General Medical Council

# Equality, Diversity and Inclusion – what is the GMC doing about it?

Victoria Goodwin - GMC Regional Liaison Adviser, East Midlands

Rachel Ball - GMC Regional Liaison Adviser, Yorkshire and Humber

# GMC Regional Liaison Advisers

- Regional and national
- Improve understanding
- Teaching and engagement workshops
- In person and online
- Gather and share insight

# What I will cover

1. The problem: disproportionate referral of BME and IMG doctors, and differential attainment
2. *Fair to Refer?* and *Fair Training Pathways For All* : Why? What can we all do?
3. What we are doing
4. Discussion

# The role of the GMC

# Where we are now

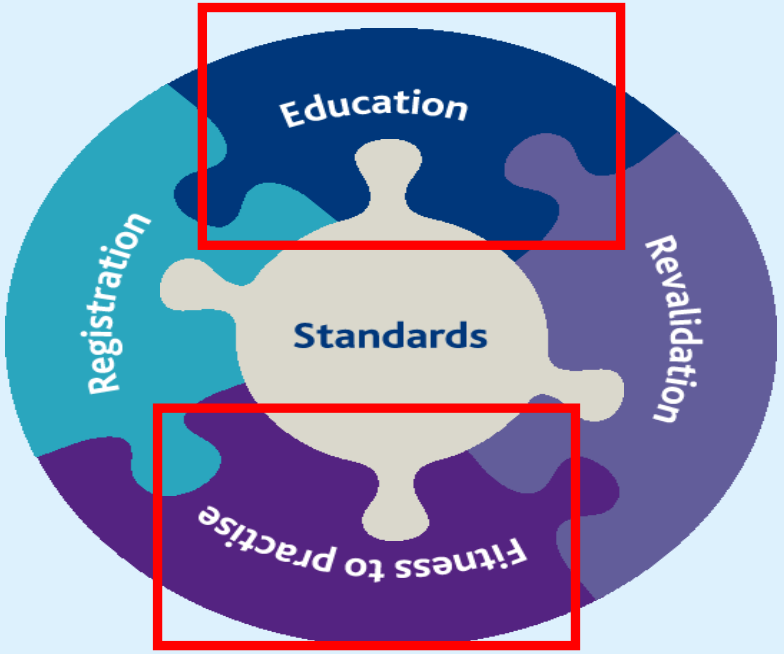

"Workloads and burnout levels are very worrying, and the pressures on our health services will remain challenging for the foreseeable future. The pandemic has had the effect of pressing ‘fast-forward’ on what was already a precarious situation."

Charlie Massey
Chief Executive

# What have the GMC been doing?

- Fitness to Practice
- Education

*[Focus on ethnicity]*



# What is the problem?

## 1. Fitness to practice – disproportionality in referrals

Some groups of doctors are referred to the GMC for fitness to practise concerns more, or less, than others by their employers or contractors

## 2. Education – differential attainment

Unexplained variation in the attainment of groups who share protected characteristics when compared with groups without a protected characteristic*

**Age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage or civil partnership, pregnancy or maternity*

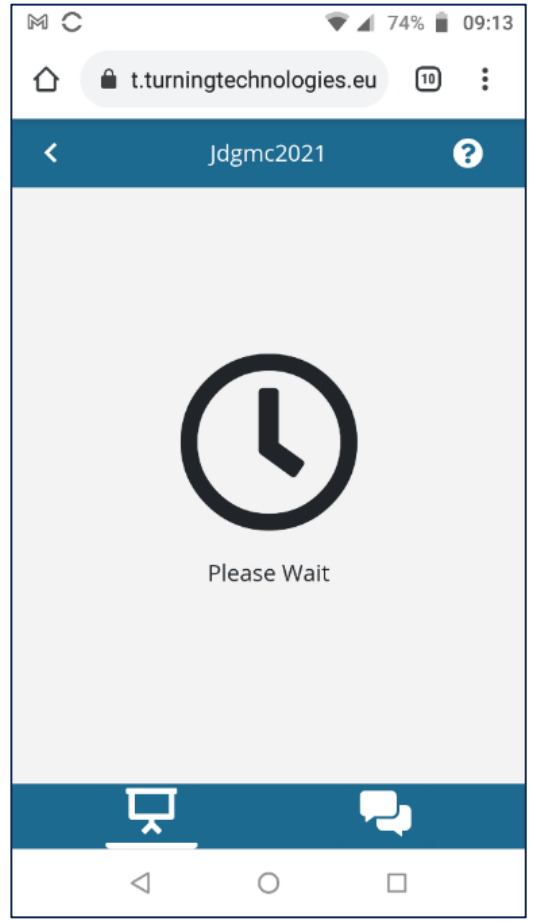
# Our targets as a regulator

***Eliminate disproportionality in fitness to practise referrals from designated bodies (DBs) based on ethnicity and place of primary medical qualification (PMQ) by 2026.***

