How Inclusive Is Reflective Writing for Assessment in UK General Practice Training? A Qualitative Study of GP Educators

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Inclusive assessment | Reflective practice | Reflective writing | International medical graduates | General practice | Family practice | Primary care |

Abbreviations
AI – Artificial Intelligence
GMC – General Medical Council
GP – General Practitioner
IMG - International Medical Graduate
MRCGP – Member of the Royal College of General Practitioners
UK – United Kingdom
UKG – United Kingdom Medical Graduate

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What this paper adds: Mandated reflective writing is an important component of GP training. In this qualitative study, GP educators expressed concerns that it may not be an inclusive assessment approach and could contribute to inequities. Participants highlighted the need to consider alternative and more creative approaches to assessing and developing reflective practice.

ABSTRACT

Background: Reflective practice is a central element of UK General Practice (GP) training. As part of this, trainees are required to produce reflective written entries within an electronic portfolio, which are reviewed and assessed by their educational supervisors, General Practitioners (GPs) with additional training in education and trainee supervision. Despite its central role in assessment, concerns have been raised about whether reflective writing represents an equitable and inclusive assessment method for all learners.

Aim: To explore GP educators' experiences of reflective writing as an assessment in postgraduate General Practice training and its implications for inclusion.

Design and setting: A qualitative study using thematic analysis, undertaken within the context of UK postgraduate General Practice training.

Methods: Fourteen GP educators participated in two focus groups or individual semi-structured interviews. Audio-recorded discussions were transcribed verbatim and analysed thematically to identify key perspectives on reflective writing and inclusion.

Results: GP educators expressed mixed views about the use of mandated reflective writing for assessment. While they recognised its potential to support learning and professional development, they also raised concerns that its linguistic demands may disadvantage international medical graduates (IMGs) and contribute to inequitable assessment. Participants described reflective writing as potentially disruptive, psychologically unsafe and inauthentic, questioning its effectiveness as a developmental tool. Many suggested that more inclusive approaches to assessing reflection should be considered.

Conclusions and recommendations: GP educators expressed ambivalence about the use of reflective writing as an assessment tool. Our findings suggest that, while reflective writing may support reflective practice, consideration should be given to more inclusive approaches to assessing reflection. Supporting educators to recognise and mitigate potential risks and biases within assessment practices, while acknowledging the emotional demands associated with supporting learners, may help promote more equitable assessment.

INTRODUCTION

In the past three decades experiential learning through reflective practice has become a cornerstone of health professionals' development (Song and Stewart, 2012; Wear *et al.*, 2012). In GP training in the UK, this is demonstrated through mandatory reflective writing of clinical case reviews (or "logs") submitted for assessment in online portfolios (RCGP, n.d.). This activity purports to evidence learners' progress as part of the MRCGP exam to gain professional recognition and membership of the Royal College of

General Practitioners. It is theorised that this metacognitive process has significant impact on lifelong learning and develops empathy (DasGupta and Charon, 2004; Sandars, 2009). However, there have long been concerns that it discriminates against those learners who have not yet mastered the expected type of writing genre (Sumsion and Fleet, 1996). Others have argued that it represents a form of surveillance and would produce empty, evacuated reflection and an unpalatable abuse of power (Nelson and Purkis, 2004; Ng, Wright and Kuper, 2019). While UK medical graduates (UKGs) are familiar with reflective writing from medical school, IMGs often have little prior experience of reflective writing and struggle with this aspect of their training (Emery *et al.*, 2022; Emery, Jackson and Mitchell, 2024). Additionally GPs in training report mixed feelings about reflective writing (Curtis *et al.*, 2016). This ambivalence deepened after the 2015 manslaughter conviction of UK trainee paediatrician Hadiza Bawa Garba following the death of a child in her care (Cohen, 2017). Although her reflective notes were not used in her trial, the UK General Medical Council subsequently confirmed that 'ultimately all written materials, including reflections, are potentially disclosable in the context of litigation: currently there is no legal privilege shielding them from disclosure'(GMC, 2018). As a consequence both IMGs and UKGs remain distrustful of the safety of reflective writing (Nicholl, 2018; Emery, Jackson and Herrick, 2021). Others argue the e-portfolio has become 'an instrument of accountability' rather than a process for developing reflective practice (Goldie, 2017).

