


BMA



Differential attainment
Making medical training
fair for all



British Medical Association
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Differential attainment – Making medical training fair for all

The BMA held a conference on 2 November 2017 to discuss the ongoing gap in attainment between BME and white medical students and trainees. Participants included representatives from royal colleges, deaneries, training bodies, and medical students and doctors from BME (Black and minority ethnic) backgrounds. This briefing highlights some key points from the day.

Differential attainment – key events

- 1993** [Research](#) by Prof Aneez Esmail and Dr Sam Everington showed male medical students with Asian surnames more likely to fail final clinical exams.
- 2011** Dr Katherine Woolf's [research](#) showed BME UK medical graduates underperform in exams.
- 2014** **April** – Judicial review brought by BAPIO against GMC and RCGP alleging discrimination against UK BME and international candidates in the MRCGP CSA (clinical skills assessment exam).

November – BMA symposium on differential attainment bringing together senior leadership of royal colleges and medical training; principles summarised in [Ensuring fairness in clinical training](#).
- 2016-17** GMC publishes [research](#) on understanding trainees' experiences of progression.

What's the issue?

Differential attainment has been used by the GMC to refer to 'systematic differences in outcomes when grouping cohorts by protected characteristics and socio-economic background'. In practice, the biggest gaps in attainment during medical training are linked to race – with both BME UK and international medical graduates affected.

- 2017 [GMC](#) data shows that the pass rate in postgraduate exams amongst white students was 75% and amongst UK BME students it was 63%. Amongst IMGs, the pass rate was 46% for white students and 42% for BME students
- A 2017 [Pulse](#) analysis of pass rates for the CSA exam found 94% of white UK-educated trainee GPs passed the exam at the first attempt last year, compared with 80% of UK-educated BME trainees. This gap is the widest since the RCGP started collecting figures in 2008

Differential attainment exists across all specialities. As the leading academic in this area, Dr Katherine Woolf [says](#), attainment should be interpreted broadly, covering academic performance in exams and other assessments, including ARCP (Annual Review of Competence Progression), recruitment into foundation and specialist training, and representation in fitness to practise complaints.



What causes differential attainment?

'I was with a GP a couple of weeks ago having a coffee with him. He's like, "Oh, yeah, normally when we recruit people we look at whether they're going to mingle with us, they're going to gel with the kind of background we are, whether they can come to barbecues with my family'.

Asian Pakistani UKG Female ST1-3 GP

(in [Fair training pathways for all](#): Understanding Experiences of Progression Part 1, 2016)

Dr Woolf's research **debunks many of the myths** around differential attainment – including that it is linked to the academic ability of the students themselves. Her research shows that the issues relate predominantly to the learning environment. Learning is a social activity and therefore it is unsurprising that in medicine the existence of strong peer support and networks significantly affect performance.

The medical training model is still largely based on a standardised learning experience, which can put BME students and trainees at a disadvantage:

- Relationships with seniors can be more problematic for BME UKGs and IMGs, who say that they don't feel that they 'fit in' and struggle to access support from seniors when under pressure
- Unease in giving feedback to students who are from a different background, but as one BME doctor said: 'you can't change what you've been doing if no-one's told you'
- There is a perception amongst UK and international graduates of bias in workplace-based assessments and recruitment. This is compounded by fear of living up to low expectations and stereotypical assumptions about performance
- Lack of autonomy about the geographical location of work, combined with poor work-life balance can leave trainees unsupported, isolated and vulnerable to anxiety, depression and other mental health conditions

What makes a difference?

'We have to attend our [teaching sessions] and if we don't then we get hauled up at the ARCP so it's compulsory. That does two things; it means that everyone gets together at least once a week so it's as much a social event as a training event. Also, the TPD [training programme director] and at the academic TPD try and come along'.

Arab UKG Male ST4+ Surgery

(in [Fair training pathways for all](#): Understanding Experiences of Progression Part 1, 2016)

