Factors associated with no ethnic attainment gap # Getting the best out of everyone in training.

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www.hee.nhs.uk
Intended outcomes

• Raise awareness of current DA research, evidence around factors associated with absence of an ethnic attainment gap amongst UK trainees.

• Adopt a more positive action based approach to DA

• Provide a framework of potential interventions which are likely to work which would help to narrow the gap and improve outcomes.
Background

- My interest and research into doctors in difficulty
- DDRG study - GMC provided long term progression and outcome data – evidenced DA
- Report on State of Physicianly Training in the UK evidenced variation in outcomes - E&D perspective
- National E&D study looking at CMT quality criteria and its impact on trainee progression and educational outcomes (JRCPTB/MRCP/GMC)
- Member of the HEE NW and GMC E&D Advisory Group.
- Invited to be pilot site for regional roll out of the Differential Attainment outcome data

Scale of the issue

• Different groups of doctors progress through training at different levels
• Exists across all measures of progression

<table>
<thead>
<tr>
<th>UK White Graduates</th>
<th>UK Black and Minority Ethnics</th>
<th>International Medical Graduates</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 75%</td>
<td>• 63%</td>
<td>• 41%</td>
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• It’s existed for decades and not easy to address
• Research suggests variation is not easy to address & due to a variety of social, economic & cultural factors.
• We cannot rule out discrimination and bias

https://www.gmc-uk.org/education/14105.asp
Wessex Combined Specialties
Wessex Combined Specialties

![Bar chart showing results for ARCP, Exam, and NTS OvS categories]

- **ARCP**
  - UK PMQ: 96
  - EEA: 89
  - IMG: 84

- **Exam**
  - UK PMQ: 76
  - EEA: 47
  - IMG: 41

- **NTS OvS**
  - UK PMQ: 81
  - EEA: 82
  - IMG: 82

Legend:
- **UK PMQ**
- **EEA**
- **IMG**
Understanding Differential Attainment

Policies
Exam structures

Wider educational &
sociocultural landscape
(macro)

Recruitment
Induction
Support
Assessment

Institutional culture &
resources (meso)

Learning styles
Culture
Language
Interactions

Individual factors (micro)

Discussion

• What kind of issues do you feel may contribute towards differential attainment outcomes in your specialty/ programme /trust?

• What can we do to narrow the gap and improve outcomes?
  • Individual level
  • Trust level
  • Deanery – School
  • College – policy level
Factors associated with absence of ethnic attainment

- GMC commissioned research to Work Psychology Group – published Nov 2019
- Main aim:
  - Explore factors associated with specialties/training programmes which do not demonstrate statistical variation in attainment of UK-graduated BAME trainees compared to UK graduated White trainees.
- Qualitative interview-based study of 30 trainees and 18 stakeholders from deaneries/LEOs from 28 programmes.

Stages of Sampling

3 years of outcomes analysed to establish where no statistical difference in outcomes across UK-graduated BAME and White exists

75 specialties/specialty groups available to sample from, across 18 LETBs/Deaneries

**Step 1:** Include all programmes for specialties with outcomes available for >10 LETBs/Deaneries & for >200 UK-trained BAME trainees

= 42 specialties/specialty groups available to sample from

**Step 2a:** Include all programmes for specialties where 66%+ show statistical differences in exam outcome between BAME and White UK-graduated

= 17 specialties where at least 1 programme did not show DA

**Step 2b:** Include all programmes for specialties where 66%+ show no statistical difference in exam outcomes between BAME and White UK-graduated

= 13 specialties where at least 1 programme did not show DA

30 specialties/specialty groups available to sample from, across 16 LETBs/Deaneries

Step 3: Selection of 28 individual training programmes across 8 specialties & 9 LETBs/Deaneries, (7 regions / 3 of 4 Nations (England, Scotland, Wales)

28 individual programmes sent questionnaire to obtain trainee interviewees and contacted for stakeholder interviewees

Total individual programmes with no ethnic differential in:

<table>
<thead>
<tr>
<th>Exams</th>
<th>ARCP</th>
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<tbody>
<tr>
<td>287</td>
<td>582</td>
</tr>
<tr>
<td>231</td>
<td>400</td>
</tr>
<tr>
<td>2a: 43</td>
<td>2b: 120</td>
</tr>
<tr>
<td>Total: 163</td>
<td></td>
</tr>
<tr>
<td>Region</td>
<td>Specialty</td>
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<td>----------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td></td>
<td>Clinical radiology</td>
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<tr>
<td></td>
<td>Core Medical</td>
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<tr>
<td></td>
<td>Core Psychiatry</td>
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<tr>
<td></td>
<td>Paediatrics</td>
</tr>
<tr>
<td></td>
<td>Core Surgical</td>
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<tr>
<td>% of specialty programmes with no significant ethnic attainment gap in exam outcomes</td>
<td></td>
</tr>
<tr>
<td>East Midlands</td>
<td></td>
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<tr>
<td>East of England</td>
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<tr>
<td>London</td>
<td></td>
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<tr>
<td>Scotland</td>
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<tr>
<td>Thames Valley</td>
<td></td>
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<tr>
<td>Wales</td>
<td></td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
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Table 1: Programmes with no statistical ethnic attainment gap selected to take part in the research
Main findings