Given existing concerns around bias, in this paper we set out to explore whether reflective writing for assessment in GP training is inclusive. Inclusive assessment has been defined as 'the design and use of fair and effective assessment methods and practices that enable all students to demonstrate to their full potential what they know, understand and can do' (Hockings, 2010). However, Tai et al. note that the methods universities and medical schools use to assess achievement have not kept pace with other curriculum developments (Tai *et al.*, 2023). Therefore, there is a responsibility on educators of all disciplines to consider whether their educational assessments are inclusive and accessible for all learners, and to seek ways to enable their learners to demonstrate their skills, experience and distinctiveness. In GP training within the UK, the educational supervisor, an experienced GP educator, plays a central role in portfolio-based learning by assessing and providing feedback on written reflective logs (Pearson and Heywood, 2004). We were interested to examine their experiences.

METHODS

Study design and methodological approach: This study forms a secondary analysis of data generated during a qualitative study exploring GP educators' understandings of reflexivity and inclusion in postgraduate GP training (Wedgwood, Bailey and Khan,

2025). An interpretivist qualitative approach was adopted, recognising that participants construct meaning through their experiences and interactions within specific social and educational contexts. (Thompson Burdine, Thorne and Sandhu, 2021). This approach was considered appropriate because the study sought to explore GP educators' perceptions and experiences of reflective writing rather than establish objective truths about educational practice.

Setting: The study was conducted within postgraduate general practice education in South-East England during the summer of 2023. Participants were practising GP educators involved in workplace-based assessment and supervision of GP trainees. Data collection was undertaken remotely using Microsoft Teams.

Participants and Recruitment: Purposive sampling was used to recruit participants with relevant experience of postgraduate GP education and assessment. Eligible participants were General Practitioners actively involved in postgraduate GP training as Educational Supervisors, Clinical Supervisors, Training Programme Directors, Associate deans or Heads of School. Participants were expected to have experience of supervising GP trainees and reviewing reflective learning logs as part of workplace-based assessment. Exclusion criteria were clinicians not involved in postgraduate GP education and individuals without direct experience of trainee assessment.

Potential participants were identified through established postgraduate GP education networks in South-East England and invited by email and through trainer WhatsApp groups. Recruitment was purposive and aimed to achieve variation in ethnicity, gender, educational role, years of educational experience and place of primary medical qualification. Recruitment commenced following an initial pilot focus group and continued iteratively as analysis progressed, allowing emerging themes to be explored in greater depth through subsequent interviews. Fourteen GP educators agreed to participate. The final sample included ten UK graduates and four international medical graduates, with educational experience ranging from less than three years to more than twenty years. All participants were involved in postgraduate GP education (roles including trainers, programme directors, and senior roles). Several also held undergraduate teaching roles. Participant characteristics are summarised in Table 1. Sampling continued until sufficient depth and diversity of perspectives had been obtained to address the study aims. Recruitment ceased when the dataset was considered to provide adequate richness and breadth of experience relevant to the research question and no substantially new concepts were emerging from the data suggesting adequate information power had been achieved (Malterud, Siersma and Guassora, 2016).

Table 1: Demographic information regarding the study participants

How old are you?	
• 25-34	0
• 35-44	7
• 45-54	4
• 55-64	3
• 65 plus	0
• Prefer not to say	0
What is your gender identity?	
• Woman	8
• Man	6
• Non-binary	0
• Prefer not to say	0
• Other	0
What is your ethnicity?	
• Asian or Asian British	7
• Black, Black British, Caribbean or African	2
• Mixed or multiple ethnic groups	0
• White British, White Other	5
• Other	0
• Prefer not to say	0
When did you qualify?	
• Less than 5 years ago	0
• 5-10 years ago,	2
• 11-15 years ago,	1
• 16-20 years ago,	6
• 21-25 years ago,	1
• 26-30 years ago,	2
• More than 30 years ago	2
How long have you been an educator?	
• Less than 3 years	1
• 3-6 years	1
• 7-10 years	2
• 11-15 years	5
• 16-20 years	3
• More than 20 years	2
Where did you get your initial medical degree?	
• Inside the UK	10
• Outside the UK	4
• Prefer not to say	0

