


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



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# 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

1. Patel M et al (2016). Value of supervised learning events in predicting doctors in difficulty. *Med Education*, 50: 746-756.

2. Patel M, Agius S (2017). Cross cultural assessment of competence. *Medical Education* 2017, 51: 342-350.

3. <https://www.jrcptb.org.uk/state-physicianly-training-uk-2017>

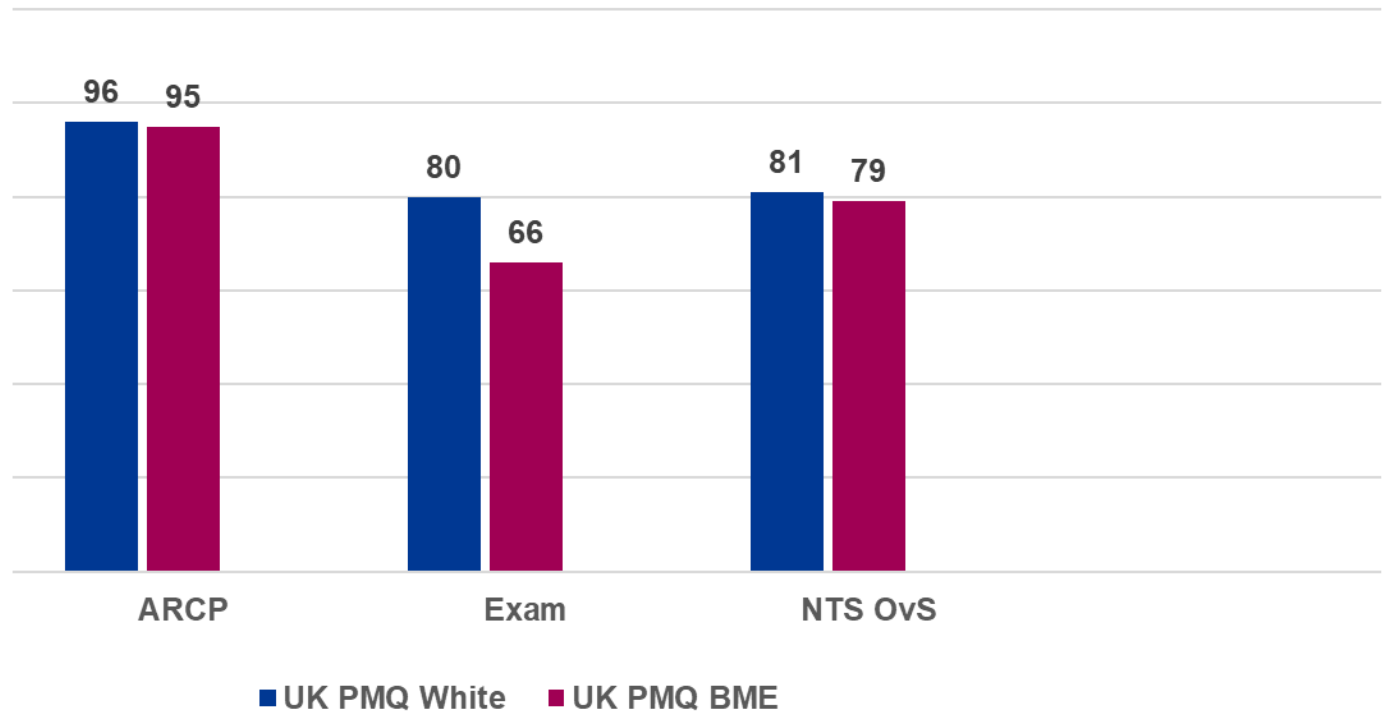
# Scale of the issue

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

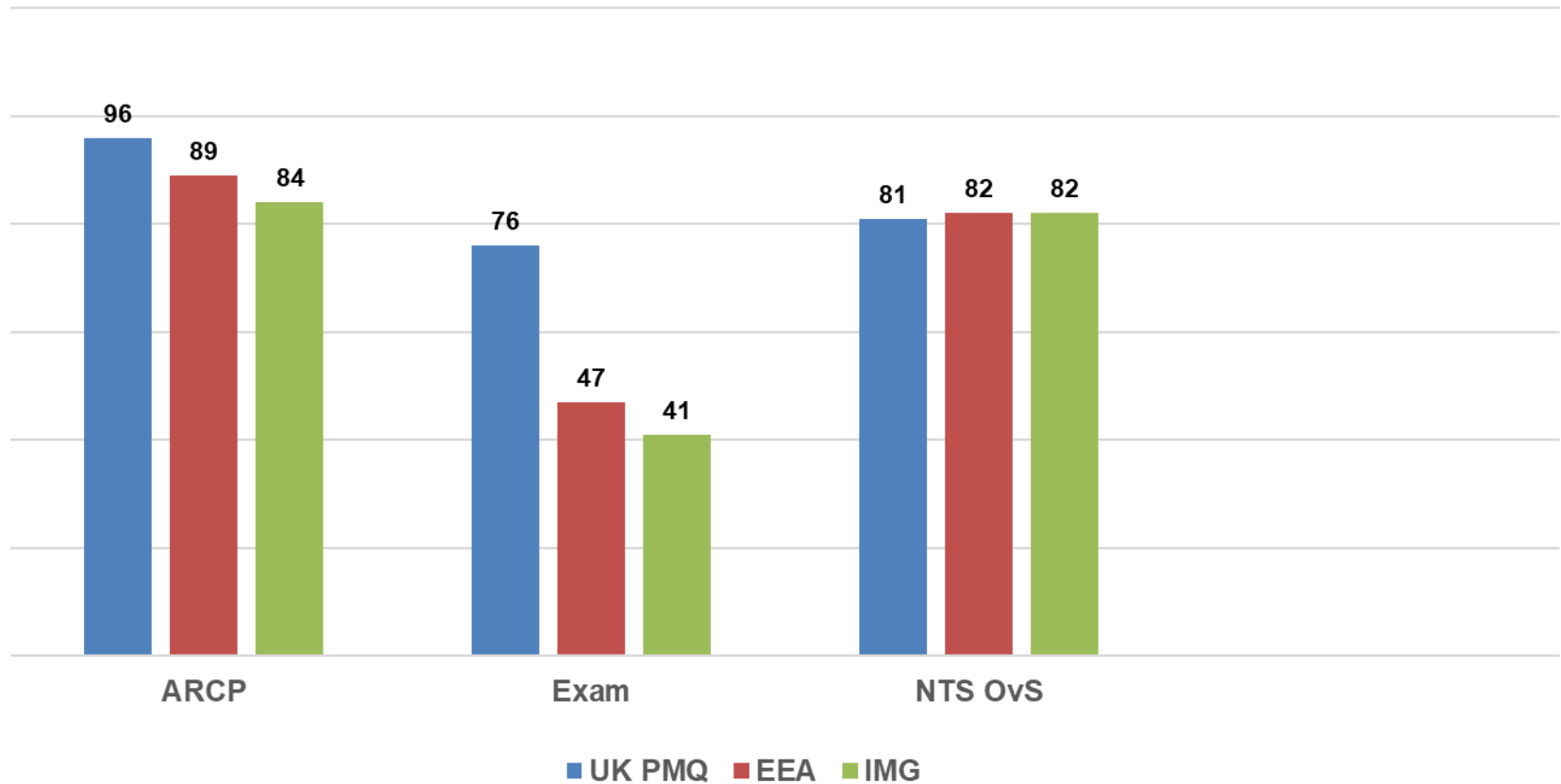


- Its existed for decades and not easy to address
- Research suggests variation is not easy to address & due to a variety of social, economic & cultural factors.
- We cannot rule out discrimination and bias

