Ensuring fairness in clinical training and assessment: principles and examples of good practice

June 2016
Co-ordination of the production of this report was by the British Medical Association in conjunction with the following organisations:

- Academy of Medical Royal Colleges
- British Association of Physicians of Indian Origin
- British International Doctors Association
- Committee of General Practice Education Directors
- Conference of the Postgraduate Medical Deans of the United Kingdom
- General Medical Council
- Gay and Lesbian Association of Doctors and Dentists
- Health Education England
- Medical Association of Nigerians Across Great Britain
- Medical Schools Council Assessment Alliance
- Medical Women’s Federation
- NHS Education for Scotland
- Royal College of General Practitioners
- Royal College of Paediatrics and Child Health
- Royal College of Psychiatrists
# Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AoMRC</td>
<td>Academy of Medical Royal Colleges</td>
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<td>ARCP</td>
<td>Annual Review of Competencies Progression</td>
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<td>BAPIO</td>
<td>British Association of Physicians of Indian Origin</td>
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<td>BIDA</td>
<td>British International Doctors’ Association</td>
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<td>BMA MSC</td>
<td>British Medical Association medical students committee</td>
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<td>COGPED</td>
<td>Committee of General Practice Education Directors</td>
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<td>COPMED</td>
<td>Conference of Postgraduate Medical Deans</td>
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<td>CPD</td>
<td>Continuing professional development</td>
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<td>CSA</td>
<td>Clinical skills assessment</td>
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<td>DOHNS</td>
<td>Diploma in otolaryngology – head and neck surgery</td>
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<td>FRCS</td>
<td>Fellowship of the Royal College of Surgeons</td>
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<td>GLADD</td>
<td>Gay and Lesbian Association of Doctors and Dentists</td>
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<td>GMC</td>
<td>General Medical Council</td>
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<td>GPST</td>
<td>General Practice Specialty Training</td>
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<td>HEE</td>
<td>Health Education England</td>
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<td>HEEOE</td>
<td>Health Education East of England</td>
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<td>ICBSE</td>
<td>Intercollegiate Committee on Basic Surgical Examinations</td>
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<td>IMG</td>
<td>International medical graduate</td>
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<td>ISCP</td>
<td>Intercollegiate Surgical Curriculum Programme</td>
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<td>JCIE</td>
<td>Joint Committee on Intercollegiate Examinations</td>
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<td>JCST</td>
<td>Joint Committee on Surgical Training</td>
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<td>LETB</td>
<td>Local Education and Training Board</td>
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<td>MRCGP</td>
<td>Membership of the Royal College of General Practitioners</td>
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<td>MRCPsych</td>
<td>Membership of the Royal College of Psychiatrists</td>
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<td>MRCS</td>
<td>Membership of the Royal College of Surgeons</td>
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<td>MSCAA</td>
<td>Medical Schools Council Assessment Alliance</td>
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<td>OSCE</td>
<td>Objective structured clinical examination</td>
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<td>PSED</td>
<td>Public sector equality duty</td>
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<td>SAC</td>
<td>Specialty Advisory Committee</td>
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<td>STEP</td>
<td>Scottish Trainee Enhanced Programme</td>
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<td>UKMED</td>
<td>UK Medical Education Database</td>
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<td>WBA</td>
<td>Workplace Based Assessments</td>
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Introduction

Setting the scene
The BMA has been facilitating a process with a number of stakeholders to address the issue of differential attainment between groups of doctors across the postgraduate medical training system.

On 19 November 2014 the BMA hosted a symposium which brought together over 60 senior leaders from medical education and training, and representative bodies to explore current practice in clinical training, assessment and monitoring. Through structured working exploring three key themes: clinical training, assessment, and monitoring, and an open feedback and panel discussion, attendees worked together towards an action plan.

A core group of stakeholders who took part in the symposium (see Appendix 1 for a full list) met on 5 March 2015 to review and prioritise the broad recommendations for action that came out of the symposium.

It was agreed that the most useful way forward would be to develop a set of key principles, each with examples of good practice, under the three broad themes of training, assessment and monitoring, which organisations can use as a template in their individual work.