Data collection: Data were collected through four semi-structured interviews two focus groups of six and four participants respectively between June and September 2023. Participants were allocated to either a focus group or interview depending on their availability and convenience. The use of both methods enabled exploration of collective views and social interactions within focus groups while the interviews provided opportunities for participants to discuss experiences more openly in a confidential setting and explore emerging areas of interest in greater depth (Reeves, Lewin and Zwarenstein, 2006; Gill *et al.*, 2008). The interview guide explored educators' experiences of reflexivity, inclusion, workplace-based assessment and reflective writing. Additional questions relating to reflective writing and assessment were incorporated into the interview schedule through an iterative process of data collection and analysis. Interviews lasted 45 minutes and focus groups lasted approximately 90 minutes and were conducted by the first author (FW). All sessions were audio-recorded using Microsoft Teams and transcribed verbatim. Transcripts were anonymised prior to analysis, and participants were assigned identifying codes. Participants were invited to review their transcripts and correct any factual inaccuracies, a process known as member checking (Shenton, 2004). Audio recordings and transcripts were stored securely in password-protected files accessible only to the research team.

Data analysis: Data were analysed using reflexive thematic analysis informed by Braun and Clarke (Braun and Clarke, 2006). Analysis proceeded concurrently with data collection and was guided by the iterative analytical framework of Srivastava and Hopwood, allowing emerging concepts to be explored in subsequent interviews data collection and analysis (Srivastava and Hopwood, 2009). Initial coding was undertaken by the lead author (FW), who read and re-read transcripts to achieve familiarity with the dataset. Coding was inductive, with codes generated from participants' accounts rather than from a pre-existing theoretical framework. Codes were then grouped into candidate themes, which were refined through repeated comparison between transcripts, codes and developing interpretations. The coding framework and emerging themes and interpretations were discussed within the research team to enhance rigour and challenge assumptions. Four final themes were developed that captured educators' experiences of reflective writing and inclusion in GP training. No qualitative data analysis software was used. Coding and theme development were conducted manually through repeated engagement with the transcripts and analytic memos.

Researcher reflexivity:
Researcher reflexivity was incorporated throughout the study (Finlay, 2002). The lead researcher (FW) is a GP educator with professional interests in postgraduate medical education, inclusion and reflective practice. Recognising that these experiences could influence data interpretation, FW

maintained a reflexive journal throughout data collection and analysis, documenting assumptions, emerging interpretations and methodological decisions. Reflexive discussions within the research team were used to challenge interpretations and support analytical rigour.

Ethical considerations:

Ethical approval was obtained from Birkbeck, University of London (Ref SOA-Wedgwood-300523). All participants received written information about the study and provided informed consent before participation. Participation was voluntary and participants could withdraw their data until anonymisation had occurred. Identifying information was stored separately from study data and all quotations reported in the manuscript were anonymised.

