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Evaluation of the Programme of Additional Specialised Support (PASS) in Wales: GP trainee and facilitator perceptions of examination support

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Abstract

Background and Aims

General Practitioner (GP) trainees may face difficulties during training, leading to multiple attempts to pass examinations and extended training. This has a significant impact on individuals and workforce planning, and the Programme of Additional Specialised Support (PASS) for GP trainees was developed and delivered in Wales to support trainees in need. This paper presents findings from a programme evaluation project designed to gain in-depth insights into the PASS programme.

Evaluation method

Semi-structured interviews sought the perceptions of GP trainees and GP facilitators in Wales, who had attended or facilitated PASS sessions. The design of this evaluation was underpinned by the Reciprocal Determinism Theory (RDT), focusing on cognitive, environmental and behavioural factors.

Results

Four GP trainees and five GP facilitators volunteered to take part in semi-structured interviews and shared their experiences and perceptions of the PASS programme. Framework analysis principles were used to analyse the data. Codes were inductively identified, developed, organised into categories, and contextualised alongside existing literature. Four categories were derived from these findings: personal factors, environmental factors, sociocultural factors, and behavioural factors.

Conclusion

This evaluation provided insights into how GP trainees can be helped through early intervention, mentoring and longitudinal support, and where such programmes must address trainee apprehensions regarding how the intervention is delivered, and concerns about stigmatisation. With focus on the RDT, PASS can be enhanced through further consideration of personal (e.g. attitudes), environmental (e.g. social) and behavioural (e.g. engagement) factors that affect attendance and impact ongoing success.

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Introduction

The challenges associated with the dwindling workforce in primary care have been well documented, with patient numbers registering at General Practice surgeries rising exponentially, whilst General Practitioner (GP) numbers have fallen.¹ The Royal College of General Practitioners (RCGP) has invested in GP recruitment and retention to overcome concerns about stress and burnout,² and GP support in the United Kingdom (UK) in recent years.³

Educational interventions have been developed across the UK to improve retention and examination success within medical undergraduate and postgraduate training programmes. Within GP training, this includes the English 'Support on Exams' (SOX),^{4,5} which offers trainees support after examination failure, and the 'Scottish Enhanced Trainee Programme' (STEP),⁶ which is delivered exclusively to international medical graduates (IMGs). Nearly 10,000 GP trainees commence work in the UK each year, and approximately 800 reside in Wales.⁷ In 2022, Health Education and Improvement Wales (HEIW) developed the Programme of Additional Specialised Support (PASS). It aimed to assist trainees in alignment with a support-remediation continuum, as advised by Chou et al,⁸ primarily as

an early, and longitudinal intervention for trainees with low entrance examination scores - the Multi-Speciality Recruitment Assessment (MSRA) (route A) and consideration of remedial aspects for those who had failed exit examinations/ required training extensions (route B), alongside mentorship and peer support (Figure 1).

PASS includes monthly educational sessions and individual mentoring alongside existing Vocational Training Scheme (VTS) sessions. Participation is voluntary, and sessions are organised locally in groups of between five and ten GP Registrars, facilitated by experienced GPs. Sessions focus on examination preparation and communication skills and trainees exit PASS following examination success and completion of training.

This programme evaluation examined trainees' and facilitators' perceptions of PASS to inform programme development.⁹ We sought to interpret the social phenomena motivating engagement¹⁰ and to reflect on participants' experiences to gain an understanding of perceptions.¹¹⁻¹³ We used the theoretical lens of Reciprocal Determinism Theory (RDT),¹⁴ which proposes that behaviour, including engagement with supportive programmes, is influenced by cognitive, environmental, and behavioural factors.