Defining fairness
Fairness is a common sense idea but one that can be viewed from a number of different perspectives. Something can be seen as ‘fair’ on the basis of equity, equality or need. Sometimes these perspectives may be conflicting, such as awarding a medical school place on the basis of equity of achievement without considering whether all candidates had equality of access, or their social needs. Fairness is therefore a balanced judgement about whether our actions achieve just results. In education, fairness extends beyond assessment into curriculum inputs and processes.

Principles and examples of good practice
The ten principles and examples of good practice below have been developed in collaboration with the core group of stakeholders. This document will serve as a central collection of examples of good practice that organisations are able to use as reference in their work to ensure fairness in medical training and assessment. A number of organisations have provided the examples of good practice in this document. To make sure these remain up-to-date, the document will be kept under review with opportunities to add further examples and change the content over time.
Principles

Training
1. Learning plans and career advice for students and trainees should be based on individual needs
2. Trainers should understand and be equipped to be able to support fairness and diversity in clinical education and training
3. Early warning systems should be in place to identify students and trainees who may face difficulties in training
4. Tailored support systems should be available for all students and trainees

Assessment
5. Evaluation and optimisation of methodologies used for assessment of students and trainees should be an ongoing process
6. Examiners should be selected and trained appropriately
7. Detailed and constructive feedback should be provided to all unsuccessful candidates on request

Monitoring
8. Equality and diversity data should be standardised and systematically monitored
9. Equality and diversity data should be analysed and results disseminated on an annual basis
10. All organisations involved in medical education and training should ensure appropriate adherence to the public sector equality duty
<table>
<thead>
<tr>
<th>Theme</th>
<th>Principle and requirements</th>
<th>Examples of good practice from organisations</th>
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| Training | **1. Learning plans and career advice for students and trainees should be based on individual needs**<br>This should include:<br>– Ensuring trainees have clarity on what is expected of them during the training and assessment processes.<br>– Increased flexibility for trainees in how they complete their training.<br>– Placement based on educational needs.<br>– Centrally organised opportunities for careers advice available for trainees (ie not relying on who they know). | **BMA MSC (medical students committee)**<br>Medical schools provide access to a dedicated senior careers advice officer to all students via medical school faculty.  
**COGPED**<br>COGPED supports the early identification of trainees with particular needs, for example from recruitment processes. Targeted or specialised support may be offered as a result. This should be done sensitively, avoiding stigmatisation.  
**GMC**<br>Promoting Excellence – standards for medical education and training sets out 10 standards that the regulator expects organisations responsible for educating and training medical students and doctors in the UK to meet. Theme 2, Educational governance and leadership, includes an explicit requirement under standard 2.3 that medical education and training are based upon principles of equality and diversity. Theme 3, Supporting learning, is about making sure learners get effective educational and pastoral support to meet the standards and achieve the learning outcomes required by their curriculum. The GMC has also published examples of good practice and case studies on their website.  
**HEEOE (Health Education East of England)**<br>HEEOE supports doctors in training with induction and shadowing, educational and clinical supervision, and through the ARCP (annual review of competencies progression) process. HEEOE has less than full time and out of programme policies which are based on fairness and equal opportunities and allow for flexibility and individualised training plans and trainees with particular needs are identified early on from recruitment processes. As a result targeted support is offered but without stigmatisation. The professional support unit has access to expert careers advice.  
**Initiatives in surgery**<br>ISCP (Intercollegiate Surgical Curriculum Programme) design encourages personalised learning plans for each placement and emphasises patient safety by identifying gaps in curriculum coverage through a display of assessments for each topic in the syllabus. The ISCP contains detailed guidance on how to design an individualised learning agreement as well as detailed guidance on the roles and good practice involved in being an assigned educational supervisor. The JCST (Joint Committee on Surgical Training) Trainee Survey asks if trainees had any difficulty setting up their learning agreements. Individual career advice for trainees is available from the assigned educational supervisor, Training Programme Director and SAC (Specialty Advisory Committee) liaison member.  
**Royal College of Psychiatry**<br>The college takes the view that all systems are perfectly designed to deliver the outcomes they deliver. If differential attainment is to be addressed, local training systems need to help devise individualised learning plans for international medical graduates very early in their training. LETBs need to provide transparent and accessible information on process and outcome measures that allows quality to be assured (not merely monitored). We are working with Schools to help them develop a framework for outcome and process measures for improvement. |
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<th>2. Trainers should understand and be equipped to be able to support fairness and diversity in clinical education and training</th>
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<td>This should include:</td>
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<tr>
<td>– Fair and transparent selection processes for trainers and educational supervisors.</td>
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<td>– Ensuring trainers have the time and resources to undertake their training duties.</td>
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<td>– Comprehensive training including context specific equality and diversity training (including cross-cultural communication).</td>
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<td>– Appropriate support, reward and remuneration for trainers.</td>
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<td>– Feedback for trainers and trainees.</td>
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**BMA**