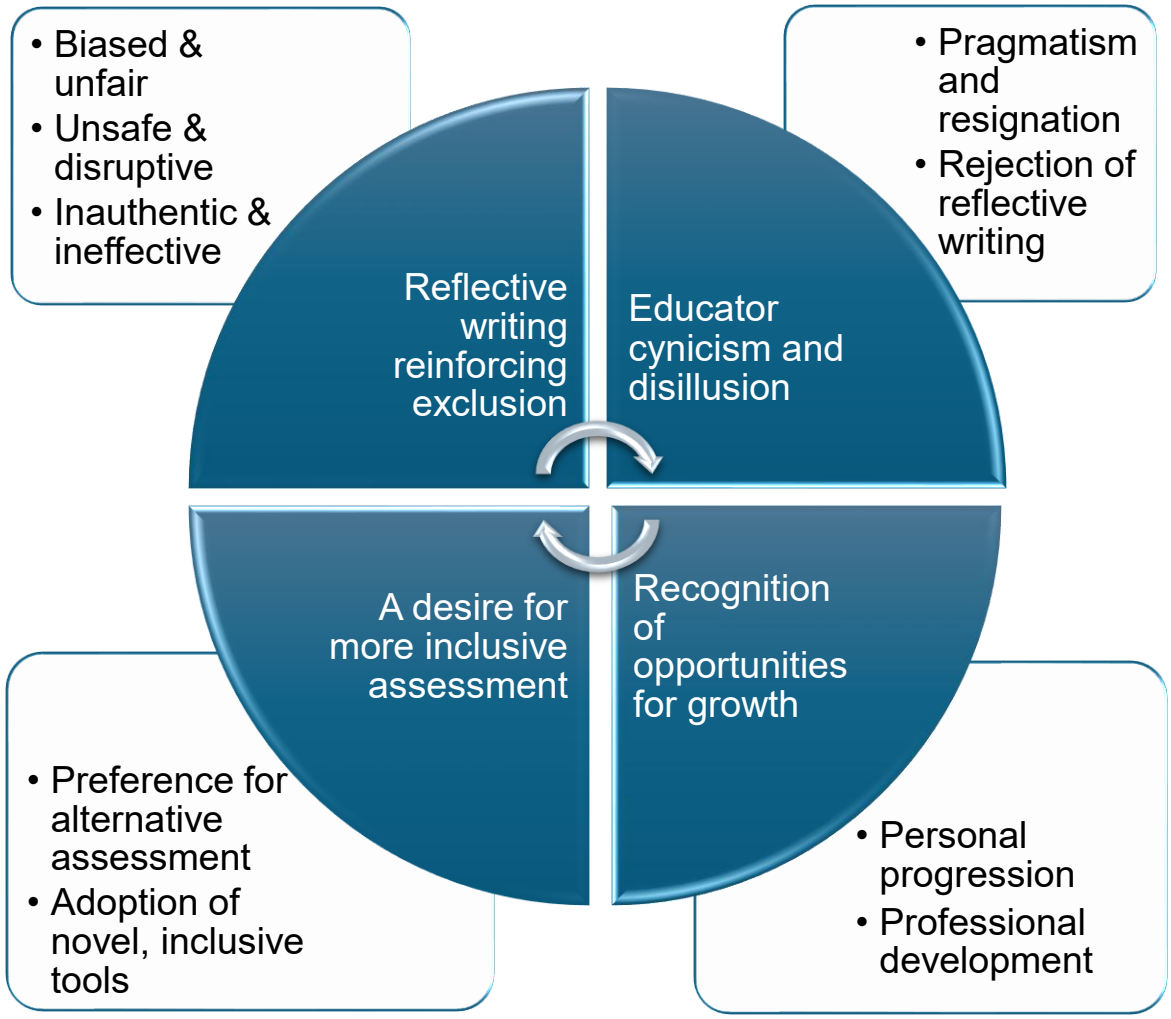
RESULTS

Four key themes were identified:

1. Reflective writing reinforcing exclusion
2. Educator cynicism and disillusion
3. Recognition of opportunities for growth
4. A desire for more inclusive assessment

These themes, with their associated subthemes, are illustrated in Figure 1 below.

Figure 1: Themes and Sub-themes



1. **Reflective writing reinforcing exclusion**

The dominant theme that emerged in the analysis was concern that reflective writing reinforced exclusion. This perception was not linked to participants' ethnicity or primary medical qualification. Most participants voiced misgivings about reflective writing, identifying bias in the process, especially for IMG learners, who were new to this practice and often preoccupied with practical challenges adapting unfamiliar NHS systems. Participants also suggested that reflective writing could disproportionately burden trainees already facing structural disadvantage, such as racially minoritised doctors or those with additional responsibilities outside the workplace, potentially exacerbating anxiety and stress (quotes 1a-d). Participants further acknowledged concerns that their own unconscious biases might influence how they assessed IMGs' written reflections (quote 1e).

The linguistic demands of reflective writing disadvantaged IMGs in particular. *'Do they have the linguistic capital, the ability to write in that professional language? We might be able to speak it out, but to transfer that into a written form might also be a difficulty.'* P11-IMG

Participants also highlighted how the requirement to produce frequent entries in online portfolios could feel disruptive and counterproductive, particularly for less confident learners who were already self-critical (quotes 1h, i). This pressure risked undermining learners' existing strengths and eroding psychological safety. They called for greater awareness of the complex challenges IMGs face in relocation, acculturation to the NHS, and balancing personal responsibilities. The safety of learners was a concern for several participants, particularly the permanence of the written reflection and the uncomfortable nature of critical reflexive practice. Several felt committing written reflections to a formal record was unsafe, an ongoing legacy of Hadiza Bawa Garba case (quotes 1k, l).