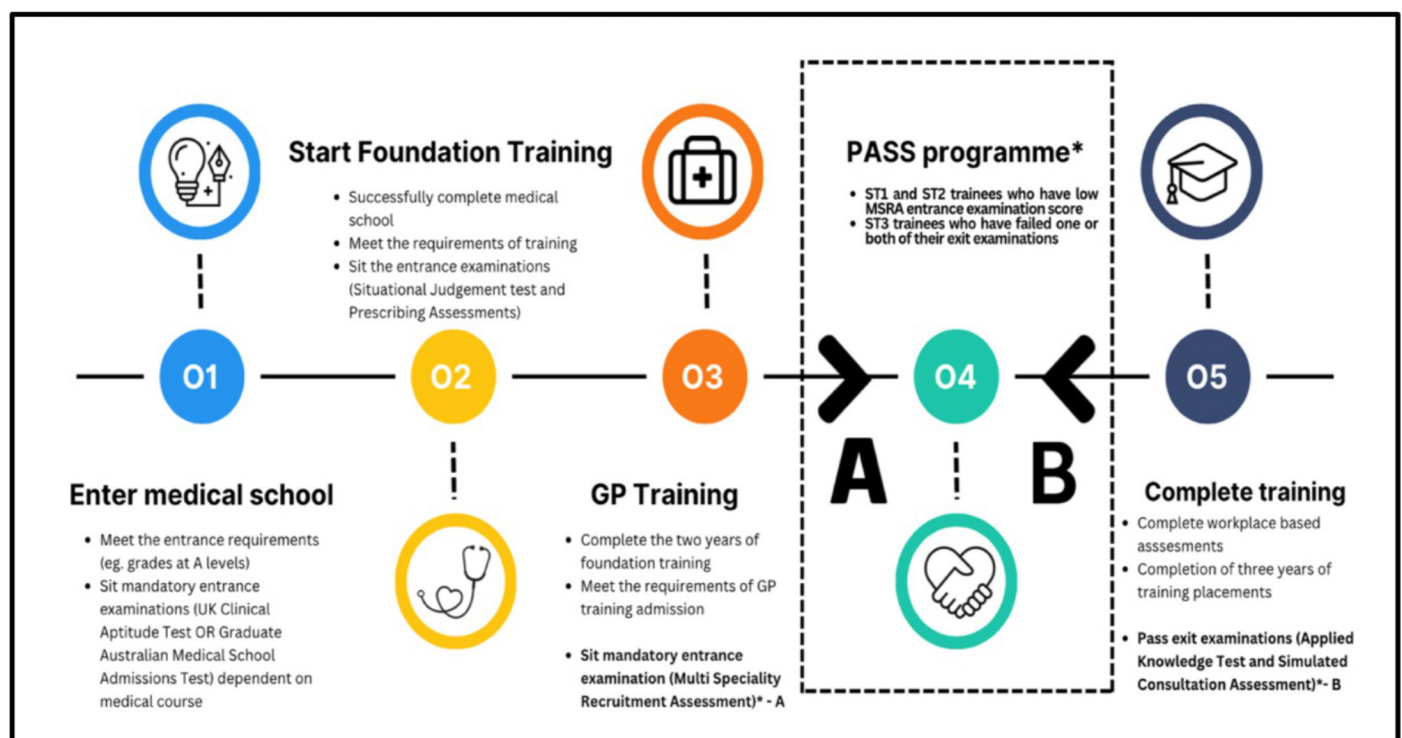


Figure 1. Pathway to the PASS programme

Research question

“What are GP trainee attendees and GP facilitators perceptions of PASS?” The objectives included eliciting views and opinions about PASS delivery, and other facets such as session format.

Method

Evaluation approach

This was a small-scale evaluation exploring views of the PASS support scheme using qualitative methodology.¹⁵⁻¹⁷ Such an approach is well-suited to understand experiences and perceptions, and semi-structured interviews were used to gather data.^{18,19}

We focused on trainee experiences and the views of those who delivered the PASS programme (GP facilitators), and considered aspects that facilitated examination attainment, understanding that similar studies have used qualitative methodology to understand participant perceptions.¹¹⁻¹³ Interviews are regularly used to support exploration of such sensitive topics as examinations and perceptions, and were selected over other methods, i.e. questionnaires or focus groups.²⁰⁻²² A longitudinal evaluation relating to PASS, containing quantitative data from HEIW, is due to be published separately following the completion of the programme by several trainee cohorts.

Sample

An invitation email was sent by the gatekeepers HEIW that summarised the study to all 200 trainees in December 2023 who had been invited to PASS, and the eight PASS GP facilitators, to attend an interview to discuss their experiences. Respondents were excluded if they had not attended/facilitated at least one session offered during the PASS intervention. HEIW had confirmed that the number of invited trainees who had attended at least one PASS session was 95% (n=190).

Researcher characteristics

The study team consisted of a GP (JM) who completed this study to fulfil a Masters of Medical Education at Cardiff University, and did not attend, nor facilitated any PASS sessions. Her position as a GP allowed for familiarity with the training

programme and supported participant rapport but potentially influenced the interpretation of data. To enhance reflexivity and minimise potential bias, analysis of these data involved iterative discussion with medical education supervisors (MT) and an Associate Dean within GP training in Wales (MJS) to contextualise the findings, with only JM having access to participant data.

