General Medical Council

Differential attainment in postgraduate medical education and training

Kirsty White, Assistant Director, Education & Standards

Working with doctors Working for patients

Overview

1. What is it?
2. What does it look like?
3. What do we know about causal factors?
4. So what can we do about it? (discussion)
5. What are we doing next?

Discussion questions

- 1. What are the key challenges that you face in supporting trainees to progress in EOE?
- 2. What forms of support are working well in the EOE?
- 3. What tools could the GMC provide you with to help you tackle DA in your patch?

Thinking about differential attainment

Our goal: Fair training pathways

- That any hurdles in the way of a doctor's progression (tests, assessments, selection criteria) are valid, fair and are justifiable in terms of necessary knowledge, skills, experience and expected standards of conduct
- That individuals wishing to enter and progress within the profession have opportunities to achieve their potential
- That evidence of actual or potential bias or unfair treatment is addressed

Public sector equality duty- 3 aspects

Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.

Advance equality of opportunity between people who share a protected characteristic and those who do not.

Foster good relations between people who share a protected characteristic and those who do not.

General Medical Council

What does it look like?

Working with doctors Working for patients

A framework that promotes fairness

Promoting excellence:

standards for medical education and training

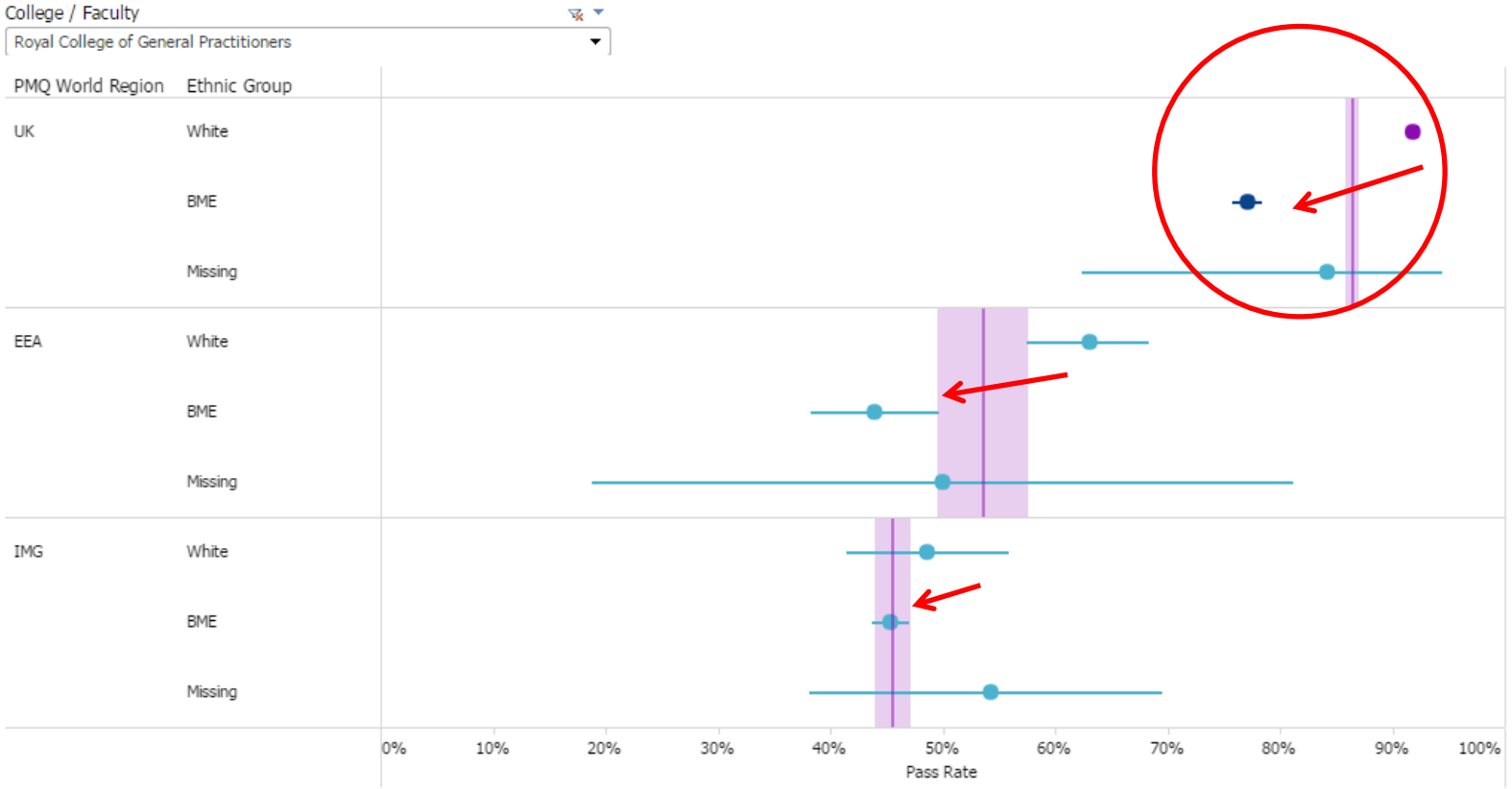
Standards for curricula and assessment systems