This reticence to expose emotions and potential weakness in a formal document might have long-lasting consequences for professional development, as learners might avoid the opportunity to critically examine their own biases and vulnerabilities. *'I don't think true reflective practice can possibly happen unless you are in a very, very safe environment, and what you're writing down, you know, to be safe. Because it's actually deep and personal and honest. And it may not be politically correct always, or all sorts of things, but it's something to aspire to.' P7-IMG*

Some participants dismissed reflective writing as artificial and inauthentic. Awareness that some trainees were using AI to generate reflections further undermined authenticity, with several

predicting the end of reflective writing for assessment. Internal censorship also undermined authenticity, as the need to 'keep it professional' constrained disclosure; the presence of the unseen audience who would review and assess the entries impacted the reflections, especially the consideration of the regulator reading it. Others felt the diffident nature of some trainees meant they were less likely to acknowledge strengths (quotes 1o-q).

2. Cynicism and disillusion amongst GP educators

Several participants were pragmatic in outlook and were resigned to accept mandated reflective writing while recognising it didn't fit everybody (quotes 2a-b). However, there was a strong sense that the current process often lacked genuine meaning or impact. Many felt that written reflections rarely influenced educational progression, with colleagues more inclined to judge learners on their observable behaviours rather than the content of their reflections (quote 2c). Some educators questioned whether reflective writing was an essential skill for general practice, (quotes 2d-f), and one participant explained how they used to value reflective writing greatly but now rejected it, feeling it had become tokenistic. Learners' engagement with reflective writing was widely perceived as superficial, a 'tick-box exercise', and that the process had become transactional and ultimately worthless, raising questions about its relevance, utility and place within GP training.

This cynicism reflected a broader sense of disillusionment with GP training. *'My cynical self thinks we're becoming quite transactional [..] with our patients. So, I think we're becoming more transactional with our [..] learners. And with our colleagues, yeah.'* P3-UKG.

3. Recognition of opportunities for growth through reflective writing

Although negative comments substantially outweighed positive comments, some participants found reflective writing very valuable for their learners, noting potential for personal growth, opportunities for teaching and professional development. Participants remembered how their personal development had been impacted through reflective writing in their own training, and others recalled their growing appreciation of the skill: *'Initially I thought it was another to add to my 'To Do List'. But then it became like a diary for me where I had an outlet to reflect about encounters. […] I began to love my eportfolio.'* P11-IMG

Participants recognised this growth in their learners, particularly the opportunity reflective writing provided to pause, slow down, and think critically about experiences (quotes 3a-b). They also recalled how portfolio entries had sometimes uncovered unexpected learning needs or insights, which could be used as the basis for rich and productive supervisory discussions. Reflective writing was also valued as a longitudinal record, capturing a learner's progress over time and serving as a useful reference point for

future development (quotes 3c–e). In contrast, educators observed that the learning from verbal discussions was not always retained or documented in such a meaningful way.

4. A desire for more inclusive assessment

Participants expressed a strong preference for alternative assessment methods to support learners in developing reflective practice. Case-based discussions were frequently suggested as a preferable approach, particularly for IMG learners, although participants acknowledged that educators could inadvertently influence the discussion, potentially undermining authenticity (quotes 4a–c).

The Consultation Observation Tool (COT), when well facilitated, was also preferred by many participants as a valuable method for fostering reflection and reflexivity: *'We should be doing this all the time, just observing each other's consultations. And it's lovely to capture it on tape, so you can watch together or on your own. It makes it so much more versatile.'* P7-IMG

Mentoring and peer group discussions were unanimously valued as more effective ways of developing reflective capacity (quotes 4d, e). Participants also considered more novel methods, such as creative activities incorporating the humanities or using voice notes, as promising alternatives (quotes 4f, g). Increasingly participants felt artificial intelligence (AI) was seen as a tool that could be used to promote learning and enhance reflection. Some were already experimenting with using AI to improve reflective writing skills when responding to complaints while another imagined an AI bot as a virtual supervisor, posing probing questions to help develop reflexive thinking when composing log entries (quotes 4h, i).

Representative participant quotes are provided in Table 2 to support and exemplify the analysis. A summary of the findings and recommendations is presented in Table 3.