The BMA has developed a bespoke equality and inclusion training session for committee members which aims to improve leadership and team performance by valuing the differences between people in diverse workplaces.

**COGPED**

COGPED have high standards (usually to certificate level or higher) for trainer appointment, and learning organisation approval. CPD (continuing professional development) in the education domain is standard, including all the above. Reward for trainers is negotiated by the BMA.

**GMC**

Supporting educators is theme 4 of the Promoting Excellence document. This theme is all about making sure that educators have the necessary skills and knowledge for their role, and get the support and resources they need to deliver effective education and training. One of the requirements of this theme is that trainers in four specific roles must be developed and supported as set out in the process for recognising and approving trainers. In 2016 we will roll out a national survey of postgraduate educational and clinical supervisors that will ask these trainers about the time and support available for their educational role.

**HEEOE (Health Education East of England)**

Trainers have high standards (usually to certificate level or higher) for trainer appointment, and learning organisation approval. CPD (continuing professional development) in the education domain is standard, including all the above. The HEEOE website has pages devoted to equality and diversity with further online resources for cultural competence training. All educational supervisors and those involved with recruitment are required to have completed equality and diversity training.

**Initiatives in surgery**

The JCST, the JCIE (Joint Committee on Intercollegiate Examinations) and the ICBSE (Intercollegiate Committee on Basic Surgical Examinations) each provide context specific equality and diversity training with real-life scenarios and emphasis on avoiding unconscious bias to all new and existing examiners. Expertise exists within the JCST to train in matters relating to cross-cultural communication.

An initiative between the ISCP and the Faculty of Surgical Trainers of the Royal College of Surgeons of Edinburgh will create a trainers’ portfolio within the ISCP which will demonstrate evidence against the GMC’s Standards for Trainers. This will assist in recognition of trainers who demonstrably meet the standards.

**RCGP**

The RCGP is committed to supporting GP trainers and training programme directors as they prepare candidates for their MRCGP assessments. The RCGP has developed joint guidance with COGPED on CSA (clinical skills assessment) preparation for the training community which is available here. The college has also developed specific resources for the Applied Knowledge Test and CSA including two e-modules based on sociolinguistic research carried out on the CSA. These modules explore some performance features associated with effective communication in the CSA such as structuring explanations like stories and rapid repair of misunderstandings. They are freely available to all RCGP members.

**Royal College of Psychiatry**

We recognise that trainers are stretched and often lack awareness of issues concerning differential attainment and have started working with heads of schools and trainers in LETBs to address this. So far, we have held about 10 events reaching over 400 trainers. Our website now has resources for trainers helping them work better with IMG (international medical graduate) trainees. A clinical supervision resource for trainers supervising IMGs has been piloted and we are hoping to develop this as a video resource (it will be useful to have BMA/HEE/GMC support in developing this).
3. Early warning systems should be in place to identify students and trainees who may face difficulties in training

This should include:
- Early warning systems for identification of trainees and doctors who may require additional support are in place both in medical school and at postgraduate level.
- Evaluation of the current Transfer of information process from medical schools to foundation schools.
- Collection of data on exam pass rates by medical schools to track people earlier in their journey.

BMA MSC

A UKMED (UK Medical Education Database) is being developed to provide researchers with data related to progression and performance from application, to medical school, through to the end of specialty or GP training.