Ethics

Study approval was gained directly from Health Education Improvement Wales (HEIW), and Ethical approval was obtained from Cardiff University's School of Medicine Research Ethics Committee Ref 23/89 13.12.2023, and they considered this study to involve service evaluation.

Data collection

Participants were offered in-person or online interviews, due to their spread across Wales, and for reduced cost/environmental considerations.¹⁵ Interview questions were developed using the lens of RDT,¹⁴ and in acknowledgement of relevant evaluation models,²³ questions were chosen to understand participant and facilitator reactions (positive and negative aspects of the programme), learning (effectiveness of the programme), behaviour (whether PASS has changed their own practice) and the outcomes of the programme (including organisational success), such as examination results.

The interview guide was semi-structured¹⁶ with questions and prompts added or omitted for flexibility and in response to participant answers, to encourage participants to speak freely about PASS.¹⁷ Interview guides were informed by a framework,¹⁸ which advised developing appropriate questions after gaining input from the study team and seeking ethical approval. Each interview started with an introduction and explanation of the study and participants were advised that they could withdraw at any point or take breaks as needed, and they had the opportunity to ask questions before the interview was recorded.¹⁹

The interview schedule was piloted initially, and interviews audio-recorded and transcribed with consent from the participants using Microsoft

Teams, with transcripts reviewed by JM for accuracy, and identifiable information removed.

Analysis

Transcripts were analysed using framework analysis principles²⁴ with codes generated inductively from the data, whilst informed by the theoretical framework of RDT, shaping the analytical lens and interpretation within this cognitive, environmental and behavioural framework. Familiarisation involved listening to recordings and reading/re-reading transcripts before coding and interpretation.²⁵ NVIVO V12.0 software supported data management and coding²⁶ and codes were generated inductively from the data, and themes were refined through team discussion.

Focus was laid on categorising the cognitive, behavioural, and environmental influences that impacted perceptions of, and engagement with, the support offered. This utilised the theoretical lens of reciprocal determinism (RD),²⁷ which proposes that behaviour such as engagement with supportive programmes is influenced by, and influences in turn, personal, environmental and behavioural factors.

Results

Nine interviews were completed with four (of 190, 2%) trainees (T) and five (of eight, 62.5%) GP facilitators volunteering to take part. Interviews lasted between 19-35 minutes (26 minutes average). There were minor technical issues with one interview (internet connection), but this did not impact the findings. One interview was completed in person, and the rest online.

Trainees were ST2 and ST3 doctors, predominantly female (3/4). Two were UK-graduates and two IMGs. Two failed their exit examinations, and two were invited to PASS with low MSRA scores. Attendance numbers at PASS sessions ranged from two to ten and none of the attendees had additional education requirements. After attending PASS, they all passed their examinations at the first attempt or re-sit.

GP facilitators were predominantly female (3/5), and all had practised as GPs for more than ten years. All held additional educational roles, including Programme Directors (PDs) for the Vocational Training Scheme (VTS), and each facilitated five or more PASS sessions.