Table 2: Themes and Illustrative quotes

1. Reflective writing can reinforce exclusion		
Biased and Unfair	1a	'It's a very different experience for somebody who's coming [into the NHS for] the first time, as opposed to graduates in the UK who've been doing reflective writing since they started medical school.' P3-UKG
	1b	'In terms of reflective writing, I think there are [many] biases in assessing IMGs, because if English is not your first language, it makes it really challenging.' P8-UKG
	1c	'When you're new to UK practice it can be quite difficult to force yourself to focus on [reflective writing] because there's just so much going on.' P10-UKG
	1d	'There's an assumption that you're gonna spend a lot of time doing the eportfolio. [But] it's often done weekends, nights, or your [time off in lieu] and [..] typically, groups that are disadvantaged- women, people of colour, have increased levels of responsibility outside of the workplace.' P1-UKG
	1e	'If you read something that's beautifully and eloquently written, you have those biases "Oh, this is wonderful, and all these competences are there!" but does it detract from the knowledge and skills of other trainees?' P8-UKG
	1f	'If you don't know the professional vocabulary to use when you talk about mistakes, it [impacts your] use of written reflection.' P13-UKG
	1g	'What we say isn't what we mean, even the word "sorry" can be used in such different ways, to mean you're genuinely apologetic, but also, you're rubbishing the other person. "Sorry, but you're wrong." "Sorry, but can you get out of my way?" ' P4-UKG
Unsafe & disruptive	1h	'We need to think about the danger of constantly thinking you can always do better because that could be a sort of whip to crack on your own back. That is quite exhausting.' P10-UKG
	1i	'A lot of very experienced [IMGs] are doing absolutely fine and then we're saying "Write it down! Distil it and pick it! How did you feel?" It can be quite disruptive. You undo what they do naturally.' P13-UKG. '
	1j	'It requires really a lot of emotional honesty and there's a clear vulnerability that you have to acknowledge.' P8-UKG
	1k	'Many trainees are very worried about their learning logs being read -Bawa Garba, GMC etc. …. Maybe it's about picking up those questions in a verbal setting?' P5-UKG '

	1l	'After the Bawa case, there was a lot of reticence… their insights got less after that…'P13-UKG
Artificial & inauthentic	1m	'But in the days of chat GPT it is becoming a lot easier to cheat. I don't know if I would call it cheating. I know doctors who are doing their appraisals on chat GPT. So, we need to adapt,.'P4-UKG
	1n	'You have to think who your audience is when you're doing a piece of reflective writing. Are you writing for yourself? Or your ES? Who else is gonna be reading it?'P3-UKG
	1o	'I don't think it's inclusive, whether you're an IMG or not. I think it's a very artificial way of showing that you're reflective' P2-UKG
	1p	'They can write things in their own personal diary, but most of them censor it when they write it down'. P5-UKG
	1q	'It's not natural for us to say, "I did that really well" In fact it would be a bit odd and maybe even perceived as a bit arrogant.' P10-UKG
2. Cynicism & Disillusion amongst GP educators		
Pragmatism & re-signation	2a	'The regulators have to come up with a standardised assessment. Because if they had a podcast reflection and a written one and all the rest, life would get pretty complicated.' P12-IMG '
	2b	'How would you assess it then? How would you? So, you need to have a validated assessment tool, and this is what we've got. And it doesn't fit everybody. No assessment tool will fit everybody.' P13- UKG
	2c	'You're "robot-reflecting" in your [portfolio] but holistically, you are an excellent GP, and then the ES writes up that final [assessment] and you'll get through.' P12-IMG
Rejection of reflective writing	2e	'I've yet to read any good evidence from educational research that would show that if you can't do good written reflection, you're going to be a bad GP.' P14-IMG
	2f	'What evidence is there that it's made any difference to the quality of care that we provide our patients? I'd be interested to know whether there's any evidence. I think it would be hard to assess.' P10-UKG
	2g	'I really value being able to reflect, but I now personally prefer to reflect privately, verbally and not committed to a public document.' P7-IMG
3.Recognition of Opportunities for growth through reflective writing		
Personal growth	3a	'They can go back to it and compare. "This is how my reflection was at the beginning, how am I reflecting now? How