COGPED

COGPED supports better transfer of information between higher education institutions and deaneries and LETBs (local education and training boards). Postgraduate bodies in general practice all provide support to trainees who may need additional support of various types.

GMC

A requirement of theme 3: Supporting learners, is that learners should receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their medical course or training programme, and be encouraged to act upon it. A further requirement for theme 3 is that learners whose progress, performance, health or conduct gives rise to concerns must be supported where reasonable to overcome those concerns, and if needed, given advice on alternative career options.

The GMC is working with medical schools and other key interests to pilot the development of a database of undergraduate and postgraduate medical education data, which will facilitate research on selection method and the progress of students and doctors in training.

The GMC has published a set of interactive reports on doctors’ exam pass rates and applications to specialty training. The regulator has also commissioned two independent research projects: the first investigated whether the GP selection process could identify doctors at risk of failing exams and the second project was a rapid literature review of the causes of differential attainment in postgraduate medical education. Both reports were published in November 2015.

The GMC have also developed online resources on differential attainment, which include a bank of case studies of approaches to supporting doctors in training and a research report into early admission data for GPs.

HEEOE (Health Education East of England)

HEEOE have a trainee in difficulty policy to help provide support for ‘struggling’ trainees of various types, and a dedicated Professional Support Unit for trainees in difficulty.

Initiatives in surgery

The JCST has guidelines for certification which have been benchmarked back to ST4 and ST6 to provide an expected trajectory for each key stage of training. Failing to meet this trajectory is a warning sign that a trainee is likely to face difficulties. Liaison members attend ARCPs and are well placed to identify trainees who may be getting into difficulty. Research is planned using the data within the ISCP to examine whether specific identifiable outcomes during training can be used to predict future difficulties for trainees.

NHS Education for Scotland

The Scottish Trainee Enhanced Programme (STEP Programme) has been designed to meet the additional educational needs of trainees who have been identified as being at potentially increased risk of failing to achieve success in the MRCGP within the standard duration of GP specialty training programme. The programme has been designed to increase the likelihood that the group of trainees will achieve a pass in the MRCGP examination, without the need for an extension to their training, through early identification of risk and participation in an enhanced programme of educational activities to address the particular educational needs of participants.

The STEP programme has been designed to provide:
- Early identification of trainees considered to be at increased risk of failing to achieve success in the three components of the MRCGP exam within the normal three/four year duration of GPST training programme.
- Additional educational activities as part of an enhanced programme to prevent failure.
4. Tailored support systems should be available for all students and trainees

This should include:
– Personalised and appropriate support plans (with appropriate contingencies if targets not met). This must include identification of reasons for lack of progress.
– Tailored and specific interventions eg mentoring, shadowing, specific training such as communication skills.
– Effective communication between medical schools, deaneries, LETBs and local education providers.

BMA MSC
The transfer of information process is currently a good example where information regarding a students’ needs (as declared by the students themselves) is shared by the medical school to deaneries and LETBs.

COGPSD
See principle three for comments on transfer of information. Struggling trainees (for whatever reason) generally have access to support systems at a deanery and LETB level.

GMC
The GMC has conducted a survey of postgraduate professional support practices and services across the UK. The findings will be discussed in the State of Medical Education and Practice and a report was published in November 2015.

HEEOE (Health Education East of England)
The professional support unit is available to provide support for struggling trainees (for whatever reason).

Initiatives in surgery
ISCP design allows named supervisors to record meetings with trainees and encourages specific advice to be given within learning agreements and in feedback from formative assessments.

Many of the SACs provide a programme of educational induction for trainees entering different phases or levels of training (‘bootcamp’). These include simulation training and are aimed at helping trainees to identify their learning needs before they progress to the next stage of specialty training.

The JCST trainee survey was developed in conjunction with the Schools of Surgery and compliments the GMC trainee survey. Trainees complete the survey towards the end of each placement, commenting on their experience. The answers to the survey questions are used to measure the achievement of the JCST quality indicators and to assess the overall quality of training.

