

My Fellowship Journey

Thames Valley and Wessex Education and Training Fellowship 2025–2026

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Overview

I began the Educational Fellowship in September 2025 with a clear commitment to supporting international medical graduate (IMG) GP trainees, but without a fixed project in mind. As an IMG myself, I understood some of the challenges of adapting to UK general practice, but I wanted the work to be shaped by evidence rather than assumption. This uncertainty proved valuable: it gave me time to explore several ideas, consult widely and identify where I could add genuine value, rather than pursuing a project simply because it seemed worthwhile.

Exploring the Need

My first few months were deliberately exploratory. Through discussions with my mentor, educators and colleagues, I considered several possible avenues of support. Hospital-based induction for IMGs before GP training had already been trialled elsewhere, and several VTS schemes had their own tailored induction. Additional AKT or SCA resources seemed unnecessary given the volume of material already available through books, online platforms and newer AI-based tools.

I also explored peer mentoring between ST3 and ST1 trainees, particularly for IMGs, but learnt this had been tried before and was difficult to sustain when senior trainees were managing exams and other commitments. A proposed monthly online drop-in, discussed with Programme Directors across the six schemes, met little appetite where face-to-face or informal support already existed. Work on microaggressions and bystander training, and contact with colleagues involved in Differential Attainment both locally and further afield, did not develop into a project that felt right for this fellowship.

Deciding not to take an idea forward was sometimes frustrating at the time, but in retrospect this was important learning: recognising that an idea is not needed, or would duplicate existing work, is as valuable as developing something new. The process also required me to approach colleagues I had not previously met, explain what I was trying to do and ask for their views. This was a useful step in building my own confidence.

Listening to Trainees

Rather than continuing to work from assumption, I developed and circulated a main GP trainee support survey across North Oxfordshire, Oxford, Reading and Newbury, Milton Keynes, Bucks and Windsor, receiving 125 responses (65 IMG, 60 non-IMG) from ST1, ST2 and ST3 trainees. I also ran a separate exploratory survey for trainees on extension and held one-to-one telephone conversations with some of them to understand their experiences in more depth.

Designing the survey, distributing it across different programmes and interpreting both the quantitative and free-text responses was itself a significant part of my learning and gave me reason to build relationships across the region rather than within a single VTS.

Portfolio and reflective writing was the most frequently selected challenge (51 selections), followed closely by confidence and imposter feelings (46), then AKT/SCA preparation (36) and raising concerns or asking for help (32); trainees could select more than one option, so these are selection counts rather than percentages. I had expected confidence and imposter feelings to be particularly relevant to IMGs, given my own experience. The survey challenged that assumption: these feelings were reported consistently across the wider trainee population, indicating that the most useful intervention was one that brought trainees together around a shared experience rather than one defined by background.

Developing the Confidence & Imposter Feelings Workshop

Before designing the session, I wanted to ensure the content was responsible and grounded in existing practice. I contacted psychologists in private and NHS/deanery settings and liaised with the Professional Support and Wellbeing Service Coaching Unit, and learnt that imposter-related training had existed previously but was no longer routinely funded — confirming scope for a practical session.

My own experience of periods of uncertainty and self-questioning during training, despite steady progress, made the subject personally meaningful, though the workshop was designed around the survey findings rather than my own account. I used the term 'imposter feelings' deliberately, rather than framing this as a medical syndrome. The session was interactive and reflective, using small-group scenarios to explore how self-doubt can influence thought, feeling and behaviour, and how patterns such as over-preparing, perfectionism, avoiding opportunities or discounting success can become self-reinforcing.

The workshop centred on an 'Imposter Toolkit' built around four practical strategies: challenging the thought by weighing evidence rather than treating self-critical thoughts as fact; reducing unhelpful comparison and recognising personal progress; practising self-compassion, particularly after mistakes; and positive reminiscence — drawing on past strengths and successes to regain a balanced perspective before a difficult situation.