***Eliminate discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training by 2031***

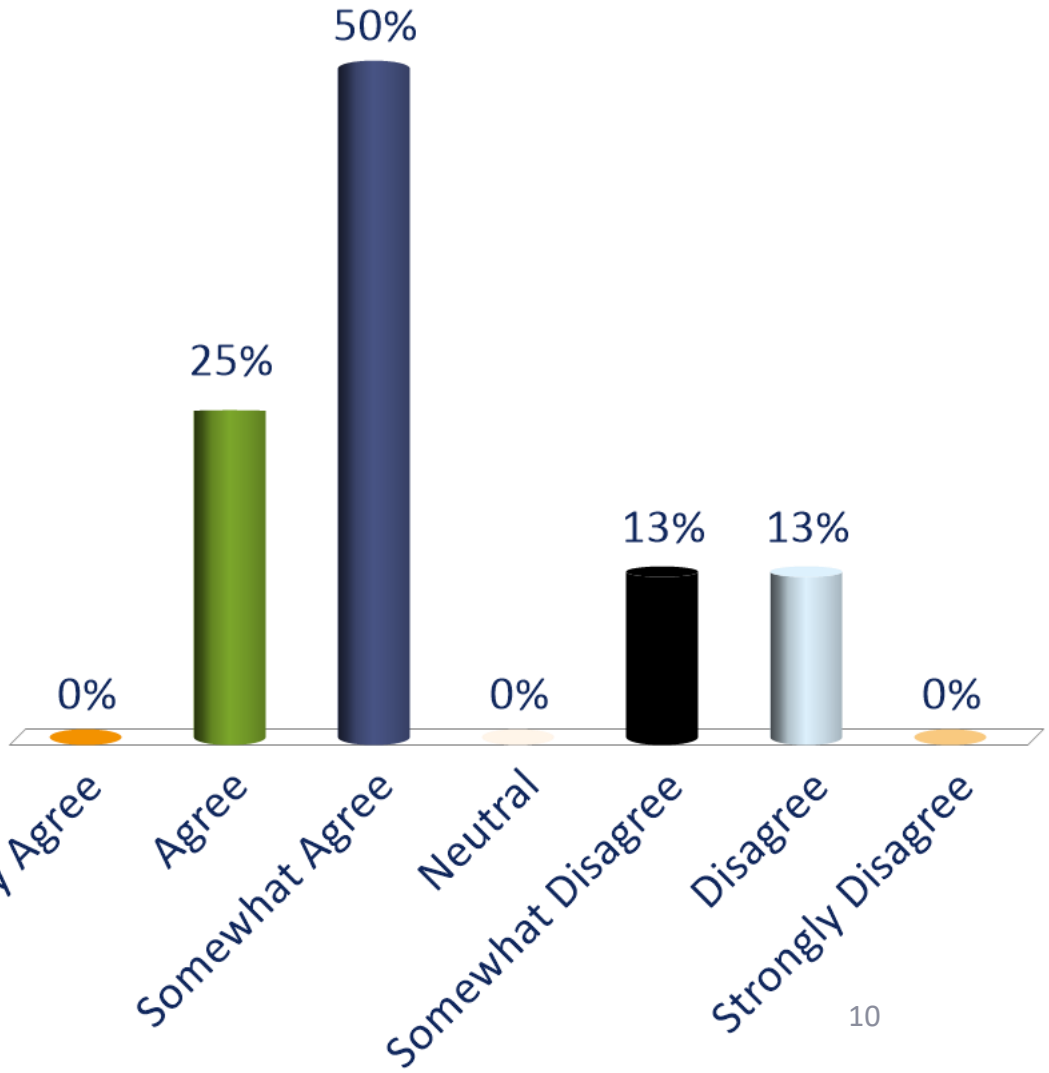
# Anonymous polling

- On another device or a new page on your browser go to: www.ttpoll.eu (Enter this into the address bar NOT a Google search)
- And enter the session ID: **vgoodwin1**
- You don't need to enter personal information, just click SUBMIT
- If it says "Please Wait" you are in the right place.



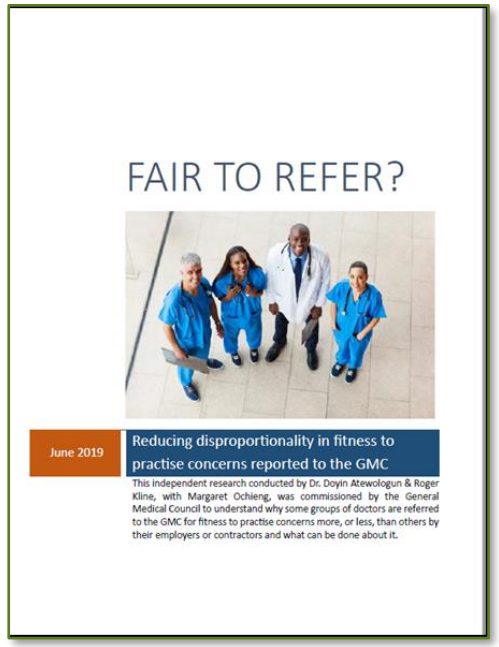
# I am optimistic that disproportionate referral and differential attainment will be addressed

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree




www.ttpoll.eu session ID: vgoodwin1

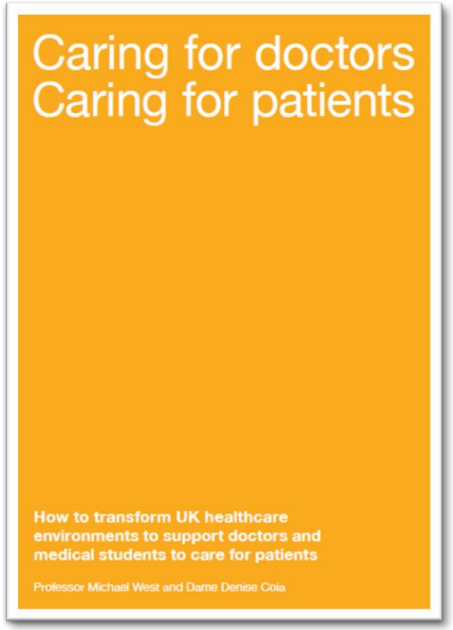
# What have the GMC been doing?