		have I changed in that process? Is my reflexivity better? Do I understand my values better and my beliefs?" 'P9-IMG
	3b	'I think the value of the written reflection is also just having that time - headspace, hopefully' P5-UKG
Professional development	3c	'I know that for some trainees if it wasn't there, we wouldn't have then developed these really rich conversations that come from them' P6-UKG
	3d	'I had a conversation with a trainee who didn't feel he could speak up to challenge [a senior colleague] around a decision because where he trained you couldn't do that. And that came through reading the log entries.' P9-IMG
	3e	'A trainee asked if they would still have access to their eportfolio [after completing training] because they wanted to see their learning logs if they saw a significant event in the future or something, to go back and look at what they thought before.'P5-UKG
4. A desire for more inclusive assessment		
Preference for alternative options	4a	'You're forced to be confronted by what you're doing, not how you perceive that you might have behaved, but what you actually did. Of course, there are some trainees who are hypercritical of themselves and that's where facilitation is so vital.' P10-UKG
	4b	'Discussing a case is more effective than getting them to go away and write about this. Just us having a very organic conversation.' P4-UKG
	4c	'Maybe we should get much better at verbal reflection and reflexivity, because if somebody else listens and really hears, that is terribly important in the moment.' P7-IMG
	4d	'Sometimes having discussions in groups [..] - they think "I don't know how to reflect", but they do reflect in groups.'P11-IMG
	4e	'It fills me with dismay when they're not doing small group work, even though the trainees say they don't want it [..] Well this is one of the times when teacher knows best, you will want it in the end.' P3-UKG
Adoption of more novel, inclusive tools	4f	'There's a good opportunity for people just to get their thoughts down, [..] driving in the car on the way home after a difficult day, write a voice note that transcribes itself and then edit it into [the eportfolio] after' P2-UKG
	4g	'I'm thinking about different ways that doctors can critically analyse their actions, behaviours, attitudes, values without having to write it. Using the arts, maybe?' P13-UKG

	4h	'I got him to write a response to the complaint and then I said, 'Put that in chat GPT and look at how they're responding to it". So, then he looked at it, and then he used a lot more reflective phrases, which came as less "matter of fact" but more human' P4-IMG
	4i	'An AI bot saying "Did this consultation go this way because of you, and how you come across, what you stand for, your culture, your way of learning, your way of practicing medicine.?" It starts the discussion.' P1-UKG

Table 3: Summary and Recommendations

Summary of findings:

1. UK GP educators felt that reflective writing for assessment was not an inclusive education tool. While acknowledging opportunities for learning and personal growth, educators expressed concerns that reflective writing could be biased, unsafe, disruptive, ineffective, and inauthentic.
2. To develop reflective practice, educators preferred alternative assessment option such as mentoring, group reflection, case-based discussions, consultation observation tools (COTs), and creative methods such as humanities-based exercises or harnessing generative AI to support reflexivity and reduce linguistic barriers.
3. Many educators expressed cynicism about current assessment practices, raising concerns about moral injury and burnout within the educator workforce.

Recommendations for practice:

1. The inclusivity of reflective writing as an assessment tool in GP training should be considered further, particularly for learners who may experience linguistic, cultural, or educational barriers.
2. GP educators should be supported to recognise and mitigate potential bias when assessing reflective writing and workplace-based assessments.
3. Alternative and complementary approaches to developing reflective practice, including verbal reflection, group discussion, consultation-based assessment and emerging digital tools, warrant further evaluation.
4. Future research should explore the perspectives of GP resident doctors, particularly international medical graduates, and assess the effectiveness and inclusivity of different approaches to reflective practice.
5. Ongoing support for GP educators is important to ensure assessment processes remain meaningful, equitable and sustainable.

DISCUSSION

While reflective writing was recognised as having some positive impact, nearly all participants agreed that, as a tool for assessment, it reinforced bias and exclusion, particularly for IMG learners. The central tension between the aspiration to support learners' growth and the practical realities of mandated assessment was evident in participants' accounts; participants frequently described reflective writing as transactional and tokenistic. This aligns with broader critiques in the literature. For example, Ng *et al*., (2015) highlight the limitations of the widespread, utilitarian version of reflective practice characterised by reflective writing, arguing that greater potential lies in framing reflection as a site for critical inquiry, rather than as a narrow pedagogical requirement (Ng *et al.*, 2015). Naidu and Kumaigai robustly challenge the drive to reduce reflection to a scientific competency-based tool with an '*individual, noncollaborative, instrumentalist orientation'* and call for more local, collaborative, reflexive ways to introduce educational strategies in the postcolonial world (Naidu and Kumagai, 2016). de la Croix and Veen coined the phrase 'reflective zombie' and argue there is little development of reflective practice in the mandatory e-portfolio and suggest medical faculties move away from instrumental assessment and embrace the diversity and personal aspects of the reflective process (de la Croix and Veen, 2018). Our research suggests that this approach would also promote inclusion in GP training.