Royal College of Psychiatrists
The college is aware that IMGs coming to the UK have learning needs specifically in areas concerning cultural communication, some of the domains of Good Medical Practice and Good Psychiatric Practice. The college is developing scenario-based resources for trainees with support from the GMC. We are sign-posting for IMGs in the UK, and those planning to come to the UK to supporting resources through our webpage. A mentoring programme for new IMGs has recently been launched. So far, all new IMGs coming to the UK to pursue psychiatry through the Medical Training Initiative scheme have been offered mentorship support. Feedback has been very good so far.
### Assessment

**5. Evaluation and optimisation of methodologies used for assessment of students and trainees should be an ongoing process**

This should include:
- Consideration of fairness as well as reliability and validity when deciding on assessment methods.
- Appreciation of unconscious bias and how this can affect methodologies.
- Continual evaluation and improvement of examination methodologies with patient safety as the priority.
- Continual research into best practice and methods.
- Sharing of information and best practice openly between medical royal colleges.

**COGPED**
COGPED represents the ‘delivery arm’ of postgraduate GP trainees, and the Royal College of GPs covers final assessment for completion of training. Senior officers of both overlap and are in continuing discussion as to best practice in exam preparation.

**GMC**
Theme 5 of Promoting Excellence is Developing and implementing curricula and assessments. The expectation is that curricula and assessments will be developed and implemented so that medical students and doctors in training are able to demonstrate the standards and achieve the required learning outcomes.

The GMC has developed guidance for the medical royal colleges and faculties on the equality and diversity evidence that is required when approving changes to curricula and assessment systems.

The GMC will be revising the standards for curricula and assessment systems which will further clarify and strengthen standards to ensure that curricula and assessment frameworks are fair and equitable and as robust and reliable as possible.

**HEEOE (Health Education East of England)**
Patient and public voice partners are widely used as lay representatives in ARCPs and appeal panels.

**Initiatives in surgery**
The ISCP has an active research programme in collaboration with other surgical training bodies, including studies examining the relationship between logbook-measured experience and Workplace Based Assessment measured competence, the predictive value of summative assessment, the quality of feedback provided and the correlation between formative and summative assessment.

Assessment of trainees forms part of the selection process into core and specialty training as well as taking place during training. The SAC in general surgery uses Rasch analysis to identify and correct for biases arising from all interactions between interviewers, candidates and scenarios so resulting in a fair score free from interviewer and scenario bias. Detailed statistical analysis is used to assess the reliability and validity of each selection component.

The ICBSE and the JCIE have a continuous statistical evaluation process for all questions used in their examinations.

All OSCE questions for MRCS and DOHNS and the Section 1 written paper multiple choice questions for FRCS are rigorously checked for reliability using Cronbach Alpha statistics after each diet, and are compared to existing scores from previous usage of the question. We expect a score of 0.7 or greater to ensure reliability. All new questions are piloted during an examination diet (maximum of one per diet) to ensure reliability.

**RCGP**
The RCGP has recently hosted a seminar on assessing interpersonal skills in the MRCGP: bringing together key stakeholders including representatives from other medical royal colleges to review the evidence base, and share good practice.

**Royal College of Psychiatrists**
External review of the MRCPsych examination has taken place. A series of measures aimed at both training and assessment have been recommended and will be ratified soon.
6. Examiners should be selected and trained appropriately

This should include:
- Fair and transparent selection processes for examiners.
- Initiatives to encourage and attract a diverse pool of examiner candidates, eg targeted outreach and working with networks representing doctors who share protected characteristics, eg BAPIO, Medical Women’s Federation.
- Monitoring of characteristics of individual examiners.
- Comprehensive examination training and individual feedback provided.
- Context specific equality and diversity training that includes an understanding of the implications of the PSED (public sector equality duty) for their role.

COGPEd
COGPEd devolves GP recruitment to the National Recruitment Office in all four nations and works with various bodies to optimise best equality and diversity practice. A review of this is currently taking place.

GMC
Promoting Excellence: one of the standards for theme 4; Supporting educators states that ‘educators are selected, inducted, trained and appraised to reflect their education and training responsibilities’. The GMC endorses the principles for recruiting and managing examiners that are set out in the AoMRC guidance.