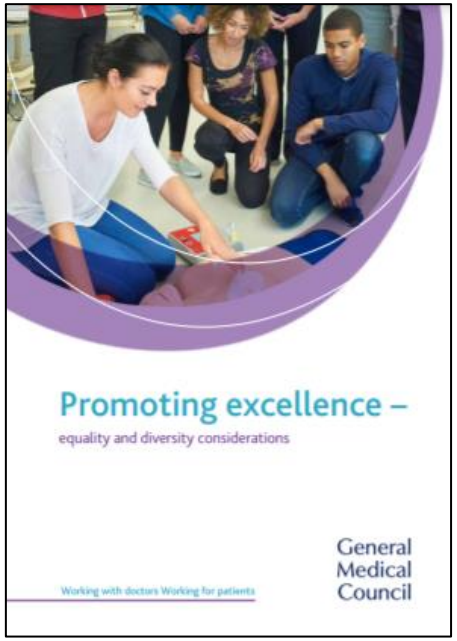



**How doctors in senior leadership roles establish & maintain a positive patient-centred culture**

Research Report for the General Medical Council

*Dr Suzanne Shale*



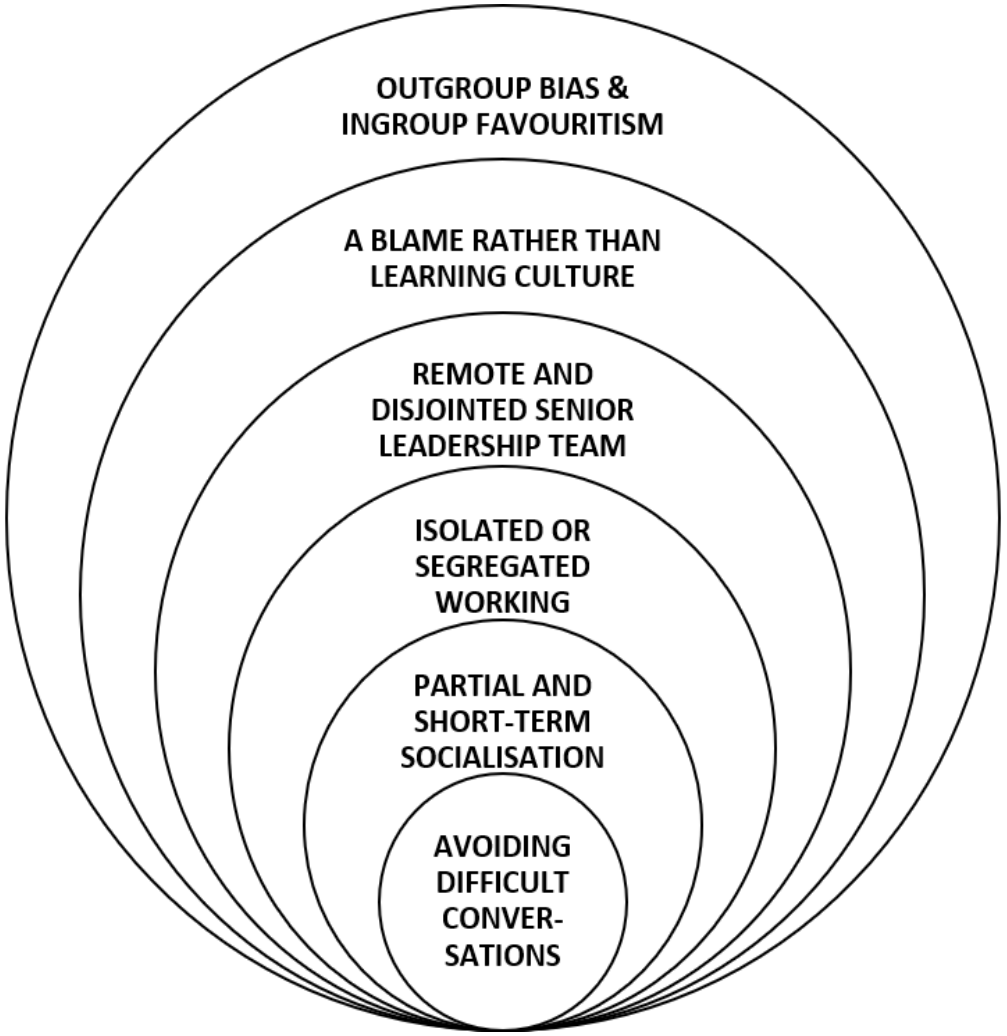
General Medical Council

# Fair to refer?

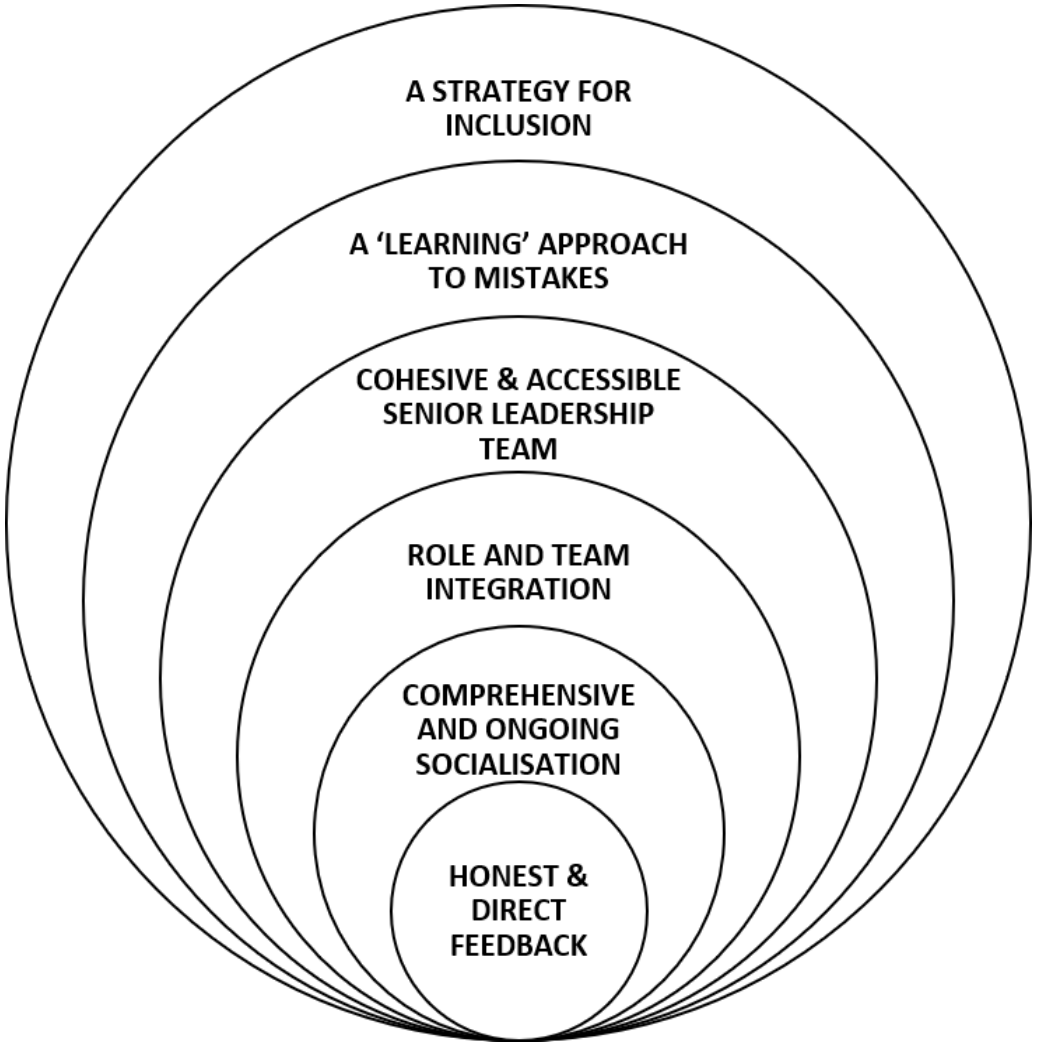
# Disproportionality in fitness to practice referrals

- Disproportionate proportion of BME and IMGs in disciplinary action and employer referrals to us:
  - BME doctors twice as likely to be referred by employers
  - Doctors qualifying outside of the UK three times more likely to be referred

# Why?: Risk factors

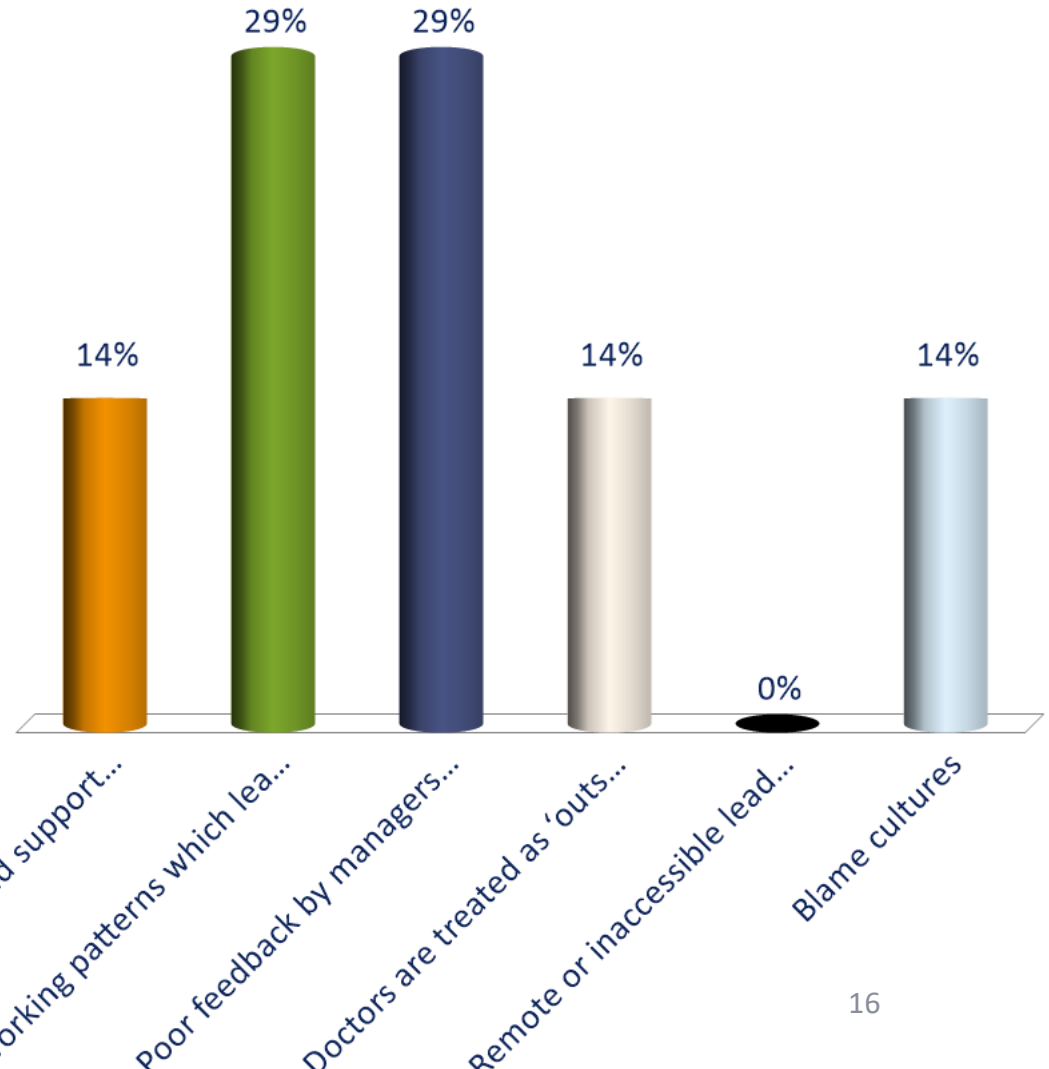


# Protective / neutralising factors



# Which of these factors have you come across?

A. Poor induction and support (includes expectations not explained)
B. Working patterns which leave doctors isolated
C. Poor feedback by managers, (including avoiding difficult conversations )
D. Doctors are treated as ‘outsiders’
E. Remote or inaccessible leadership teams
F. Blame cultures



