

Differential Attainment Case Series

Case 1: Early Structured Support for a Non-UK Graduate in Core Training

A non-UK graduate entering Core Training experienced difficulty completing workplace-based assessments (WBAs) on time. The resident doctor reported having a limited peer network and feeling less confident initiating feedback conversations with senior colleagues.

Clinical engagement was appropriate, but assessment requirements and informal expectations within the training structure were less familiar. At the end of Year 1, the resident doctor received an ARCP Outcome 3 (inadequate progress).

Strengths:

Strong clinical commitment and patient care

High motivation to progress

Openness to support

Reflective insight into areas of difficulty

Baseline Risk Signals:

IMG status and unfamiliarity with local training structures

Limited peer network

Reduced confidence in seeking feedback

WBA completion at 60%

ARCP Outcome 3 (Inadequate progress by the resident doctor) in Year 1

Response by Educational Supervisor and/or Training Programme Director:

Early support provided

Structured orientation to Core Training requirements

Clarification of WBA expectations and timelines

Regular one-to-one feedback meetings

Protected time allocated for WBA completion

Encouragement to build peer connections

Outcomes

WBA completion improved from 60% to >90%

ARCP Outcome improved from 3 to 2 (acceptable progress) in Year 2

Increased professional confidence and stability

Greater engagement with supervisors

System Learning

IMG resident doctors may experience structural disadvantage related to unfamiliar training expectations and limited informal networks.

Early structured mentoring, protected assessment time, and deliberate support in building professional connections can prevent escalation and promote equitable progression.