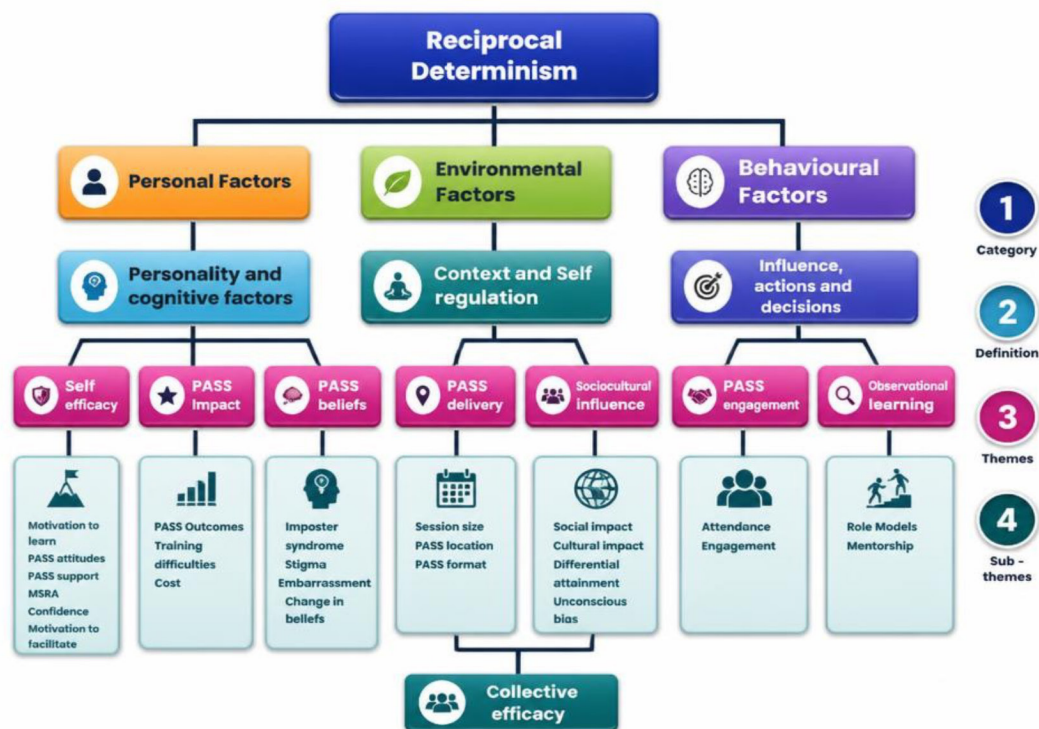


Figure 2. Infographic to display the categories, themes and sub-themes

Themes derived have been summarised within Figure 2. Whilst separated into discrete categories of personal, environmental and behavioural factors as per the RDT,²⁷ we, and the theory maintain, that each element is interconnected, and experiences and perceptions are multi-factorial, for example, trainees expressed how their concerns about the stigma surrounding PASS (cognitive factor) delayed their engagement with the programme (behavioural factors), which in turn meant they missed opportunities for peer support (environmental factors), perpetuating their anxiety about examinations, and reinforcing negative self-perception (cognitive factors). Focus here is on beliefs about support, how support was delivered and trainee engagement.

Cognitive: personal factors influencing engagement

This theme reflected motivation to attend PASS and attitudes towards the programme. Participants described initial uncertainty, doubt, and imposter syndrome, questioning their selection and the implications about their competence:

“There was that initial thing, why am I in this programme? Am I not good enough for GP training? And if you think I wasn’t good enough, why? Why did you select me?... and then there is imposter syndrome too.” (Trainee (T)2)

Participants also described stigma and embarrassment associated with attending PASS, particularly regarding assumptions about who the programme was designed for:

“...I’ve received a lot of comments from my colleagues that stigma is there, as if the sessions are entirely directed towards the international graduate who’s not from the UK, or who has difficulty speaking English...” (T3)

Some trainees felt they did not require additional help but valued the opportunity:

“In my view, I didn’t need PASS, but wanted to go anyway. I don’t mind extra support because the more knowledge, the better.” (T1)

Others expressed regret that the programme had not been available earlier in their training:

“...I think I’d just failed the [Applied Knowledge Test (AKT)] for the [number] time. I was kind of at a point of like, I would take whatever help I can get, but, well, I didn’t know about [PASS]... it had taken [redacted] failings before I’d even heard about it.” (T4)

Concerns about the consequences of declining participation were expressed:

“I wasn’t sure what I would get out of it, but wanted to get through training, and was a bit worried if I had said no, or didn’t go, what would this have meant for me?” (T4)

Facilitators recognised similar concerns among trainees, noting that PASS provoked negative emotional responses, despite the programme being framed as supportive:

“The trainees could be thinking, we must be rubbish to be in this programme and not wanting to come to the group sessions because they found it embarrassing to be... found with other trainees in this group.” (Facilitator (F)4)

Occasionally, trainees resisted the programme:

“One trainee who would not come to the sessions agreed to an individual meeting with me, and said, well the thing is, I just don’t think you’ve got anything to teach me...” (F2)

Environmental: organisation/delivery of training

Reflecting perceptions of structure, format, and accessibility of PASS sessions, facilitators described training underpinned by key principles designed to enhance trainee development. As one facilitator explained:

“I’m trying to think about the four principles of PASS ... ‘Thinking like GP not a doctor in a hospital’, then ‘Planning your journey through to completion of training’, ‘Learning the right knowledge and then applying that knowledge to General Practice’ and ‘Planning your exams – thinking about the right time to sit them’...” (F4)