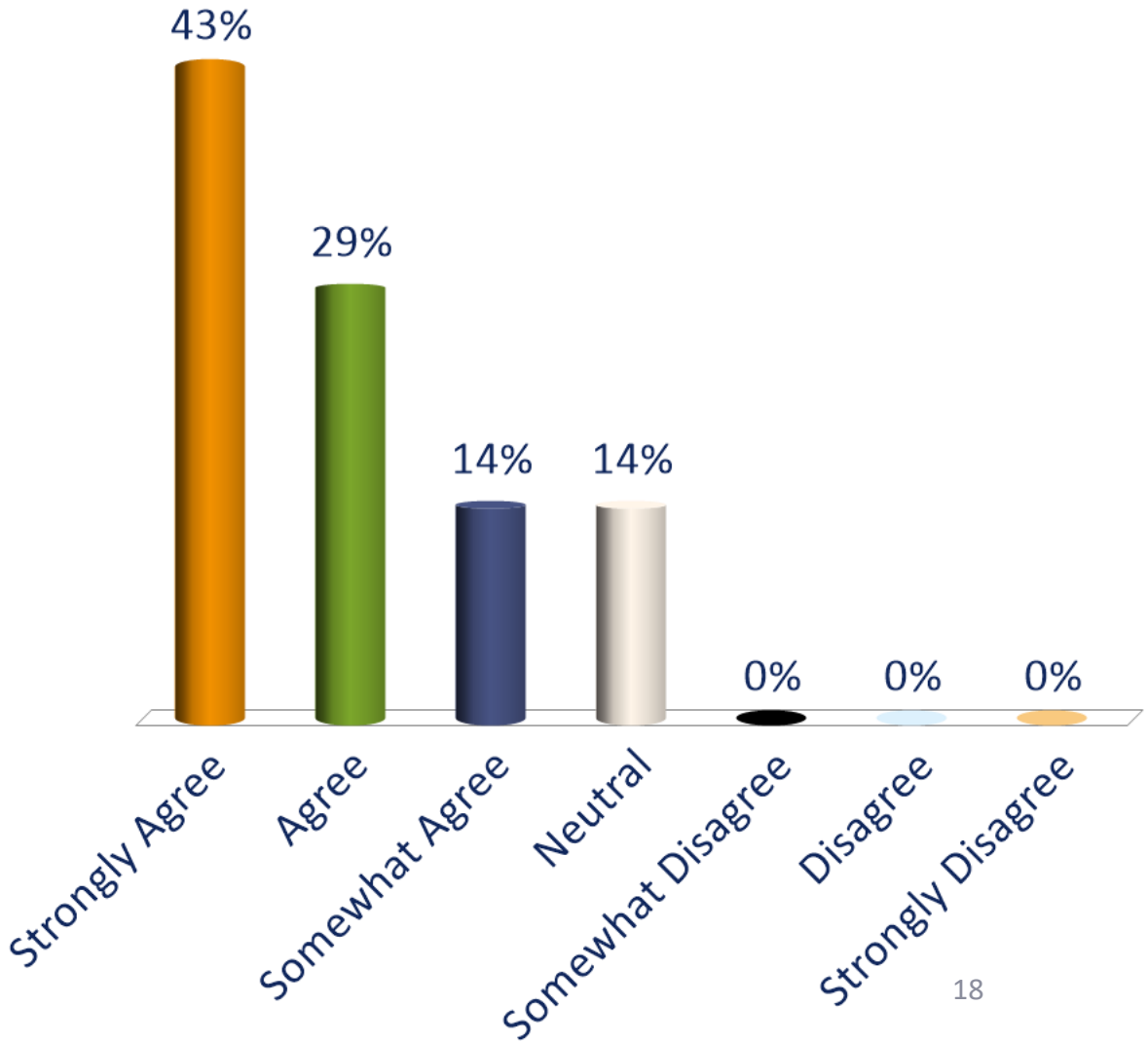

www.ttpoll.eu session ID: vgoodwin1

# Recommendations – what can we all do?

1. Effective induction and ongoing support
2. Frequent informal feedback for all doctors
3. Address systemic issues that may affect performance
4. Leaders be inclusive and intervene early
5. Local responses focus on learning and accountability, not blame
6. Share good practice in reducing disproportionality
7. Local ED&I monitoring
8. Delivery and monitoring mechanisms

# The recommendations in *Fair to Refer? A*re they the right ones?

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree



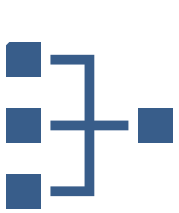

www.ttpoll.eu session ID: vgoodwin1

# What is the GMC doing – high level

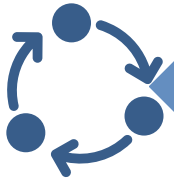
1. Strategic ED&I Forum
2. Continued regular audit of FtP
3. Changed RO referral form
4. Human factors training
5. Induction and support

# RO referral form

*Fair to Refer?* recommended changes to the RO referral process. After a successful pilot, we've introduced the following Qs:



*Were there any environmental pressures or systemic issues which might relate to the concern being raised?*



*If the doctor qualified overseas, have they completed their first revalidation cycle?*

*An impartial check should be completed before making a referral to the GMC, to ensure the decision to refer is fair and inclusive. Please confirm whether this referral has been subject to an impartial check.*

# What is the GMC doing – working with organisations

1. Assessments of environmental / systems issues
2. Action taken to improve these
3. Checks to ensure referral appropriate
4. Induction/support available?

# Feedback on RO referrals

**Updated processes:** Case Examiners provide feedback on employer referrals that have not been referred to Tribunal at the end of our investigation.