Participants suggested alternative forms of assessment, noting that case-based discussions were more inclusive. Unlike written assessments they have less linguistic disadvantage and are often perceived as more instinctive and grounded in concrete situations. This indicates that developing case-based reasoning may offer more equitable learning opportunities for IMGs than reflective writing. Consultation-based assessments were also favoured for similar reasons. These findings point to the need for further research to examine whether such approaches can mitigate disadvantage while supporting reflective practice.

Group work was strongly endorsed by participants as a way of fostering inclusion. Evidence supports the value of collaborative learning for developing critical thinking. (Kamin *et al.*, 2001; Tiwari *et al.*, 2006) They also suggested drawing on arts and humanities methods could promote inclusion; although this has not been formally studied in postgraduate GP training, medical humanities research found art-making has potential to assist learners exploring their vulnerability and professional identity (Green, 2015; Shapiro *et al.*, 2021).

The emergence of generative Artificial Intelligence (AI) was another area of interest. At the time of the study (2023), participants noted that some doctors were already using AI tools to generate reflective entries. While concerned it rendered reflective writing inauthentic, they also recognised AI's potential to facilitate reflexive dialogue. Subsequent

developments support this perspective. For example, evidence demonstrates how ChatGPT can be used to prompt reflexive discussion (Lewis and Hayhoe, 2024), similar to the 'AI bot' envisaged by one participant, which could be particularly helpful for IMGs drafting reflective entries. In June 2025, the RCGP in the UK formally acknowledged these opportunities, while cautioning that AI should be used as a resource to support the development of core skills and competencies, not as a substitute for them ('Generative Artificial Intelligence in GP Training and Workplace Based Assessment: Guidance for GP registrars and GP Educators', 2025).

The final finding was the general disillusion and cynicism expressed by participants, suggesting that engaging in educational assessments perceived as excluding learners was itself contributing to educator burnout, an especially troubling finding given current pressures in general practice (Wedgwood, 2024). Research examining the barriers experienced by clinical educators has suggested that educators need to be centrally located within both their clinical community, or clinical "community of practice" and the teaching community, to manage these pressures, with sufficient support and recognition from both medical faculties and their clinical colleagues (Barber *et al.*, 2019; Neden, 2023).

Limitations:

This study explored the perspectives of a relatively small sample of GP educators working in South-East England and the findings may not be transferable to other educational contexts. Participation was voluntary, raising the possibility of self-selection bias, as educators with particularly strong views about reflective writing may have been more likely to participate. Participants were drawn from a range of educational roles and backgrounds; however, variation in workplace context may also have influenced their views. Educators working in different settings, including practices serving diverse populations, training practices with differing levels of educational infrastructure, or environments with varying levels of support for trainees, may experience reflective writing differently. Similarly, participants varied in their educational experience, years as supervisors, exposure to international medical graduates, and familiarity with assessing reflective writing, all of which may have shaped their perceptions and interpretations of its value and inclusivity.

Finally, workload pressures and broader organisational challenges within general practice may also have contributed to the themes identified. Some participants described experiences of educational burden, cynicism and disillusionment, and these perspectives may in part reflect wider pressures affecting the GP educator workforce rather than reflective writing alone.

CONCLUSION AND RECOMMENDATIONS

Reflective practice remains a core

component of GPs' professional development. However, this study highlights that reflective writing as a tool for assessment may reinforce bias and exclusion, particularly for international medical graduates. This is particularly concerning given the known difficulties IMGs express regarding reflective writing (Emery, Jackson and Mitchell, 2024) and the ongoing debate about differential attainment in UK general practice training (Woolf, 2020). Participants in our study expressed ambivalence and disillusion regarding their role in assessing reflective writing, raising concerns about the safety and fairness of the process. These findings underscore the need for support to help educators mitigate bias and suggest that inclusive assessment should be a priority in GP training. Both established and novel educational approaches, such as group work, humanities-based methods, and generative AI, may offer more equitable and effective ways to develop reflective practice among learners. The observed cynicism also signals a potential risk of educator burnout, warranting urgent attention from medical faculties.

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