Working with doctors Working for patients

General Medical Council

Differences by qualification and ethnicity

Pass rates by primary medical qualification and ethnic group for 2013/14 and 2014/15 (Includes candidates sitting exams whilst in foundation programmes and candidates not in a training programme)



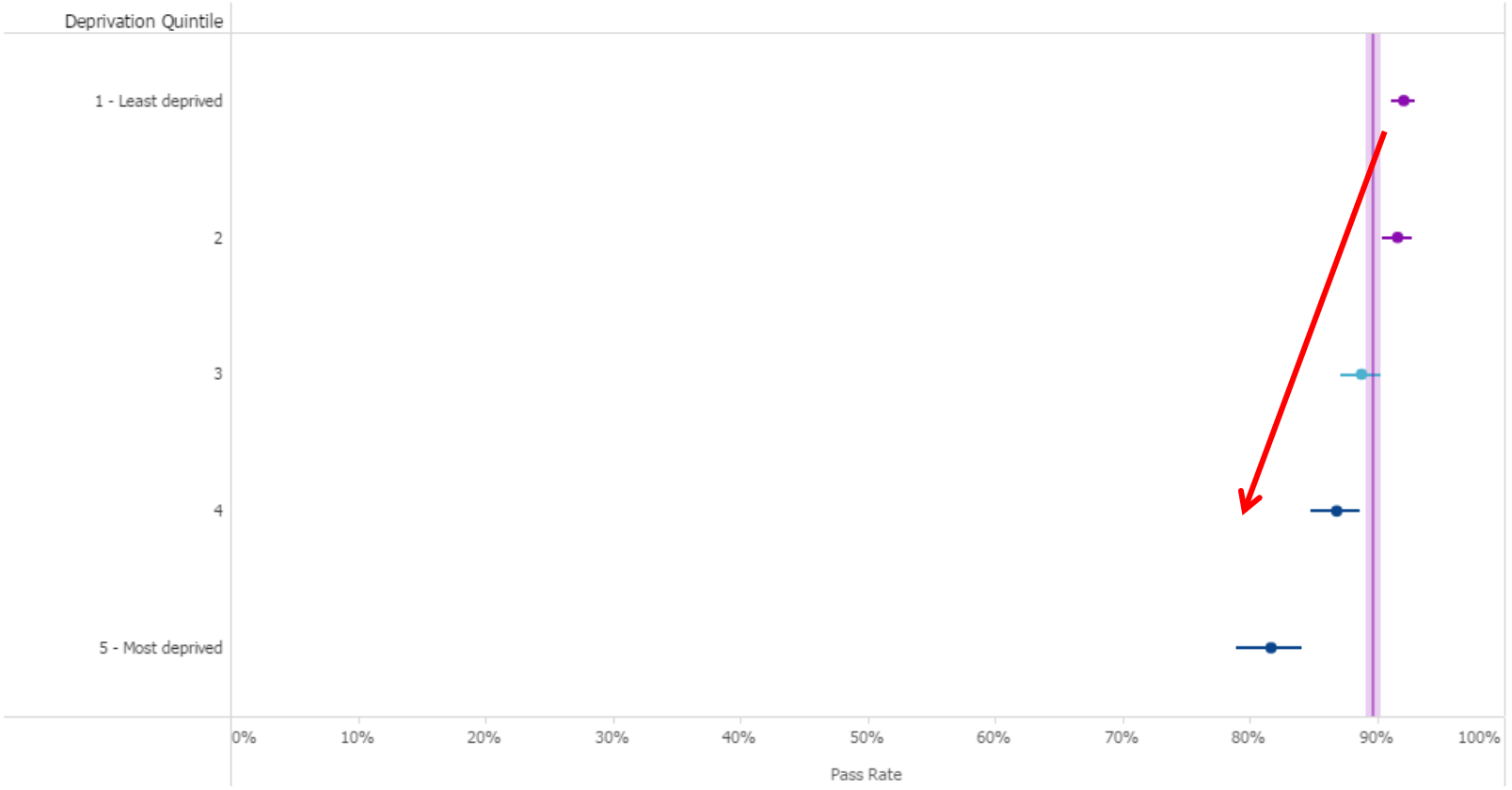
General Medical Council

Differences by socio-economic status

Pass rates for UK graduates by deprivation quintile for 2013/14 and 2014/15 (Includes candidates sitting exams whilst in foundation programmes and candidates not in a training programme)

