 8. Summary and looking ahead	**5 mins**
55. Overall, how does your experience of training and working in the NHS compare with your expectations? **56. Looking ahead, what role do you see yourself having in five years' time? What support, if any, do you need to achieve this?** PROBE IF INTERVIEWEE IS NOT CURRENTLY A GP PARTNER: • Looking ahead, do you see yourself planning to go into GP partnership? • IF YES: What support, if any, would you need to achieve this? **4.** **57. Based on your experiences of finding employment, what learnings or advice do you think would be useful to share with current trainees (both in completing training and finding employment)?** **5.**	
Section 9. Closing the interview	**2 minutes**
We will be producing a summary of these interviews for NHSEI. In the summary we may include verbatim quotes from these interviews. • Would you be happy for your verbatim quotes to be included? • Would you be happy for your quotes to be attributed to you by type of IMG (for example region of training)? As a reminder, NHSEI do not know who has taken part in this research, so you would not be identifiable. **This brings us to the end of the interview.** • Do you have anything else to add? • Do you have any questions for me?	

Thank you again for taking part in this interview. Your input is very much appreciated. **If you have any questions following the interview, please do get in touch.**	

Our standards and accreditations

Ipsos' standards and accreditations provide our clients with the peace of mind that they can always depend on us to deliver reliable, sustainable findings. Our focus on quality and continuous improvement means we have embedded a "right first time" approach throughout our organisation.

ISO 20252

This is the international market research specific standard that supersedes BS 7911/MRQSA and incorporates IQCS (Interviewer Quality Control Scheme). It covers the five stages of a Market Research project. Ipsos was the first company in the world to gain this accreditation.

Market Research Society (MRS) Company Partnership

By being an MRS Company Partner, Ipsos endorses and supports the core MRS brand values of professionalism, research excellence and business effectiveness, and commits to comply with the MRS Code of Conduct throughout the organisation. We were the first company to sign up to the requirements and self-regulation of the MRS Code. More than 350 companies have followed our lead.

ISO 9001

This is the international general company standard with a focus on continual improvement through quality management systems. In 1994, we became one of the early adopters of the ISO 9001 business standard.

ISO 27001

This is the international standard for information security, designed to ensure the selection of adequate and proportionate security controls. Ipsos was the first research company in the UK to be awarded this in August 2008.

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Ipsos is required to comply with the UK GDPR and the UK DPA. It covers the processing of personal data and the protection of privacy.

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Fair Data

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