**Aims:**

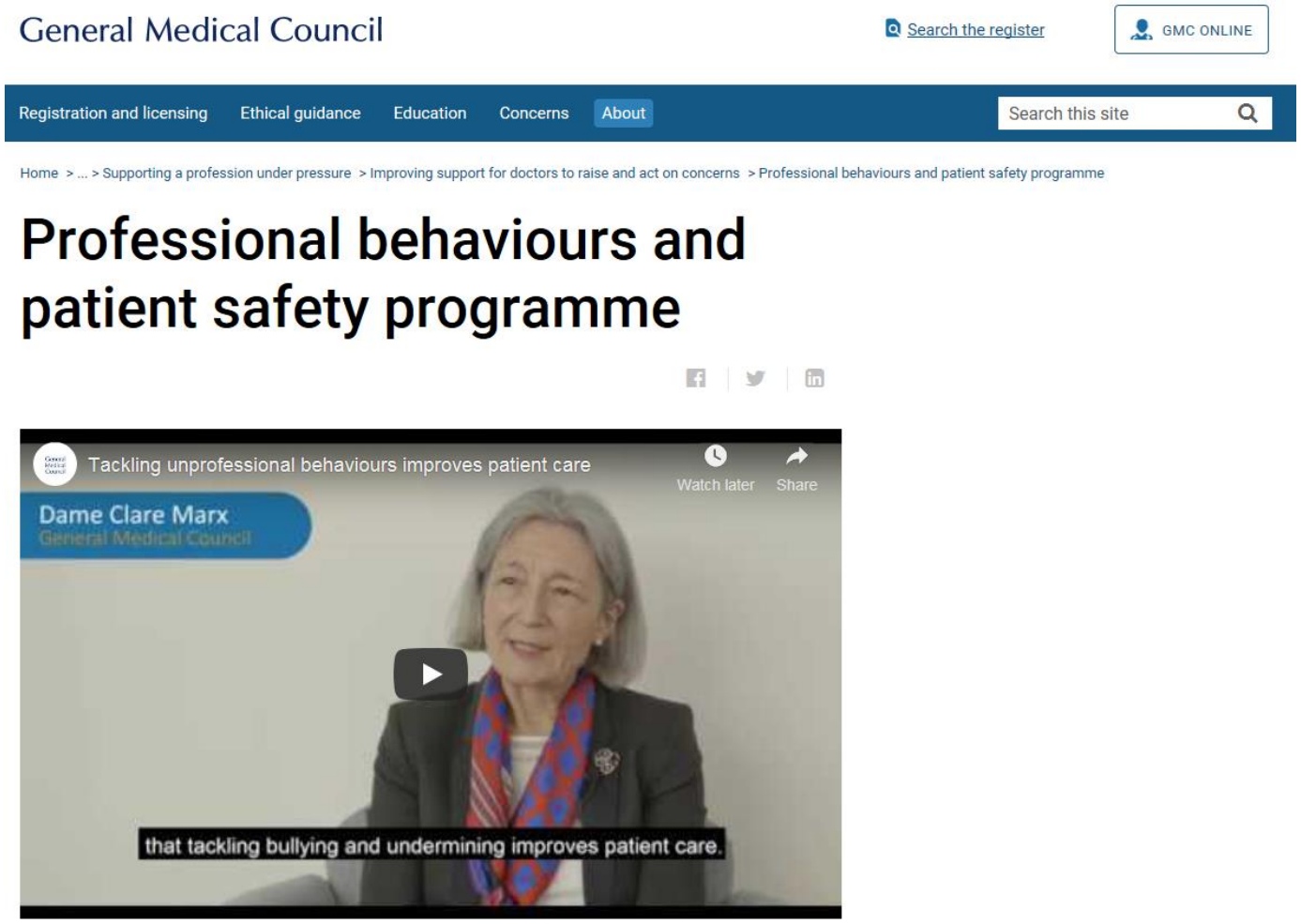
- ensure the appropriateness of future referrals (or avoid the need for referral at all)
- to aid the development of safe and effective local governance processes.

# What is the GMC doing – working with doctors

1. Fair to Refer?
2. Welcome to UK Practice
3. Raising concerns / PBPS
4. Leadership & Management
5. Team Based Reflective Practice

# Supporting induction


# Professional behaviours and patient safety

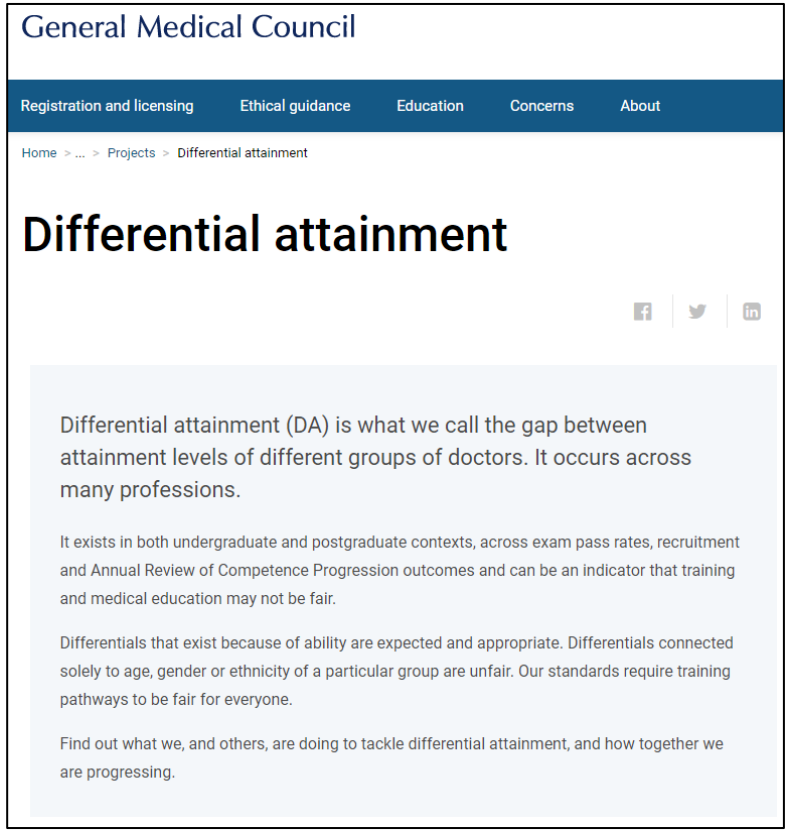


General Medical Council

# Differential attainment

# Disproportionality in education milestones

- National post-graduate exam pass rates for all specialties:
  - **Gender**: 2-4% lower pass rate for men
  - **Socio-economic**: 10% lower pass rate for those from least wealthy group
  - **Ethnicity:** 12% lower pass rate for black and minority ethnic doctors
  - **Undergraduate medical degree:** 30% lower pass rate for graduates from outside UK



# Inequality in training outcomes by ethnicity / PMQ

| Measure | Difference | |
|---|---|---|
| Medical School – Educational Performance Measure | - 11.2% (UK BME) | |
| Medical School assessments | data available 2023 | |
| FY1 – Preparedness for first training post | - 7.8% (UK BME) | |
| NTS – Supportive Environment | - 4.4% (UK BME) | - 4.15% (IMG) |
| ARCP – non-standard outcomes | + 2.3% (UK BME) | + 10.1% (IMG) |
| PG exam – pass rates | - 12.3% (UK BME) | - 29.4% (IMG) |

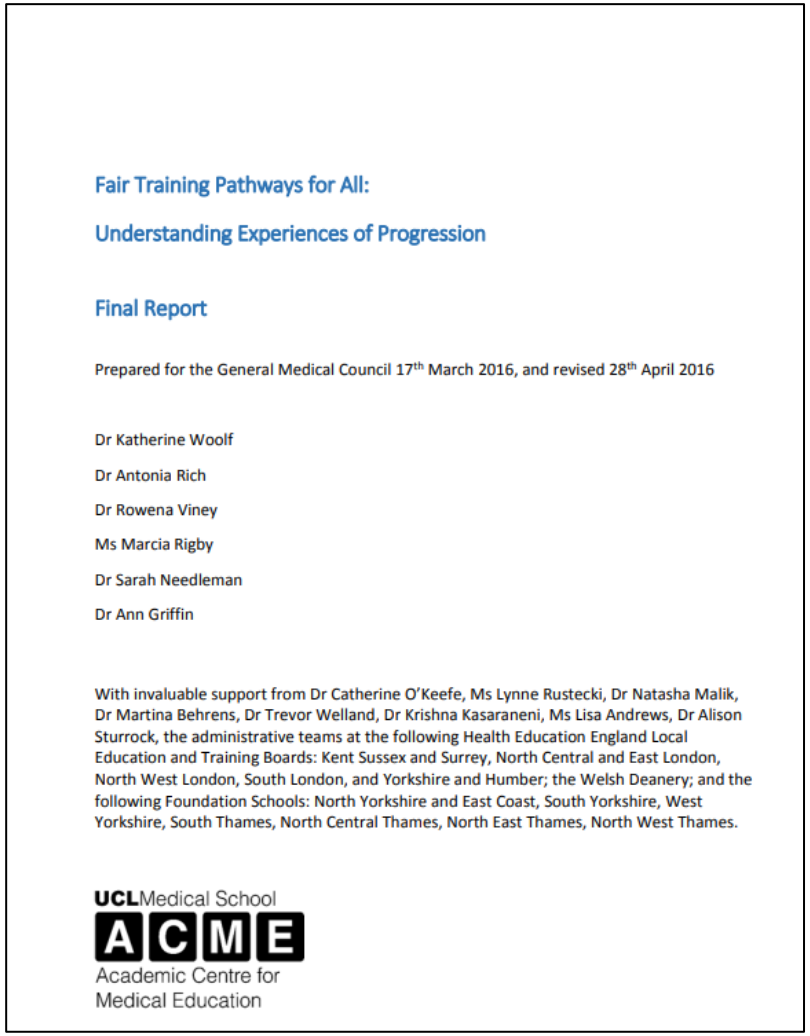
Comparator group for UK BME is UK White, and for IMG is UK