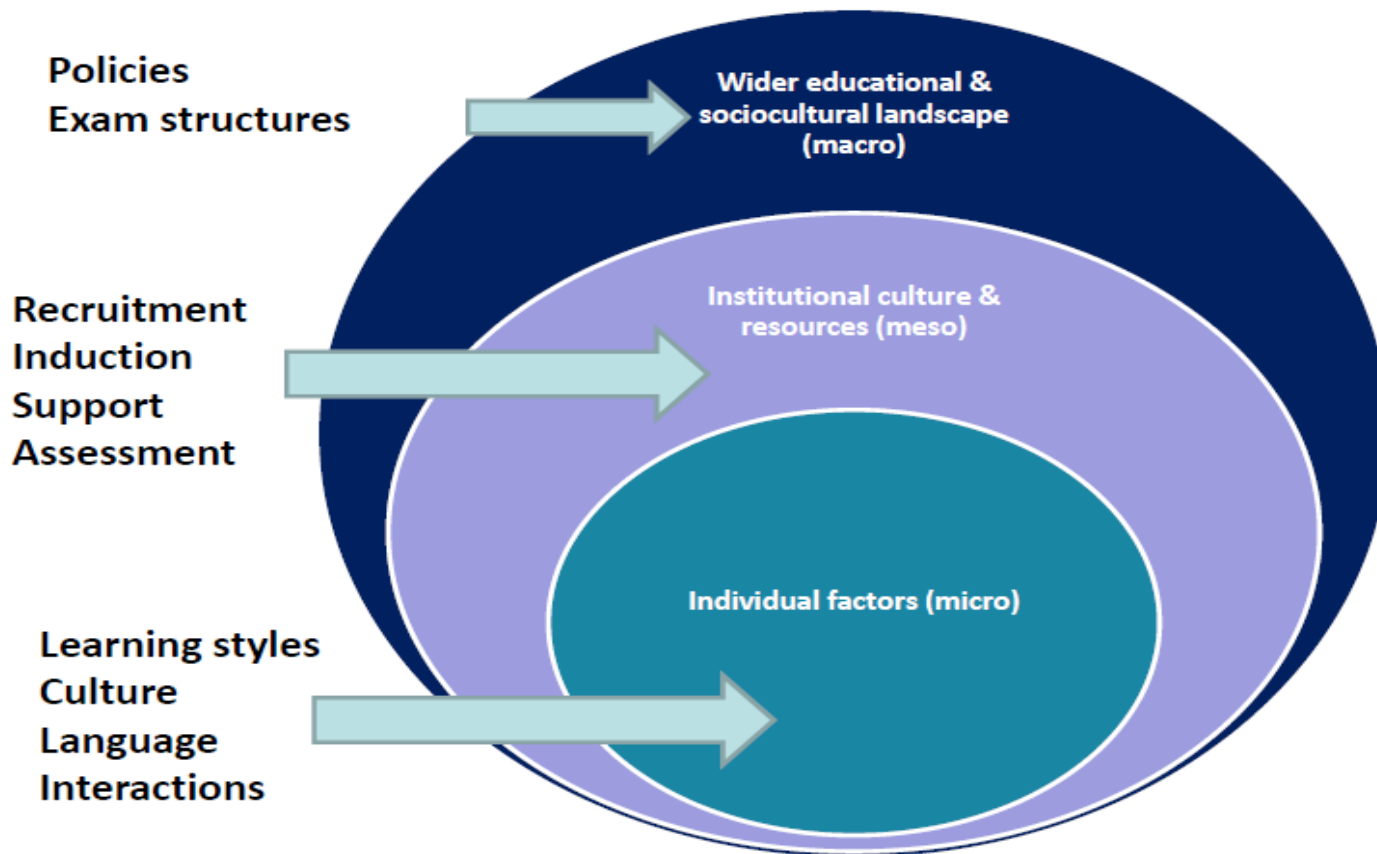
# Wessex Combined Specialties



# Wessex Combined Specialties



## Understanding Differential Attainment



# 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:

Exams

ARCP

287

582

231

400

2a: 43

2b: 120

Total: 163

28

Specialty Region	Group A					Group B		
	Clinical radiology	Core Medical	Core Psychiatry	Paediatrics	Core Surgical	Clinical oncology	Emergency medicine	Urology
% of specialty programmes with no significant ethnic attainment gap in exam outcomes	6.3%	17.6%	25.0%	25.0%	31.3%	78.6%	92.9%	100.0%
East Midlands		✓			✓	✓	✓	✓
East of England	✓		✓		✓	✓	✓	✓
London						✓	✓	✓
Scotland				✓	✓	✓	✓	✓
Thames Valley		✓				✓	✓	
Wales			✓	✓	✓	✓		
Yorkshire & Humber							✓	✓

**Table 1: Programmes with no statistical ethnic attainment gap selected to take part in the research**

# Main findings

Success Factors	Factor Group	Amenable to change
1: Valuing diversity	Working & Learning Environment	
2: Learner as individual		
3: Inspirational seniors	Who supports learning	
4: Supportive trainer		
5: Peer support		
6: Work arrangements	What supports learning	
7: Maximising Learning		
8: Career clarity		
9: Navigating exams		
10: Motivation & Drive		

# What helps trainees succeed?

Working & learning environment

4: Diversity is valued

Learning pathway

Medical School

Foundation

Core/Higher Specialty

Who supports learning

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

What supports learning

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

Time-bound activities that support learning

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?