HEEOE (Health Education East of England)
All educators involved in recruitment and assessment are required to have completed equality and diversity training. Cultural competence training workshops have been delivered to educators as well as LETB staff.

Initiatives in surgery
The JCST has a competitive selection process for liaison members using a person specification that emphasises skill and experience in training. Once appointed, liaison members receive a formal induction to their role which includes context specific equality and diversity training. Liaison members will undergo a regular appraisal process, conducted by the chair of each SAC.

They also provide detailed feedback to individual examiners showing their scoring practice with respect to protected characteristics in comparison to co-examiners and the whole group of examiners. Reflection on this is invited and any particular issues which arise are taken up by the specialty exam board.

MSCAA
The MSCAA has successfully shared good practice in item writing across medical schools and has plans for similar work on external examiner training and standard setting. MSCAA works to improve undergraduate assessment practice through collaboration between 33 medical schools. The creation of a shared item bank enables good validity and reliability of assessment items across a wide range of formats. The MSCAA has developed an external examiner database and is working to enhance training for external examiners.

RCGP
The RCGP provides context specific equality and diversity training at the annual examiners conference, focusing on a different protected characteristic each year. Examiners work through scenarios in small groups with a facilitator. Disability and unconscious bias were the themes for the 2015 training.

7. Detailed and constructive feedback should be provided to all unsuccessful candidates on request

This should include:
- Timely feedback from both the examiner and patient (if applicable).
- Feedback including enough detail for the candidates to reflect on their performance and aid improvement.

AoMRC
The Academy have produced guidance on standards for candidate feedback for summative postgraduate medical examinations in the UK, which has been agreed and adopted by all medical Royal Colleges and their faculties.

HEEOE (Health Education East of England)
Unsuccessful candidates can request feedback after recruitment procedures. Feedback is provided through educational processes including educational supervisor reports and the annual review of competence progression process.

Initiatives in surgery
Summative assessment:
ICBSE and JCIE provide feedback in the form of a score breakdown for the broad content areas of the MRCS, DOHNS and FRCS.

Formative assessment:
Qualitative research is being undertaken by ISCP into the quality of feedback given in formative assessment with a view to developing guidance on how to improve this. The ISCP will encourage feedback following Workplace Based Assessments (WBAs) to be delivered in timely fashion. The ISCP has re-designed the feedback section of WBAs to encourage the inclusion of specific detail.
### Monitoring

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<th>8. Equality and diversity data should be standardised and systematically monitored</th>
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<td>This should include:</td>
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<tr>
<td>- Data on protected characteristics under the Equality Act 2010; age, disability, ethnicity, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion and belief, sex and sexual orientation.</td>
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<tr>
<td>- Data on the characteristics of trainees, candidates (including information on pass rates, drop-out rates and complaints), examiners, trainers, committees etc.</td>
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<tr>
<td>- Guidance for medical schools, LETBs and deaneries, medical royal colleges etc on how and what to monitor.</td>
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| GLADD (Gay and Lesbian Association of Doctors and Dentists) |
| GLADD have recently taken steps to be a trans-inclusive organisation, including consultation with members and changing of membership forms to use trans-inclusive language and to start monitoring gender identity and sexual orientation of their members. They have also increased monitoring of developing phobias and ensuring that their members are kept informed of these. |

| GMC |
| Promoting Excellence: one of the requirements for theme 2 (Educational governance and leadership) is that organisations must evaluate information about learners’ performance, progression and outcomes – such as the results of exams and assessments, by collecting, analyzing and using data on quality, and equality and diversity. |
| The GMC has a resource which provides best practice examples of how to collect data on equality and diversity and provides examples of diversity monitoring questions. |

| HEEOE (Health Education East of England) |
| HEEOE collects and records this data. |

#### Initiatives in surgery

- The Joint Surgical Colleges have an agreed equality and diversity policy covering all intercollegiate bodies. The JCST is exploring how best to collect and monitor this data with the GMC. The ICBSE collects and monitors examiner ethnic groups and gender (though not all examiners complete this form). Candidates complete this form before entering the examination. JCIE monitors and records the demonstrable protected characteristics of examiners and candidates. |