<table>
<thead>
<tr>
<th>Success Factors</th>
<th>Factor Group</th>
<th>Amenable to change</th>
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</thead>
<tbody>
<tr>
<td>1: Valuing diversity</td>
<td>Working &amp; Learning Environment</td>
<td>More external</td>
</tr>
<tr>
<td>2: Learner as individual</td>
<td>Who supports learning</td>
<td></td>
</tr>
<tr>
<td>3: Inspirational seniors</td>
<td>What supports learning</td>
<td>More Internal</td>
</tr>
<tr>
<td>4: Supportive trainer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5: Peer support</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6: Work arrangements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7: Maximising Learning</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8: Career clarity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9: Navigating exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10: Motivation &amp; Drive</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
What helps trainees succeed?

1: Inspirational Seniors / 2: Supportive Trainers / 5: Peers

6: Maximising value of learning / 7: Being treated as an individual / 10: Motivation & Drive

8: Gaining clarity & certainty re: career choices

3: Working arrangements

9: Dealing with the challenging journey to the end of training

How can UG & PG training providers facilitate success?

How can Colleges support success?

Work psychology group - 2019
GMC themes & standards of postgraduate medical education (2016)

Trust/Local/Programme induction: how could that be improved? Enhanced induction?

What needs to be done to ensure an inclusive, supportive educational environment?

One to one support for exams?

Recruitment/selection/Placements based on educational needs?

LTFT options; flexible training; stopping training clock

What qualities are most valuable in educational and clinical supervisors?

What other support would be helpful?
Pastoral support; mentoring; peer networks, counselling,

Social linguistic support;

Introduction to UK practice, NHS structures; advice on finance/housing childcare

ES/CS training – unconscious bias; cultural competence

Action planning - possible interventions

- Learning Environment & Culture
- Educational Governance and Leadership
- Supporting Learners
- Supporting Educators
- Developing and Implementing Curricula and Assessment
Interventions

Learning Environment & Culture

- Promote cultural competence, unconscious bias training through faculty development
- Develop educators who promote fairness and diversity in medical education
- Provide more holistic educational supervision
- Tackling bullying, harassment and discrimination
- Developing culture of giving supportive and direct feedback*
- MDT meetings to discuss difficult clinical and non-clinical situations*

Educational Governance and Leadership

- Involve trainees/patients/public in faculty meetings, interviews, and assessments
- Systems for selection, recruitment need to be fair, transparent - EDI training
- Use HEE quality framework to raise concerns around education and training
- Develop a system to ensure fairness in incident reporting and complaints investigation - blame-free and with a focus on learning*
- Patient as educator sessions including diverse groups of patients*
- Survey 4-6 weeks into post to identify trainees who may need support (thorough mentors)*
### Interventions (2)

#### Supporting Learners
- All learners have appropriate induction (cultural induction); enhanced induction to include teaching and learning styles, self-directed learning; introduction to portfolio and ARCP process*
- Period of shadowing at start of placement – doctors/other healthcare professionals*
- Peer matched mentoring/buddying programme esp for IMGs (one year apart)*
- Systems in place to identify trainees needing support early and effective PSU
- Tailored individualised learning plans, support and effective constructive feedback

#### Supporting Educators
- Fair recruitment/selection of educators; appropriate induction & regular appraisals
- Faculty development to address DA and cultural competence/sensitivity - unconscious bias training*
- Giving effective feedback, role modelling, coaching and mentoring
- Signposting and resources for educators to help them understand challenges, and know how to offer guidance; consider extra supervision time for IMGs*; more holistic educational supervision

#### Developing, Implementing Curricula and Assessment
- All learners have equitable access to curriculum
- Systems of assessments, exams, ARCPs are fair, reliable & valid; analyse outcomes
- Process of appointing assessors fair and equitable with wide representation; adequate training
- Additional support for learners new portfolio, WPBA* Developing global health module*
Strategic approach..

Recruitment/Selection/Placement
- Allocation of placements & supervisors based on educational needs

Enhanced programme of induction
- Educator develop with ES/CS training in conjunction
- Cultural competence/
- Unconscious bias
- Consultation skills focused
- Social linguistic support

Early assessment of risk
- iTap tool - based on first ESR, MSF and recruitment scores

Multiple targeted set of interventions
- Questionnaire based to identify specific issues & then target interventions eg.CSA SOX
Tips for Trainers and LEPs

- Recognising Diversity – avoiding treating all trainees as a homogenous group

- Monitoring data - collect data on ethnicity & analyse against performance

- Earlier identification, intervention and support

- Mentoring and role models

- Taking a more holistic approach to trainee performance – links to wellbeing, mental health, finance, practical advice
Tips for Trainees and Students

- Seek out other students/trainees and learn together
- Ask for help – can facilitate extra resource and support
- Find a mentor for support and guidance
- Give feedback – to trainers and educators

Intended outcomes

• Raise awareness of current DA research, evidence around factors associated with absence of an ethnic attainment gap amongst UK trainees.

• Adopt a more positive action based approach to DA

• Provide a framework of potential interventions which are likely to work which would help to narrow the gap and improve outcomes.
Thank you for listening

Any Questions

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