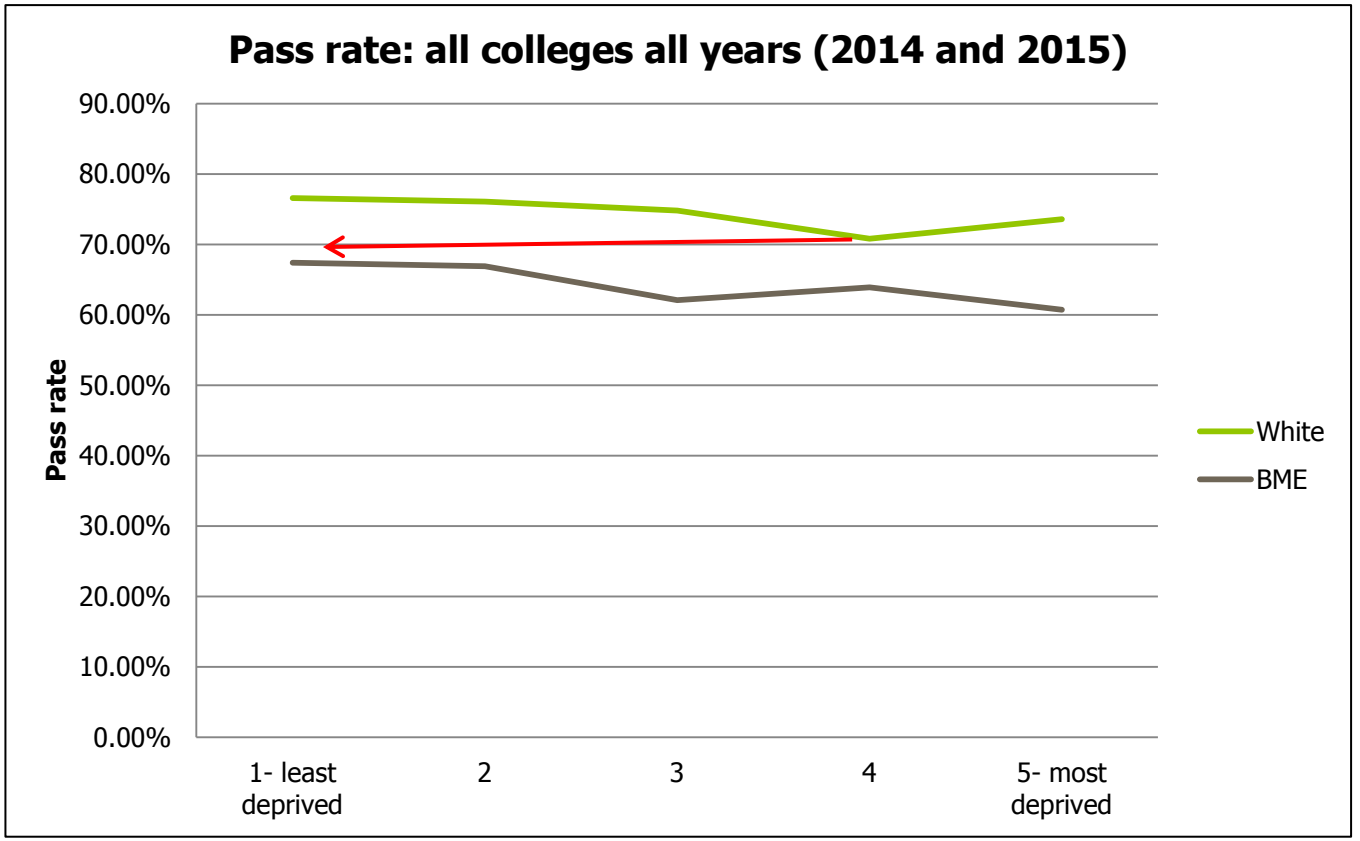
College

Royal College of General Practitioners



General Medical Council

Socio-economic status does not explain BME performance

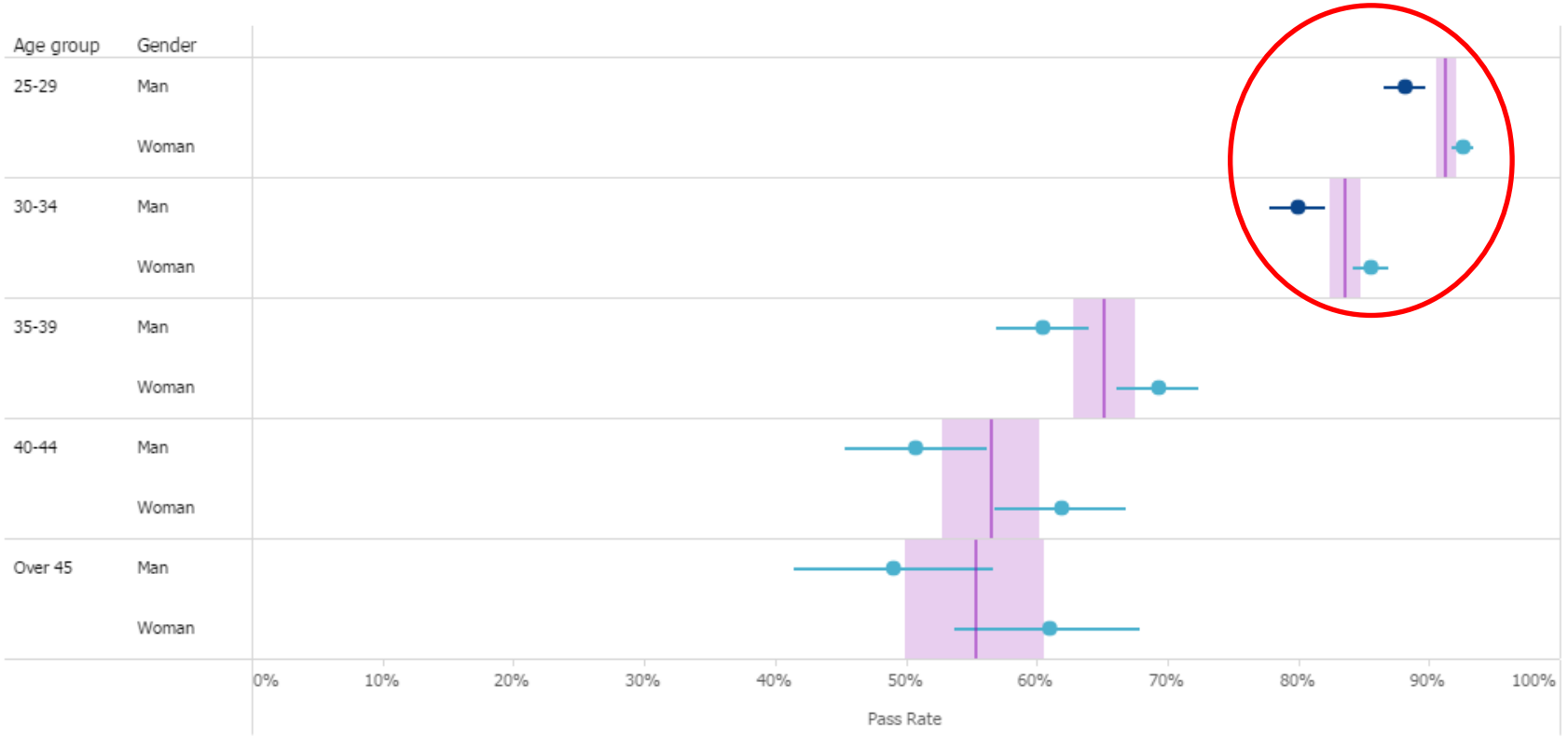


General Medical Council

And some by gender and age

Pass rates by gender and age group for 2013/14 and 2014/15 (Includes candidates sitting exams whilst in foundation programmes and candidates not in a training programme)

College: Royal College of General Practitioners



General Medical Council

General Medical Council

What do we know about causes?

Working with doctors Working for patients

What do we know about the causes?