Facilitators tailored sessions to trainees’ needs, using learning needs analyses and examination feedback to guide teaching:

"It was trainee-orientated. We did small group learning needs analysis. I use a lot of the AKT feedback reports – thinking what's not gone so well?" (F4)

Similarly, participants described adjusting teaching to focus on trainees' examination preparation:

"We did introductory sessions But then after split them really towards their exam needs, from a teaching perspective." (F2)

Some facilitators used observational learning techniques, including reviewing recorded consultations, to encourage reflective learning:

"I was just trying to think what things would help them the most. One thing that I think I did, and this really helped, was videoing their consultations... They had been struggling to see the things, like that they're not picking up on, or in the cues and things." (F2)

Trainees emphasised the importance of interactive learning approaches:

"I don't benefit from PowerPoint slides, so that's been a negative sometimes, and not helped me learn. I wanted to get involved with sessions, to help me remember." (T1)

Logistical barriers were also described. Facilitators sometimes required additional resources to deliver sessions effectively, and trainees occasionally struggled to obtain study leave:

"...we are entitled to some study leave in our secondary care placements, but they... have no idea what PASS is, and, ... in some circumstances you were denied the study leave because of shortages in the rota." (T2)

Geographical challenges were also identified. Travel distance, parking, and scheduling sometimes created barriers to attendance:

"...the sessions take place in [hospital], and it takes me half an hour to get there... I got two parking tickets because I was parking in the wrong place during the sessions." (T3)

Sociocultural influences: peer support, culture, and equity

Participants highlighted that sociocultural factors shaped their experiences of PASS. Peer support was frequently described as a key benefit. One trainee explained:

"It's a group that sort of had a similar goal..., friends that have similar goals or are taking the same exam are on the same page..." (T2)

Learning alongside peers also helped reduce the isolation associated with examination preparation:

"...studying on your own is quite tedious... it was quite nice to just be learning in a different situation... and bounce ideas off each other." (T4)

For IMGs, PASS provided opportunities to understand cultural and professional norms within UK general practice:

"...the most important thing with PASS and the main difference, is the medicolegal aspect of things and patient consent and capacity..." (T1)

Facilitators described their involvement in PASS as motivated by a desire to promote fairness and address differential attainment within GP training:

"It was something that I'd become increasingly aware of as a [PD]... there's a cohort of trainees that were just struggling... and I wanted to get involved with PASS to address this." (F4)

PASS also prompted facilitators to reflect on their own assumptions and biases about trainees' capabilities:

"It's made me examine my own unconscious bias... thinking before that if it's an international graduate I'm going to have a hard time... When you actually give people time... you understand the sheer quality and talent of those trainees." (F1)

Behavioural: attendance, engagement and PASS outcomes

Exploring engagement with the programme and perceptions of its effectiveness, facilitators

noted that trainee commitment varied depending on their professional role and visibility within training programmes:

"I think it's probably quite useful doing it in an area that you're PD... whereas in the area where I'm not a PD, I have issues with engagement." (F5)

Mentorship was described as useful, though facilitators observed that not all trainees required or used regular mentoring:

"The monthly mentoring is useful for a specific group of trainees... But I'm not sure how much they're getting from it." (F3)

Attitudes towards PASS frequently improved after participation began. One facilitator recalled:

"...that trainee said, well, I'm sorry I was wrong about PASS..." (F2)

Participants also reported increased confidence following attendance:

"To start with, I felt like I should have known more... but yeah, [PASS] gave me confidence in myself." (T3)

Facilitators perceived PASS to contribute to improved examination outcomes:

"We've had good outcomes and that means exams success..." (F4)

Discussion

This was the first qualitative study exploring perceptions of additional specialised support for GP trainees in Wales. Nine interviews generated themes across personal, environmental and behavioural factors to understand perceptions of the PASS programme.