Tips for providers and trainers

- **Recognising diversity:** avoiding treating all students and trainees as a homogenous group, or putting all BME students in the same 'box'. Minority ethnic categories include numerous groups, with differing cultural heritage and experiences. For example, this is recognised and celebrated by many universities which offer Islamic, Afro-Caribbean, West African societies.
- **Improving cultural competence:** this is the ability to interact with people from different cultures and respond to their needs. Creating a culture that recognises and respects difference requires self-awareness about your own culture and biases too.
- **Monitoring data:** 'what gets measured, gets done'. Colleges and deaneries need to collect data on ethnicity throughout the student journey and analyse against performance so that where there are problems, these can be quickly identified and addressed. The GMC is hoping to host a forum for royal colleges to share good practice on how to collect equality and diversity data and feedback on the impact of curricular/exam changes.
- **Early intervention and support:** National student survey data shows that all medical schools could make improvements in the way they do assessments and give feedback. Exam performance is not the root of the problem but it can be a useful barometer. In HEE North West, trainers use gamification (the application of game principles, such as chance, competition and feedback) in teaching to increase students' enjoyment of and motivation for learning.
- **Mentoring and role models:** Seeing people 'who look like you' in the training environment can provide encouragement. Role models also contribute to challenging stereotypes.
- **Taking a holistic approach to trainee performance:** Understanding the whole range of factors that affect a trainee's performance. This could include mental health and wellbeing, practical issues around finances, housing, visas and immigration.

There are a wide variety of support mechanisms available for students, including

- Resilience and leadership training
- Cognitive behavioural therapy/stress management
- Arranging an extension to give trainees experiencing difficulties more time to progress

Tips for students and trainees

- **Seek out other students and learn together** – a study group can create an effective and safe space to share problems, ask questions and check understanding of language and learning.
- **Ask for help:** this can feel difficult and uncomfortable; however it can facilitate extra resources or support which can make a major difference to performance.
- **Find a mentor or a sponsor** – particularly in a self-regulated learning environment, mentors can be an important source of support and guidance. It's important to distinguish between 'mentors' and 'sponsors'. A sponsor can use their influence to help you progress and help to 'open doors'.
- **Give feedback** – trainers, educators and others may use language or behave in a way that you feel is inappropriate and shows bias, but this may be because no-one has discussed this with them before.

Initiatives to tackle differential attainment

General Medical Council

The GMC has developed new standards for medical education and training and postgraduate medical curricula, that reinforce fairness as a guiding principle and highlights equality and diversity considerations.

It is working with three pilots (London, Scotland and East of England) to develop action plans, focussing specifically on ethnicity and Primary Medical Qualifications. This approach combines GMC data with local intelligence and context to enable deaneries to tailor specific support to address the attainment gap for UK BME and IMG graduates. This approach will be rolled out nationally to all deaneries and colleges in 2018/19.

HEE (Health Education England)

HEE is proposing to introduce a targeted GP training support programme. This will enable doctors who did not successfully complete their GP training within the required timeframe to re-enter the programme and support doctors from other specialties to enter GP training.

In **HEE East of England** the GP deanery have adopted a three-pronged approach based on:

- **Training:** dedicated, individualised learning plans and career advice, with early warning systems for trainees who are likely to face difficulties in training.
- **Assessment:** evaluation of assessment methodologies to eliminate bias; selecting and training examiners appropriately; and providing detailed, constructive feedback for unsuccessful applicants.
- **Monitoring:** systematically monitoring, analysing and disseminating equality data.

In 2016 **HEE North West** formed an Equality, Diversity and Inclusion group which has successfully engaged with trainees to identify factors that lead to difficulties with progression, and then worked to address them. The group has developed a 'hub' for trainers to access leadership and career development resources.

The Royal College of Psychiatrists commissioned an independent review of its MRCPsych exams and encouraged local education and training boards and deaneries to set up a dashboard. This monitors key areas of progress such as individualised learning plans for trainees, offering mentoring, and giving remedial feedback after poor performance in exams. The College has held several conferences on differential attainment and support for IMG doctors.

Taking action

Actions for conference participants

Participants told us that their plans following the conference include:

- Fine-tuning the overseas doctors' induction
- Developing a BME network in my current trust
- Continuing to work with exam development and monitor the results to identify issues
- Raising a discussion on all faculty development days

Action for the BMA

Participants also suggested ways that the BMA could maintain progress on differential attainment. These included:

- Continue to raise the profile of differential attainment, working with stakeholders and facilitating conversations with trainees
- Publicise key learning on differential attainment and conversations with stakeholders
- Champion continued support after training for BME trainees and IMGs
- Promote change at local level to change educators' mindsets

Signposting

BMA [Ensuring fairness in clinical training](#) (2016) – outcomes of the BMA’s symposium on differential attainment

[What can be done to improve outcomes for minority ethnic and overseas-trained doctors?](#) Blog by Katherine Woolf, October 2017

GMC Fair training pathways for all: Understanding Experiences of Progression ([Part 1, 2016](#)) and ([Part 2, 2017](#)) by Dr K Woolf, Dr R Viney, Dr A Rich, Dr H Jayaweera, Ms M Rigby, Dr A Griffin

[Promoting excellence](#): standards for medical education and training (2016) and new [equality and diversity considerations](#) (2017)

HEE [Proposals for targeted training](#) (August 2017)

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