Delivery and Evaluation

The workshop was delivered at Windsor VTS in June 2026, North Oxfordshire and Milton Keynes on 1 September, and Bucks on 8 September. Across these four deliveries, 71 trainees completed feedback: 43 rated the session 5/5, 21 rated it 4/5, six rated it 3/5 and one rated it 1/5, meaning 90.1% rated it 4 or 5 out of 5, with a mean rating of 4.48/5. Sixty-three trainees said they would recommend the workshop, seven selected 'maybe' and one selected 'no'. Positive feedback consistently referenced the scenarios, discussion, reflection and practical tools, describing the session as 'very practical and useful teaching' with 'nice engagement, open environment, useful tools'.

Less positive feedback requested a shorter or faster-paced session, less repetition, more group activity, and more emphasis on common thinking traps and underlying theory; one trainee did not find it useful for GP training. This feedback was as valuable as the positive responses, since evaluation is most useful when it changes future delivery rather than simply confirming success. Trainees were also asked which follow-up topics would be most useful, with requests split fairly evenly across difficult conversations (18), building confidence (16), assertiveness (15) and burnout and wellbeing (15), with fewer requests for giving presentations (5) — giving a clear, evidence-based direction for future sessions.

Wider Fellowship Contributions

Beyond the workshop, I contributed monthly to one-to-one SCA support alongside another IMG fellow and the exam support lead, role-playing patients, observing consultations and providing feedback to trainees who had previously failed the SCA. I attended monthly Differential Attainment meetings, broadening my understanding of the range of factors that can affect trainee progression. I also facilitated the British Culture session at the Milton Keynes ST1 cultural induction and contributed to wider GPVTS induction, supporting trainees both when difficulties had emerged and at the outset of training.

Regular mentor meetings and collaboration across VTS schemes gave me access to people and conversations beyond my usual clinical role, and I became progressively more confident contacting educators, presenting ideas at an early stage and using feedback to develop them further. I am especially grateful to my mentor, Dr Shareen Hallas, for her guidance, encouragement and steady support throughout the year, which shaped this fellowship at every stage.

Challenges and Learning

Balancing fellowship activity with clinical work on Tuesdays, when many fellowship and VTS sessions were also scheduled, required careful planning and occasional rearrangement of clinical days; it reinforced that protected development time only delivers value when it is actively planned and defended.

A less visible challenge was tolerating uncertainty, particularly in the early months when I wanted clarity on my project and reassurance of progress. The fellowship demonstrated that educational development is iterative: some conversations lead somewhere and others do not, survey findings can challenge starting assumptions, and feedback can be both encouraging and uncomfortable. Treating these as part of the process, rather than as interruptions to it, was one of the year's more significant lessons.

Reflections

The most significant change I recognise in myself is confidence: in approaching unfamiliar colleagues, putting forward ideas, seeking input and taking responsibility for developing them, and in facilitating group learning rather than relying solely on delivering information. I have also developed practical skills in survey design, feedback analysis, educational planning and taking an idea from exploration through to delivery and evaluation.

The fellowship has shaped how I think about my role as an educator. Trainees often already have access to a great deal of information; what is more valuable is creating space for discussion, helping someone make sense of their experience, offering a practical strategy, or signposting to existing support. This has clarified the kind of educator I would like to become.

Looking Ahead

I finish the fellowship with a clear interest in medical education and would like to pursue a Medical Education qualification, work towards becoming a GP Trainer, develop further skills in coaching and mentoring, and explore examiner opportunities. I intend to continue developing practical workshops informed by what trainees tell me they need.

I have been invited back to Windsor VTS as a guest speaker to deliver the workshop again in February 2027 — a welcome opportunity to refine the session using what I have learnt from the first four deliveries, and confirmation that this work will continue beyond the formal end of the fellowship year.

I began this fellowship looking for a good project; I finish it having learnt that the real value lay in the process of finding it. Not every idea needs to become a project, changing direction is not failure, and listening properly can lead somewhere unexpected. The fellowship provided protected space to explore, build relationships across Thames Valley, and develop a piece of work grounded in what trainees actually need — alongside a personal and professional confidence that I expect to carry forward into the next stage of my career in medical education.