This evaluation offers insights into trainees' and facilitators' experiences, demonstrating the educational value of targeted support. PASS adopts a dual-entry model, differing from purely remedial approaches,²⁸ and highlights the importance of longitudinal mentorship, early intervention, and development of educational alliances.⁸ Guidance from experienced educators and peers appears

to contribute to programme success.^{29,30}

However, tensions may exist between 'voluntary' participation and perceived compulsion within a hierarchical training structure led by Programme Directors. This may have created implicit pressure to attend or influenced responses. Some trainees expressed concern about repercussions if they declined attendance. HEIW should consider how best to foster an inclusive academic culture, potentially recruiting independent facilitators, and improving transparency from invitation through to programme exit to mitigate these concerns.³¹

Addressing uncertainty and stigma may improve engagement. Clear communication about PASS and early awareness during training could normalise participation, while strengthening an "educational alliance" may improve motivation and trust.^{8,32}

While there was variation in participant perceptions of PASS, differences within facilitator and trainee cohorts suggested that experiences and preferences were shaped by individual learning styles. Some findings diverged from existing literature, including preferences for larger group sizes (collective efficacy).³³ Concerns were also raised regarding MSRA scores as predictors of performance, with some trainees succeeding despite low MSRA scores, when the literature would suggest complex training pathways in these cases.³⁴

Integration with prior work

Although direct comparisons are limited, PASS places greater emphasis on mentorship and educator-guided support than similar programmes. Its longitudinal model, though resource-intensive, may be more effective than England's SOX programme, which relies on shorter interventions. One study provides evidence from undergraduate and postgraduate settings which supports longitudinal mentorship in addressing examination difficulties,³⁵ though this study did not specifically target struggling trainees. SOX's reactive design contrasts with PASS's earlier intervention approach, which is considered more effective.⁵

The GMC evaluation of SOX reported improved

pass rates in later exam attempts,³⁶ noting many participants were IMGs and facilitators were accredited examiners, highlighting the importance of facilitator expertise.

Scotland's STEP programme focuses on IMGs over two days, addressing differential attainment (DA), cultural transition, and communication.⁶ Feedback has been positive, though formal evaluation data are limited. PASS differs in being longitudinal and inclusive of all trainees meeting criteria, reflecting recognition that training difficulties are not confined to specific groups. Additional cultural and system-based support is delivered separately through HEIW initiatives such as 'Welcome to Wales'.

Limitations and strengths

This small-scale study achieved thematic sufficiency with nine interviews but excluded trainees who disengaged or declined PASS, likely biasing findings toward more positive perceptions. Barriers identified (stigma, logistics, uncertainty) may therefore be underestimated.

Despite challenges in recruitment, consistent with qualitative research guidance,³⁷ this study provides useful insights for programme development. Framework analysis, guided by RDT,¹⁴ enabled exploration of interactions between cognitive, environmental and behavioural factors while allowing inductive coding. This hybrid approach supports theory-informed evaluation and highlights the importance of psychologically safe environments, professional relationships and reflective development.

Implications

Given the complexity of influencing behavioural factors, findings from this cohort may be most useful for informing programme improvements related to cognitive and environmental factors. However the feasibility depends on external constraints such as time and funding.³⁸ Recommendations, while PASS-specific, may be transferable to other programmes.

Cognitive:

- ◆ PASS invitation

Clearer communication about PASS should begin at the application stage. If MSRA scores remain a criterion, their use should be justified with reference to evidence.³³

- ◆ Engagement
If voluntary attendance continues, HEIW endorsement may improve uptake, including promotion of positive outcomes and professionalism-focused messaging.
- ◆ PASS delivery
Co-designing the curriculum with trainees may address polarised views. Providing topic overviews and learner choice could enhance engagement.

Environmental:

- ◆ Embedding support early
Improving signposting may reduce uncertainty. Early transparency and stronger educational alliances may improve engagement, though consensus on best approaches remains limited.^{8,32}
- ◆ Differential attainment (DA)
Additional support for IMGs could include sociocultural and pastoral elements, alongside targeted mentoring and clinical sessions, aligning with approaches in SOX and STEP.^{5,6,39} While encouraging NHS familiarity pre-training may help, PASS alone cannot address this. Additional resources on UK healthcare systems are needed, as recommended elsewhere.⁴⁰

Conclusion

Although small in scale, this study provides insights to inform the ongoing development and evaluation of PASS. The findings may also support future quantitative evaluation by HEIW and contribute to broader discussions about supporting GP trainees during training. Findings highlight the importance of addressing cognitive, environmental, and sociocultural factors influencing engagement with educational support programmes.

What this study adds

This study extends existing literature on remediation in postgraduate medical training

by demonstrating how engagement with support programmes evolves over time through interactions between trainee beliefs, programme structures and learning behaviours.

Using RDT, this study demonstrates that engagement with educational interventions is shaped not only by educational content but also by the interaction between learner beliefs, institutional environments and social learning processes.

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