

End of Fellowship Report

Thames Valley International Medical Graduates Fellow, 2025/2026

Dr Oluwadamilola Adio

Path to the Fellowship

Having completed my Certificate of Completion of Training (CCT) in August 2024, I am still an early-career GP. However, I have always been keen to build a portfolio career, and after considering the different options available to me, medical education seemed the best fit for my interests, strengths and future ambitions.

I first applied for the fellowship shortly after completing my CCT but was unsuccessful. Although this was disappointing, I knew that it was an opportunity I genuinely wanted, so I applied again the following year. I was therefore very honoured to be offered a place on the fellowship.

Although I am not an international medical graduate (IMG), I tailored my application to the IMG fellowship track. During GP training, I made many friends who were IMGs, and I saw them navigate not only postgraduate medical training and the NHS, but also the wider cultural transition involved in moving to and working in England. Their experiences motivated me to support other IMGs throughout their training journeys in whatever capacity I could.

I also noticed that UK graduates were often already familiar with assessment formats such as multiple-choice questions and Objective Structured Clinical Examinations (OSCEs). Some of my IMG colleagues had had less exposure to these formats and therefore faced an additional challenge, despite being knowledgeable and capable doctors. I became particularly interested in helping to bridge this gap.

Starting the Fellowship

Before starting the fellowship, I had many ambitious ideas about ways to support IMGs. One of my first and most important lessons was discovering how much support was already available and how much work was already being done for our IMG colleagues. This encouraged me to become better acquainted with the existing resources and initiatives before deciding where I could add the most value.

I had the opportunity to help facilitate sessions designed specifically for IMGs, including the *New to England* session. Through these sessions, I learned that one of the main challenges is not always a lack of available support, but encouraging people to access the services being offered and participate fully in them.

I also learned about the particular challenges of online facilitation. Participants were sometimes reluctant to engage, with cameras and microphones switched off, making it

difficult to create an interactive learning environment. During breakout-room discussions, I deliberately stepped outside my comfort zone by speaking first, asking questions and creating an atmosphere in which residents felt more comfortable contributing.

I found this process extremely rewarding. In the first breakout room, encouraging participation could feel like pulling teeth. However, by the final breakout rooms, many residents would join with their cameras and microphones on, ready to participate in the discussion. This experience strengthened my confidence and helped me develop practical facilitation skills that I can continue to use in future educational roles.

My Project

Most junior doctors are familiar with hospital-based services because the majority of their undergraduate placements and early postgraduate jobs take place in secondary care. When IMGs first arrive in England, many begin by working in trust-grade Senior House Officer roles, which are also usually based in secondary care.

Starting a GP placement can therefore be daunting for any junior doctor. As relatively young and healthy people, many trainees may have had little personal interaction with primary care and may not appreciate the wide range of community services available to patients. I certainly found that understanding the breadth of these services, their referral criteria and the relevant local pathways took considerable time when I began GP training. For IMGs who are also learning how the NHS is structured, this transition can be even more challenging.

I wanted to make that transition easier, which led to the development of the Resident GP Referral Toolkit. The toolkit is designed to familiarise residents starting their first GP placement with the different community services available to them. It provides an overview of referral criteria and includes space for residents to add information about their own local pathways. This means they can continue referring to and updating the resource throughout their placement and beyond.

Before developing the toolkit, I checked with the lead responsible for induction to ensure that it would not duplicate an existing resource. Once I had established that there was no equivalent tool already available, I began gathering evidence to determine whether residents would genuinely find it useful.

I surveyed more than 120 residents by visiting different GP training schemes across the Thames Valley region. More than 83% of respondents said that the toolkit would be useful when starting a GP placement. Importantly, only 43% of the survey participants were IMGs. This demonstrated that the need was not limited to international graduates and that UK graduates also recognised the potential value of the resource. As a result,

the project developed from a resource intended primarily for IMGs into one that could support all residents beginning work in general practice.

Following the survey, I created the toolkit and discussed it with the IMG representatives, incorporating their feedback into its development. I then met with the associate deans and obtained approval for the toolkit to be uploaded to the Thames Valley website. Once uploaded, it will be shared with the relevant programme directors so that it can reach residents and be used in practice.

The project was also accepted for an electronic poster presentation at the Royal College of General Practitioners (RCGP) conference. This was an important achievement and an opportunity to share the resource with a wider audience.

SCA Support

Supporting residents with the Simulated Consultation Assessment (SCA) formed a significant part of my fellowship application. However, after starting the fellowship, I realised that a considerable amount of SCA support was already available. Initially, I was uncertain whether there would be an opportunity for us to contribute, so I was very keen to become involved when the opportunity arose.

We ran monthly sessions for small groups of trainees whose training had been extended following unsuccessful SCA attempts. During these sessions, we worked through consultation cases and provided structured, constructive feedback to help residents improve their approach.

I was also able to provide SCA support within the structured learning block established by other fellows. It was rewarding to see residents' approaches to the stations improve over time. This work reinforced the value of tailored support, repeated practice and feedback that is specific, practical and encouraging.

The experience also helped me develop as an educator. I learned more about identifying individual learning needs, delivering feedback sensitively and adapting teaching to the needs of residents who may already be experiencing disappointment or reduced confidence following previous unsuccessful attempts.

Challenges and Learning

One of the main challenges I encountered was learning how to secure support for an idea. Encouraging others to buy into a new project can be difficult, particularly when, like me, you do not naturally see yourself as a salesperson. I learned that enthusiasm is important, but objective evidence can be even more persuasive.

Conducting the survey and receiving such positive feedback from residents gave me clear evidence that the toolkit addressed a genuine need. This evidence helped me communicate the value of the project to key stakeholders and opened doors that

allowed the idea to become a reality. The experience taught me the importance of stakeholder engagement, gathering evidence and being prepared to advocate for an idea that I believe in.

The fellowship also taught me the importance of backing myself and being willing to put myself forward. I applied for a role that I had previously been unsuccessful in obtaining, contributed actively during sessions even when doing so felt uncomfortable and presented my ideas to senior colleagues. These experiences have made me more confident in applying for roles and opportunities that I might previously have talked myself out of pursuing.

Maintaining a healthy work-life balance was another significant challenge during the year. As a mother of a young child, balancing work, professional development and family life can be difficult. I am learning to accept that I will not always achieve the perfect balance. What matters is that I continue showing up, doing my best and recognising that sustained effort is enough, even when every area of life cannot receive equal attention at the same time.

Overall, the fellowship has strengthened my facilitation, teaching, feedback and stakeholder-engagement skills. It has also helped me become more confident, resilient and willing to step beyond my comfort zone.

Next Steps

My immediate next step is to present the Resident GP Referral Toolkit at the RCGP conference. I also plan to gather feedback from residents who use the toolkit in practice. This will help me evaluate its usefulness, identify areas for improvement and build further evidence for presenting and sharing the resource more widely.

I hope to secure a substantive part-time educator role that will allow me to continue developing my medical education portfolio alongside clinical practice. I will also begin a Postgraduate Certificate in Medical Education at the University of Cambridge. Once I have completed the certificate, I hope to progress through the diploma stage and eventually complete a master's degree in medical education.

The fellowship has confirmed that medical education is an area in which I would like to continue working and developing. It has given me practical experience, greater confidence and a clearer sense of direction. Most importantly, it has shown me that I can make a meaningful contribution by recognising a need, gathering evidence, engaging stakeholders and developing a practical resource that supports residents as they begin working in general practice.