# 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?

THEME 1  
Learning environment and culture

01

THEME 2  
Educational governance and leadership

02

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

THEME 5  
Developing and implementing curricula and assessments

05

THEME 3  
Supporting learners

03

THEME 4  
Supporting educators

04

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

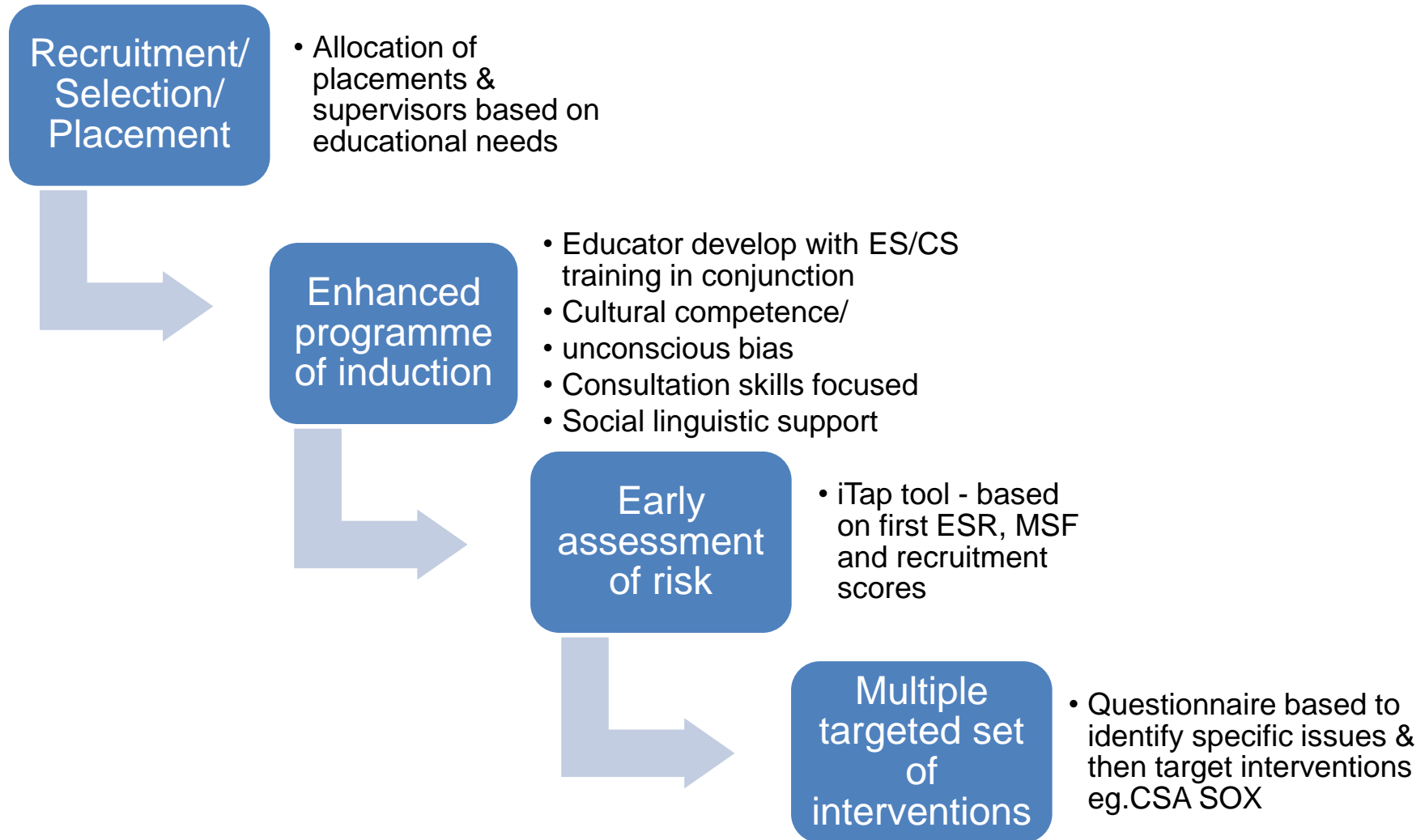
## Supporting Educators

- 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 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..



# 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

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**Thank you for listening**

**Any Questions**

**???**

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