# Wider inequality

- PMQ & ethnicity - most predictive – multifactorial analysis (2019)
- Additive effect of other characteristics
  - Religion, sexual orientation (new for 2023)
  - Break down of ethnicity and PMQ (new for 2023)
  - Age
  - Socio-economic status
  - Gender
- Gender may be more relevant in some circumstances  e.g. male-dominated specialties women perform less well
- Disability dataset is v small – but some growing evidence that Overseas Graduates less likely to declare disability – access reasonable adjustments

# *Fair training pathways for all*

- Explore challenges in PG medical education faced by BME and IMG doctors
- Identify actions to make PG medical education fairer



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

[Fair Training Pathways for All: Understanding Experiences of Progression - Final Report (gmc-uk.org)]

# What were the key findings?

- Postgraduate medical training presents risk for all doctors in training. But international medical graduates and UK graduates from black and minority ethnic (BME) communities face additional risks to progression when compared to their peers.

- Good relationships with senior colleagues are crucial in providing learning opportunities for doctors in training. UK graduates from BME communities and international medical graduates were more likely than their peers to report difficulties in establishing and maintaining such relationships.

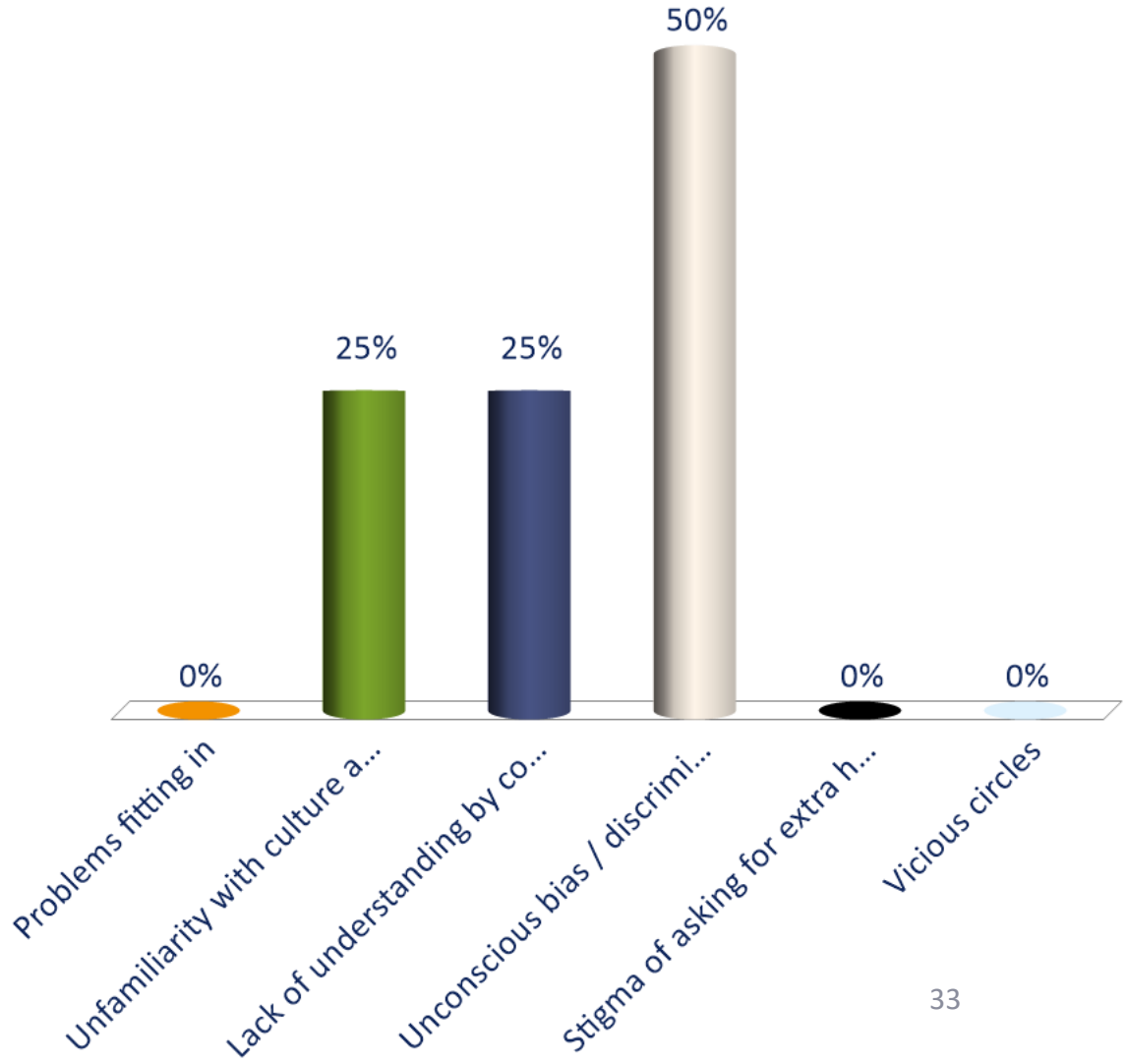
- Reported instances of explicit prejudice were relatively rare. However, respondents perceived unconscious bias, including negative assumptions, to be an important factor that affects outcomes. They thought that increasing the diversity of decision makers was one way to mitigate or safeguard against the worst effects of this.

- In medicine, failure is often believed to result from a lack of motivation or ability. Doctors in training felt they were not always given the support they needed to learn, or were blamed for problems they felt weren't their fault.

- International medical graduates could face particular challenges due to unfamiliarity with UK assessments, cultural norms and NHS or work systems.
- Enablers of progression identified through the research were generally at a micro level, but could be affected by macro- and miso-level changes.
- Trainers having protected time to get to know doctors in training, to exhibit belief in their abilities and to support them through challenges, can increase confidence and improve performance.
- Opportunities to develop networks with peers, both from similar and different backgrounds, could help provide knowledge and support.
- Having a good work life balance is important to make sure doctors in training don't burn out.

