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

Dr Mumtaz Patel and Fatima El-Bakri
Postgraduate Associate Deans
HEE NW & Wessex

Developing people for health and healthcare
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
- 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

<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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</table>
Wessex Combined Specialties

<table>
<thead>
<tr>
<th></th>
<th>UK PMQ White</th>
<th>UK PMQ BME</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARCP</td>
<td>96</td>
<td>95</td>
</tr>
<tr>
<td>Exam</td>
<td>80</td>
<td>66</td>
</tr>
<tr>
<td>NTS OvS</td>
<td>81</td>
<td>79</td>
</tr>
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<td>96</td>
<td>89</td>
<td>84</td>
</tr>
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<td>Exam</td>
<td>76</td>
<td>47</td>
<td>41</td>
</tr>
<tr>
<td>NTS OvS</td>
<td>81</td>
<td>82</td>
<td>82</td>
</tr>
</tbody>
</table>
Understanding Differential Attainment

- Policies
- Exam structures
- Recruitment
  - Induction
  - Support
  - Assessment
- Learning styles
  - Culture
  - Language
  - Interactions

Wider educational & sociocultural landscape (macro)
Institutional culture & resources (meso)
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

<table>
<thead>
<tr>
<th>Exams</th>
<th>ARCP</th>
</tr>
</thead>
<tbody>
<tr>
<td>287</td>
<td>582</td>
</tr>
</tbody>
</table>

**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

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>2a: 43</td>
<td>2b: 120</td>
</tr>
</tbody>
</table>

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))

Total: 163

28 individual programmes sent questionnaire to obtain trainee interviewees and contacted for stakeholder interviewees.
<table>
<thead>
<tr>
<th>Region</th>
<th>Specialty</th>
<th>Group A</th>
<th>Group B</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Clinical radiology</td>
<td>6.3%</td>
<td>78.6%</td>
</tr>
<tr>
<td></td>
<td>Core Medical</td>
<td>17.6%</td>
<td>92.9%</td>
</tr>
<tr>
<td></td>
<td>Core Psychiatry</td>
<td>25.0%</td>
<td>100.0%</td>
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<tr>
<td></td>
<td>Paediatrics</td>
<td>25.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Core Surgical</td>
<td>31.3%</td>
<td></td>
</tr>
<tr>
<td>% of specialty programmes with no significant ethnic attainment gap in exam outcomes</td>
<td>Clinical oncology</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Emergency medicine</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Urology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>East Midlands</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>East of England</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>London</td>
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<td></td>
<td>✓</td>
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<tr>
<td>Scotland</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Thames Valley</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Wales</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Yorkshire &amp; Humber</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

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>
</tr>
</thead>
<tbody>
<tr>
<td>1: Valuing diversity</td>
<td>Working &amp; Learning Environment</td>
<td></td>
</tr>
<tr>
<td>2: Learner as individual</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3: Inspirational seniors</td>
<td>Who supports learning</td>
<td></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>What supports learning</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

3: Working arrangements

4: Diversity is valued

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

8: Gaining clarity & certainty re: career choices

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

Working & learning environment

Medical School  Foundation  Core/Higher Specialty

Who supports learning

What supports learning

Time-bound activities that support learning

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;

ES/CS training – unconscious bias; cultural competence

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

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 learner 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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