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<th>9. Equality and diversity data should be analysed and results disseminated on an annual basis</th>
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<td>This should include:</td>
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<tr>
<td>- Annual updates on equality and diversity from medical schools, LETBs and deaneries, and medical royal colleges to the GMC and AoMRC.</td>
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<td>- Analysis of data and identification of recommendations, actions, and/or good practice.</td>
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<td>- Transparency in the publication and communication of data.</td>
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| GMC |
| The GMC publishes annual trends in the National Training Survey, ARCP (annual review of competence progression) outcomes and will continue to analyse and review exam data. |
| The GMC has published a set of interactive reports on doctors’ exam pass rates and applications to specialty training. |

| HEEOE (Health Education East of England) |
| The GMC publishes annual trends in the National Training Survey, annual review of competence progression outcomes and these are reviewed by the LETB. The RCGP provides analyses of the MRCGP exam which include equality and diversity data and these are reviewed by the LETB. The professional support unit collects and analyses equality and diversity data. |

| Initiatives in surgery |
| The JCST is exploring how best to analyse and disseminate this data with the GMC. |
| The ICBSE analyses and disseminates data relating to candidate ethnicity but not for examiners as it does not have a fully completed database for all 800 examiners throughout the four surgical Royal Colleges |
| JCIE analyses the psychometric performance of examiners and candidates on the basis of demonstrable protected characteristics. The outcomes have been published in a peer reviewed journal and are collected on an annual basis. |
10. All organisations involved in medical education and training should ensure appropriate adherence to PSED (public sector equality duty)

This should include:
- Understanding of where and how the PSED applies to different organisations.

AoMRC
AoMRC has produced guidance for colleges on fairness, equality and medical royal college examinations

GMC
Promoting Excellence: a requirement of theme 2; Educational governance and leadership is that organisations must have systems in place to ensure that education and training complies with all relevant legislation. This includes the provisions of the Equality Act 2010 as ‘qualifications bodies’, and meeting the requirements to provide reasonable adjustments.

The GMC has developed guidance for the medical royal colleges and faculties on the equality and diversity evidence that is required when approving changes to curricula and assessment systems.

HEEOE (Health Education East of England)
The HEEOE website has information and links relating to the requirements for PSED in order to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.

Initiatives in surgery
As noted previously, the Surgical Colleges have an equality and diversity policy covering all areas of intercollegiate training and assessment activity and all clinicians and staff receive equality and diversity training.

The JCST follows the GMC’s requirements to assess all curriculum changes for any impact they may have on groups which share protected characteristics and is taking advice on specific matters to be taken into consideration.
Appendix 1.

Core group members

– Ms Andrea Callender, head of diversity, GMC (General Medical Council)
– Ms Samantha Dolan, medical students committee education subcommittee chair, BMA (British Medical Association)
– Professor Aneez Esmail, professor of general practice, University of Manchester
– Mr Alastair Henderson, chief executive, AoMRC (Academy of Medical Royal Colleges)
– Dr Krishna Kasaraneni, equality and inclusion committee chair, BMA
– Dr Ramesh Mehta, president, BAPIO (British Association of Physicians of Indian Origin)
– Dr Vicky Osgood, director of education and standards, GMC
– Dr Umesh Prabhu, vice chair, BIDA (British International Doctors Association)
– Dr John Spicer, head of primary care education and development, Health Education South London – representing COGPED (Committee of General Practice Education Directors)
– Dr David Strain, medical academic staff committee executive subcommittee training lead, BMA
– Dr Tim Swanwick, dean of postgraduate medical education, Health Education North Central and East London – representing both HEE (Health Education England) and COPMED (Conference of Postgraduate Medical Deans)
– Dr Celia Taylor, associate professor in quantitative research, Warwick University – representing Medical Schools Council Assessment Alliance
– Dr Donna Tooth, general practitioners committee GP trainees subcommittee chair, BMA
– Dr Tim Yates, junior doctors committee education and training subcommittee chair, BMA