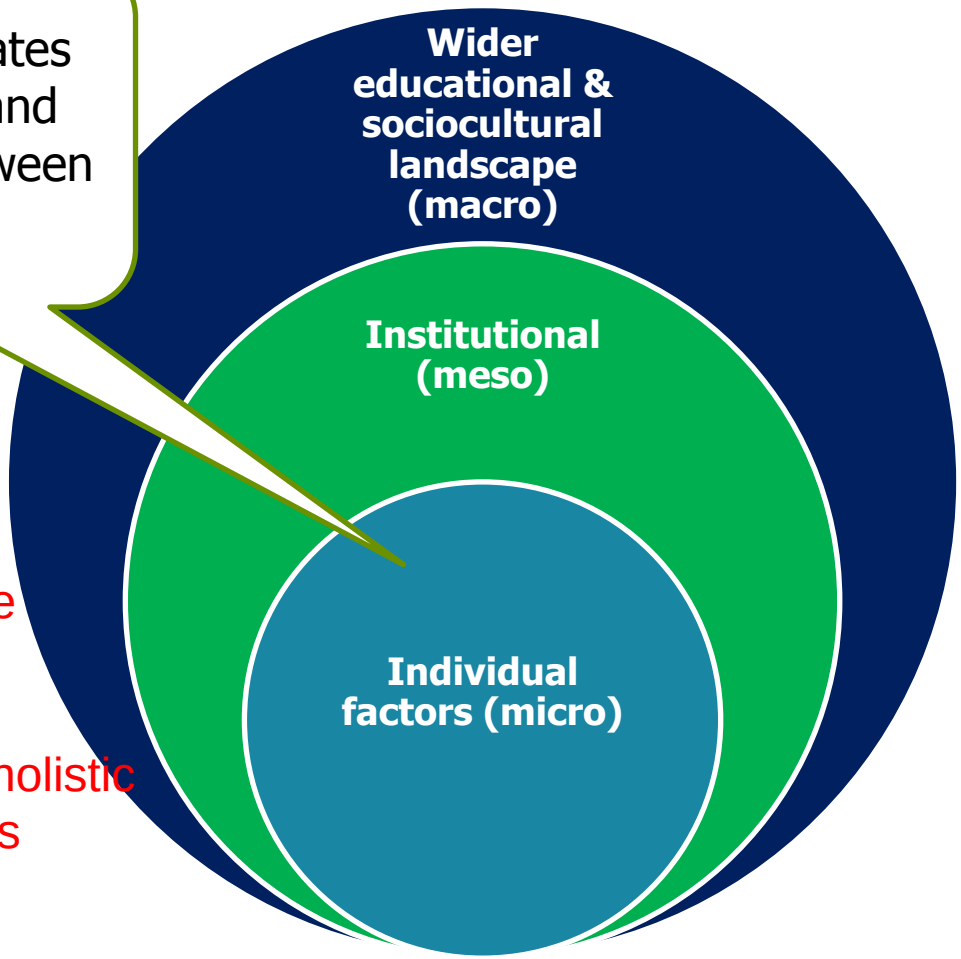
- ~~BME students less well qualified/able?~~
- ~~Language issues?~~
- ~~Examiner bias?~~

- Woolf et al., Brit J Ed Psych 2012
- McManus et al BMC Med Ed 2013
- Denney et al Brit J Gen Prac 2013

Relationships and belonging matter

Environmental, support and individual factors matter

Causality operates at each level and also across/between levels



Training environments and support structures can be barriers or protective processes

An individualised learning plan and a holistic discussion can help identify challenges

S. Regan de Bere et al (2015)

Insights from qualitative research

Fair Training Pathways for All:

Understanding Experiences of Progression

Final Report

Prepared for the General Medical Council 17th March 2016, and revised 28th April 2016

Dr Katherine Woolf

Dr Antonia Rich

Dr Rowena Viney

Ms Marcia Rigby

Dr Sarah Needleman

Dr Ann Griffin

With invaluable support from Dr Catherine O'Keefe, Ms Lynne Rustecki, Dr Natasha Malik, Dr Martina Behrens, Dr Trevor Welland, Dr Krishna Kasaraneni, Ms Lisa Andrews, Dr Alison Sturrock, the administrative teams at the following Health Education England Local Education and Training Boards: Kent Sussex and Surrey, North Central and East London, North West London, South London, and Yorkshire and Humber; the Welsh Deanery; and the following Foundation Schools: North Yorkshire and East Coast, South Yorkshire, West Yorkshire, South Thames, North Central Thames, North East Thames, North West Thames.

UCLMedical School

ACME

Academic Centre for Medical Education

Training is tougher for some groups

- Postgraduate medical training can be tough for many trainees.
- But BME UK Graduates and International Medical Graduates face additional barriers to their progression compared to white UKGs.