# Have you seen / experienced/ witnessed any of these factors?

A. Problems fitting in
B. Unfamiliarity with culture and systems
C. Lack of understanding by colleagues
D. Unconscious bias / discrimination
E. Stigma of asking for extra help
F. Vicious circles




www.ttpoll.eu session ID: vgoodwin1

# What steps are your trust/organisation taking to tackle some of these challenges?

# Protective factors

- Trainers having time to get to know their trainees
- Trainers showing trainees they believe in them
- Trainers providing advice how to overcome exam anxiety
- Trainers offering explanations of cultural UK norms
- Emotional support from friends and family outside work
- Good relationships between trainees and cultural group
- Opportunities to meet other IMGs
- Aspirational and successful role models
- Support from Deaneries and supervisors
- Deaneries being supportive of flexible working
- Staying Goal focussed
- Framing challenges as opportunities

# What is the GMC doing to Strengthen our Quality Assurance since 2015

- Published data and research on barriers and facilitators
- Engagement events – spotlight case studies and initiatives
- New EDI guidance for Deans, Colleges & Medical School
- New requirements for organisations to submit Annual Action Plans

**Lots of activity – but no meaningful change in the attainment gap**

# Achieving change in a complex and uncertain system

- GMC can influence educational organisations, systems, environments and people
  - We set the standards, we choose where to focus our QA monitoring and we take actions where standards aren't met
- Inequality is a multi-dimensional, system-wide problem – social, economic and cultural factors – many outside our influence
- The educational environment **is also** the working environment – FTP referral rates and exam outcomes both reflect the impact of local cultures – One GMC approach essential
- No consensus on issues, measures of success, reasonable & proportionate action:
  - Different perspectives on fairness: UK ethnic minority and IMG trainees
  - Intersectionality – gender, socio-economic status, religion, sexual orientation
- Limited evidence on impact of interventions, but clear direction from our research & feedback from ethnic minority trainees and the growing evidence from pilot interventions

# Fair Training Cultures – action plan

- **Principles**:
  - Embed FTC across Quality Assurance processes
  - Prioritise interventions highlighted in the research
  - Immediate priority – build evidence on what works in the real world

- **6 Key Workstreams:**

QA of Recruitment and selection

QA of 'Support for Trainees' - Personalised support & early intervention

QA of inclusive learning environments

QA of 'Support for Trainers' and approval of trainers

Data and evidence - *What Works*?

QA of inclusive assessments and curricula

Approving changes to curr
examinations and assessn
equality and diversity requirements

Working with doctors Working for patients

Good conversation
fairer feedback:
A qualitative research study into the perce
impact and value of feedback for doctors i

Dr Alice Rutter and Dr Catherine Walton
GMC Clinical Fellows 2019–20

Working with doctors Working for patients

How to support successful training f
and minority ethnic doctors:

**Actions and case studies for medical royal col
faculties**

General

Work Psychology Group
Thinking differently

***"What supported your success in training?"***

**A qualitative exploration of the factors associated with an absence of an ethnic attainment gap in post-graduate specialty training**

Final report
Submitted 15th November 2019

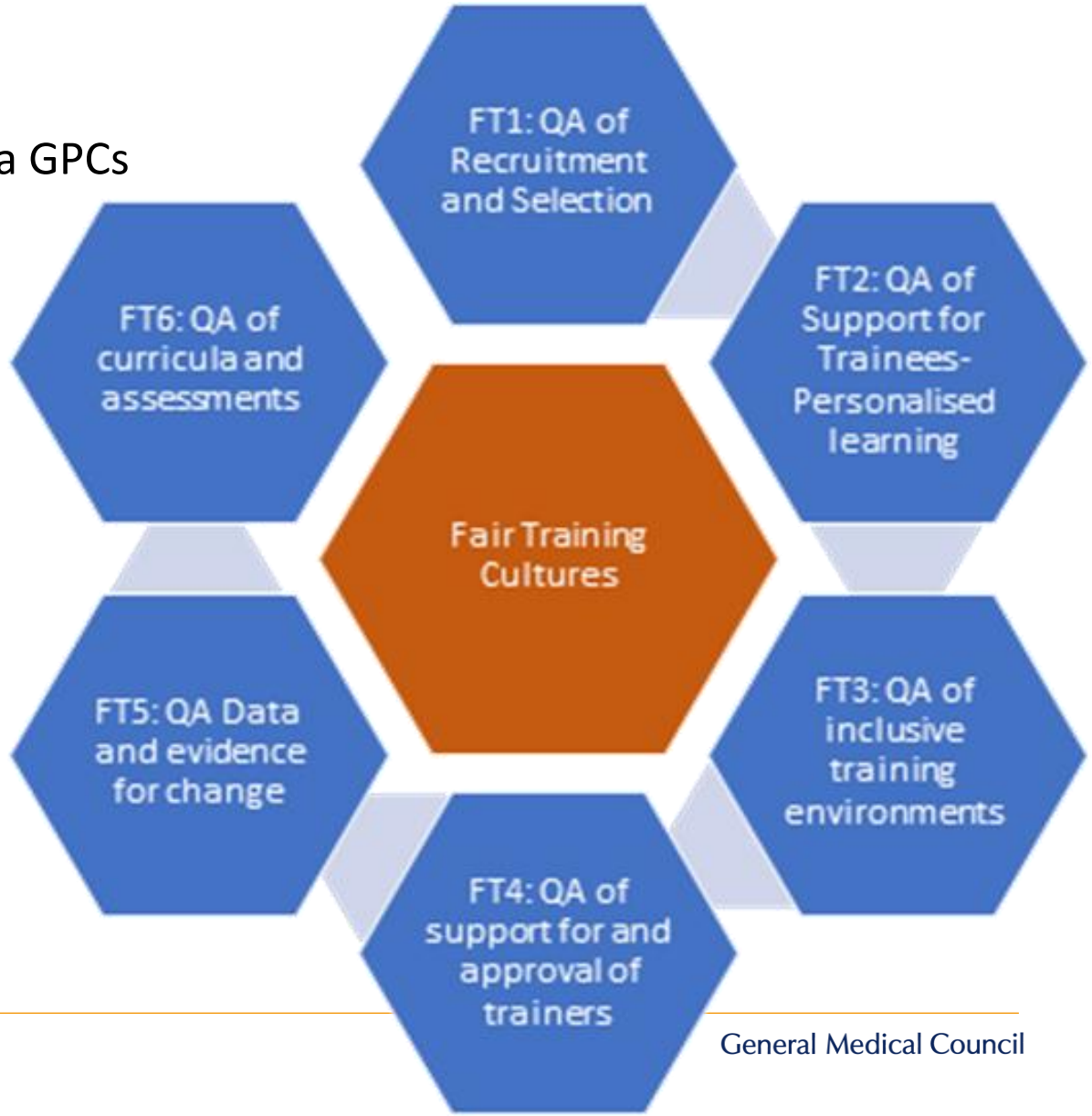
Victoria Roe
Professor Fiona Patterson
Dr Máire Kerrin
Helena Edwards



[Practical guides and resources - GMC (gmc-uk.org)]