→ The hill is steep and BME UKGs and IMGs are given extra bags to carry.

Key findings from qualitative research

UK BME and IMG trainees face increased risks to progression compared to white peers

1. Relationships with seniors crucial to learning but these were more problematic for BME UKGs & IMGs.
2. Perceived bias in recruitment & assessments.
3. Lack of autonomy about geographical location of work, separation from personal support networks & poor work-life balance compounds risks.

General Medical Council

What can we do about it?

Working with doctors Working for patients

What can be done to tackle differential attainment?

4 main findings

What can be done to tackle differential attainment?

1. Building positive trainee-trainer relationships.

Building positive trainee-trainer relationships

- Time for trainers and trainees to get to know one another can increase trust, understanding, and confidence, especially if cultural differences impede relationships forming quickly.

- Remind trainers how important they are to trainees' leaning.

What can be done to tackle differential attainment?

1. Building positive trainee-trainer relationships.
2. Building trainee skills & confidence to deal with perceived bias.

Building trainee skills and confidence to combat perceived bias

Trainers can help build skills & confidence by:

- Empathising with difficulties.
- Showing belief in trainees.
- Providing access to learning experiences, including exam or interview practice.

What can be done to tackle differential attainment?

1. Building positive trainee-trainer relationships.
2. Building trainee skills & confidence to deal with perceived bias.
3. Facilitating peer support.

Facilitating peer support

- Peers can help combat fears of bias, especially when peer groups are mixed.
- Peer relationships, and relationships between trainees and trainers can be facilitated by organisations e.g. by organising events.

What can be done to tackle differential attainment?

1. Building positive trainee-trainer relationships.
2. Building trainee skills & confidence to deal with perceived bias.
3. Facilitating mixed support.
4. Improving trainee wellbeing by enabling trainees to gain support outside work & de-stigmatising support in work.

Improving trainee wellbeing

- Allowing trainees to access support from outside work to cope with work stressors but also to deal with home stressors.
- Increase opportunities for trainees to work less than full time.
- Consider how to de-stigmatise support in work.

What can be done to tackle differential attainment?

1. Building positive trainee-trainer relationships.
2. Building trainee skills & confidence to deal with perceived bias.
3. Facilitating mixed support.
4. Improving trainee wellbeing by enabling trainees to gain support outside work & de-stigmatising support in work.

Discussion questions

- 1. What are the key challenges that you face in supporting trainees to progress in EOE?
- 2. What forms of support are working well in the EOE?
- 3. What tools could the GMC provide you with to help you tackle DA in your patch?

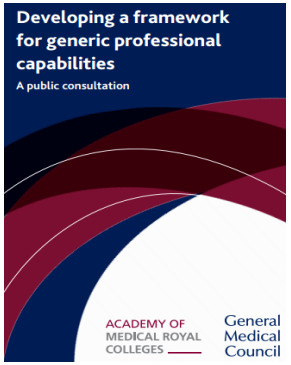
General Medical Council

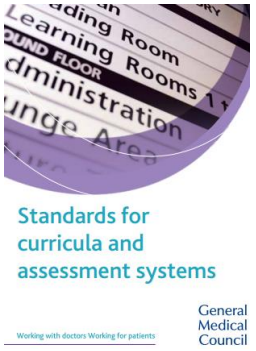
So what next from the GMC?

Working with doctors Working for patients

Three themes to our work

A framework that promotes fairness





Working out what works & sharing practice

Developing tools to measure the impact

What we are doing next?

- Continuing to collect and share examples of good practice on our webpages
- Ongoing development of progression data
- Focus on improving data sets and making more accessible/useful to help local level action planning
- Second phase of qualitative research with colleges and employers
- Supplementary E&D guidance to support the new standards

Sharing positive examples of ways to support doctors through training ▼

Case studies

As we continue our investigations, we're collecting examples of good practice in supporting doctors in training that have been identified locally and may be shared more widely. You can find each case study listed below:

Case study	Stage
Indicators that may be used for predicting doctors in difficulty	Higher
Additional support for doctors in training who are identified as at higher risk of failing exams	Higher
Support for doctors in training who have communication challenges due to language or cultural influences	Foundation, Core, Higher
A programme to raise educators awareness of clinical communication issues	Higher
A tool to codify underperformance issues	Foundation, Core, Higher
Support groups for students at higher risk of failing	Foundation, Core, Higher

General Medical Council

Kirsty.white@gmc-uk.org
Emily.Phillips@gmc-uk.org

020 7189 5308

Working with doctors Working for patients