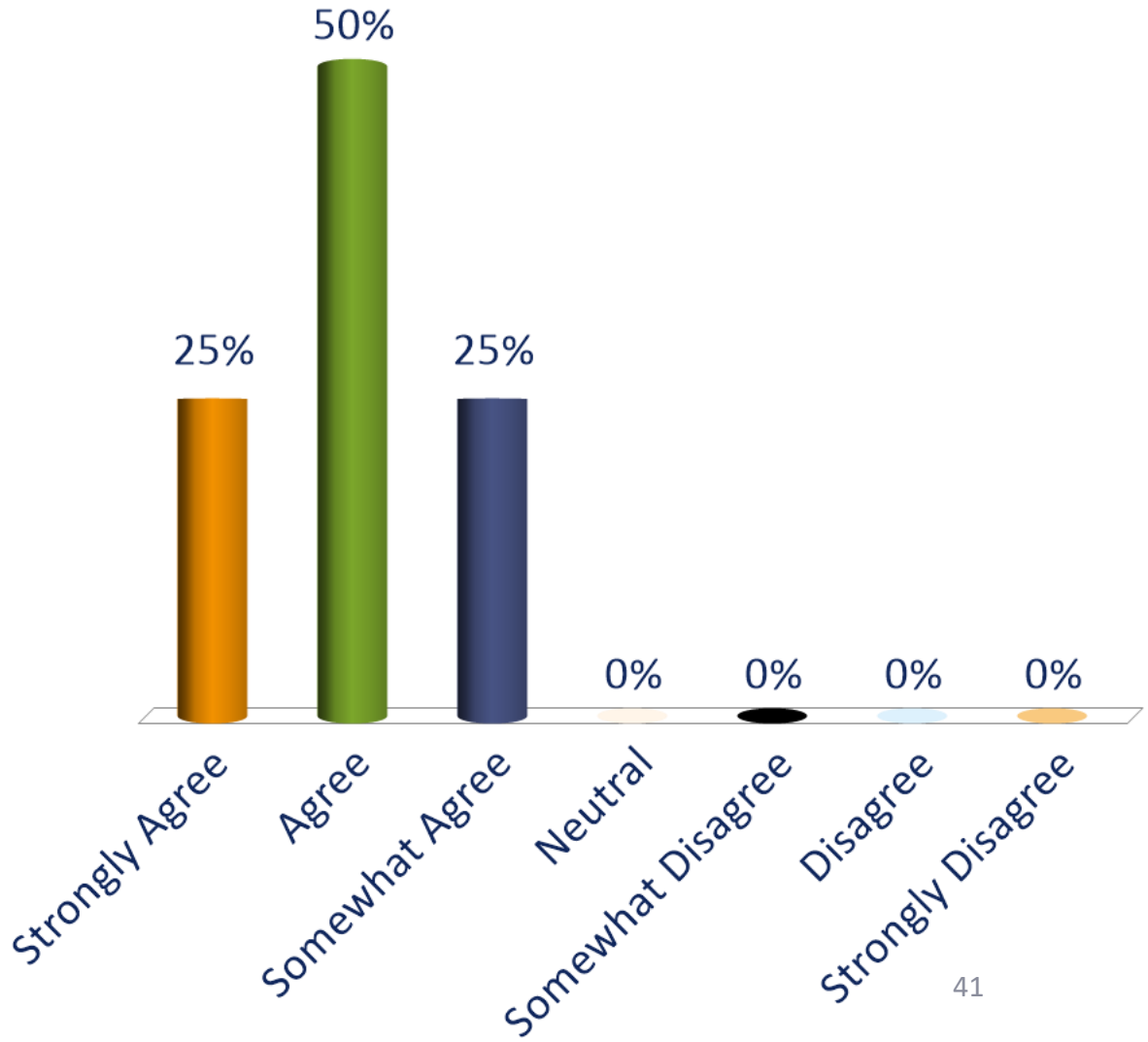
# Whole-system approach – linked to our standards

- Review Approval of Trainer Standards & Curricula GPCs
- New Recruitment & Selection EDI group
- Formative Feedback review
- NTS Trainer & Trainee questions
- Reasonable Adjustments data
- UG Inclusive Clinical Placements Guide
- Ethical Hub: Racism in the Workplace
- Good Medical Practice – inclusion & diversity
- Sharing Good Practice events



# I am optimistic that disproportionate referral and differential attainment will be addressed

A. Strongly Agree
B. Agree
C. Somewhat Agree
D. Neutral
E. Somewhat Disagree
F. Disagree
G. Strongly Disagree



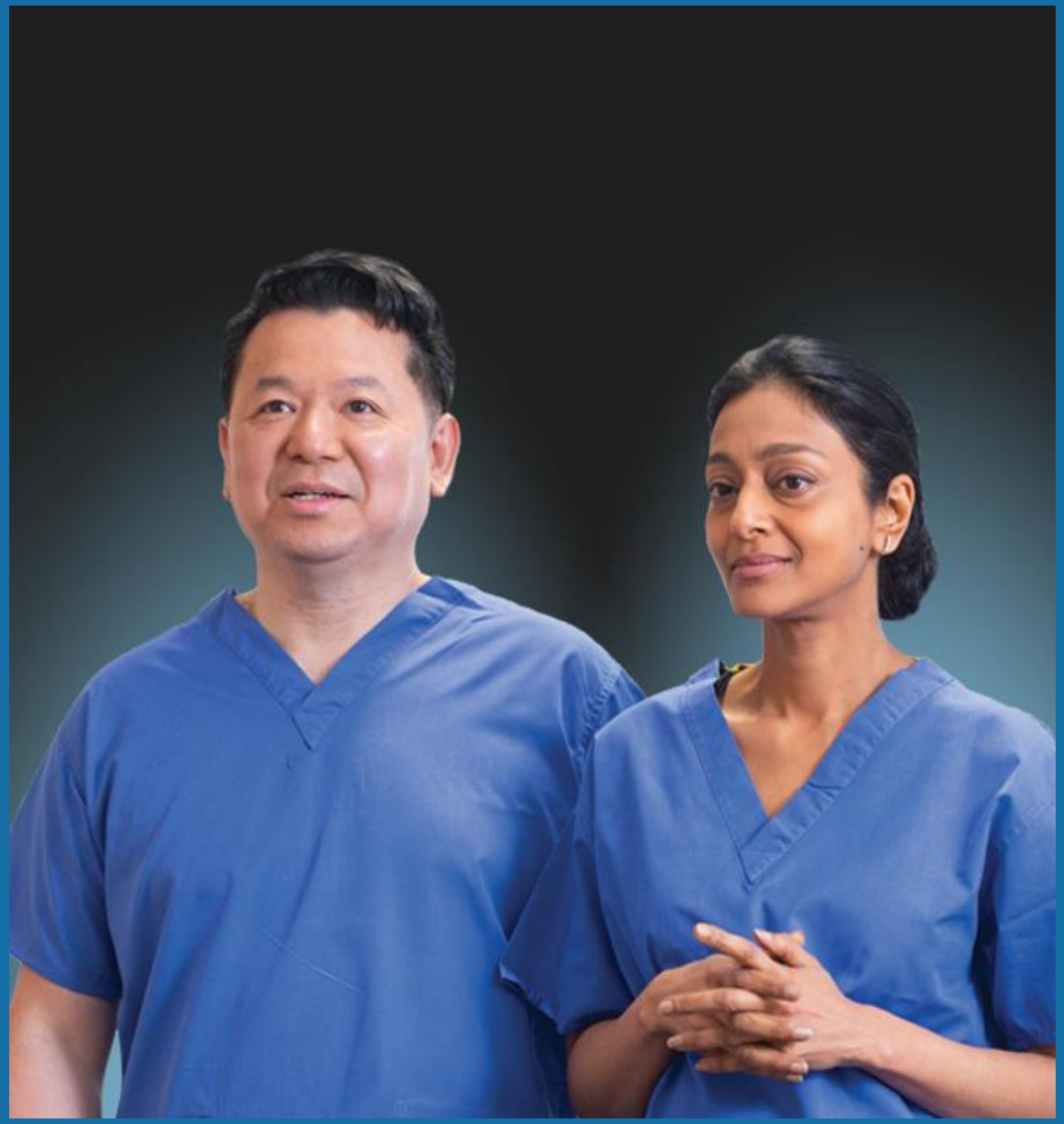

www.ttpoll.eu session ID: vgoodwin1

General Medical Council

# Ethical hub page: racism in the workplace

**We've published new online support for doctors who witness and experience racism at work**

Visit **gmc-uk.org/racism-in-the-workplace**



# Thank you

Questions / Discussion

## FEEDBACK

www.smartsurvey.co.uk/s/doctors/

Victoria Goodwin
Rachel Ball

General Medical Council

Victoria.Goodwin@gmc-uk.org

@gmcuk

0161 923 6602: GMC Contact Centre

0161 923 6399: GMC Confidential Helpline