

Equality, Diversity and Inclusion Toolkit for Trusts



September 2019

Developing people
for health and
healthcare

www.hee.nhs.uk

Contents

Introduction	<u>Page 3</u>
Examples of good practice from SAR returns	<u>Page 5</u>
Output from Core Surgery Workshop	<u>Page 8</u>
Output from Core Psychiatry Workshop	<u>Page 9</u>
Useful links	<u>Page 10</u>
Inclusion Model	<u>Page 11</u>
Tips and ideas for developing an inclusive department	<u>Page 12</u>
Workshop outputs from Spring Educators Conference 2017 - "Breaking Barriers"	<u>Page 13</u>
Equality, Diversity and Inclusion Strategy for HEE (NW)	<u>Page 20</u>

Introduction

Equality, diversity and inclusion are important priorities both for Health Education England (HEE) and the General Medical Council (GMC). It is now widely recognised that an inclusive culture within the diverse workforce of the NHS can enhance both outcomes and experience for trainees. Conversely, the GMC has provided evidence of differential attainment amongst different groups of junior doctors. Trainees who qualified overseas, and those from a British graduate, BME background are likely to experience more non-standard ARCP outcomes, less postgraduate exam success, and to have less overall satisfaction in their post than their white British counterparts.

Rates of postgraduate exam success are as follows:



The GMC is investigating the phenomenon of differential attainment in some detail and encouraging the development of initiatives designed to combat these issues. This is important not just for doctors of different ethnicity, but for all those with protected and non-protected characteristics.

We know that trainee doctors are particularly vulnerable as the only paid staff not usually employed by their place of work. This means that workforce and outcome data for junior doctors is not routinely captured at trust level. Frequent rotations can compound the issue.

At HEE's North West office, we have been fact finding for quite some time, through our Spring Educators' Conference in 2017, trainee involvement in our EDI group, workshops with trainees from different specialties and returns from the 2018 Self-Assessment Report (SAR).

This toolkit contains the report of the Spring Educators' meeting, suggestions generated at the core surgery and core psychiatry differential attainment workshops, links to important documents and areas of good practice highlighted in the SAR returns.

In the first instance, it is worth considering how your PGME governance structure can link in with the trust's EDI governance structure, and then how these link into the trust board and the Lead Employer Organisation. Some trusts already have this in place, and others are arranging meetings between EDI leads and PGME teams.

It may be helpful to consider how inclusion can be built in to education and training at a departmental level. This might involve the Trust Specialty Training Lead or College Tutor, the Clinical Lead, Matron and Operational Business Manager. A simple template for thinking about how new trainees are welcomed into the unit is included. This could easily be adapted for other learners in the department.

We have also included the new **EDI Strategy** for HEE(NW)'s PGME team, which may provide other ideas. This includes suggestions for educator development, and we are able to provide talks on a range of relevant

topics. We are also keen to support delivery of this type of material within trusts, and with that in mind, are happy to share presentations as a starting point.

The EDI agenda can sometimes be a hard sell (it is never anyone's intention to provide training and supervision that is not inclusive), but the data speak for themselves, and experience suggests that once people have heard the figures, they will be keen to take action.

Please do feel free to get in touch with any questions, comments or ideas, as this is a very new area, with plenty of opportunity for quality improvement.

Clare Inkster
Associate Dean and EDI Lead
clare.inkster@hee.nhs.uk

Examples of good practice from SAR returns

Alder Hey

1. The Trust has staff Disability and BME networks that influence E&D training content and priorities. Students are informed about the networks and welcome to join at any time.
2. The trust offers cultural competence training.

Bolton

1. In July 2018 we held an afternoon teaching session for medical trainees on Transgender Health, delivered by Dr Martha Hawker and a panel of 3 transgender people.
2. The Trust also repeated their Human Book Club event in association with Library Services and the Equality and Diversity manager.

Cheshire and Wirral Partnership

1. Autism – Occupational Health will review and work in partnership with the individual and line manager to make reasonable adjustments.
2. Lived Experience Connectors[®] (LECs[®]) and Volunteers are involved in our recruitment processes and are integral to our workforce development i.e. TNA programme, MSc Accelerated Nurse programme). We are also working alongside our LECs[®] and Volunteers to ensure our training packages have embedded person centeredness at the core. Some examples of this include: E&D discussed within the context of Student Forums, Suicide Awareness & Response programme and our Autism Awareness eLearning course which were both co-produced with people with lived experience.
3. LEVEN Network (Lived Experience Network) has recently formed to ensure that our service users 'voice' has a forum and this group help shapes coproduction, simulation training events and Trust agendas.

East Cheshire

The trust has an Engagement, Wellbeing and Inclusion group.

East Lancashire

1. The Trust now has invested in the Learning Hub which has personalised learning needs for each staff and e-learning courses can be done via the portal.
2. Optional courses include Unconscious Bias, Cultural, Religious and Spiritual Awareness.

Greater Manchester Mental Health

All staff attend the Trust Welcome Day which focuses purely on values, the service user community and inclusion. This has helped create a culture that values and welcomes diversity.

Lancashire Teaching

1. Valuing Diversity Day which will be held annually.
2. Core People Management Skills training for bands 5-8a includes material relating to EDI.
3. Ambassador networks for minority groups and reverse mentoring.

Manchester

1. Trust International Tutor who has developed a bespoke induction programme and set up a buddying scheme for international doctors.
2. E&D issues discussed at grand round, eg at RMCH "Supporting Children who are Exploring their Gender."
3. Trust EDI lead provides sessions at Medical Education Conference.

Mersey Care

1. A reciprocal mentoring scheme in which a number of participants have gone on to complete a coaching certificate.
2. At induction, learners hear stories from people with a wide range of protected characteristics.

Northern Care Alliance

1. EDI champions working throughout trust to support learners and educators.
2. Additional workshops available such as Disability Confident, Sexual Orientation and Gender Identity, and Dignity at Work.

Wrightington, Wigan and Leigh

1. Scenario-based workshops for non-medical educators.

University Hospitals Morecambe Bay

1. Half day inclusive behaviours workshop for all staff.
2. Bespoke training for educators with trainees with different protected characteristics.
3. Five Year Towards Inclusion Strategy
4. Wide range of staff networks for different protected characteristics – open to staff, trainee doctors, students and volunteers and each with an executive sponsor
5. All staff complete a behavioural standards e-module every three years developed with staff including two SAS doctors
6. All incidents relating to junior doctors reported through PGME who liaise with relevant clinical supervisor
7. Many staff involved in Leadership Academy's positive action programme

Stockport

1. Active liaison between EDI lead and Education Team, with development of action plan to ensure EDI taken into account with all educational offers.
2. WRES Steering Group which Associate Medical Directors sits on

3. Equality Advocate scheme, whereby each area has its own advocate, selected by educators
4. EDI lead working with education team to embed EDI into local induction processes

Tameside

Current learners on our Care Certificate programme have a disproportionality high occurrence of dyslexia and the programme trainer works with individuals to assess their learning support needs, pace of training and additional input required.

Walton Centre

There is postgraduate medical training representation on the trust EDI Steering Group.

There are bound to be many more areas of good practice that we haven't yet heard about, and we would be keen to do so. Please do contact us if you have any areas of work you would like to share.

Output from Core Surgery Workshop

Learning Environment & Culture

- Addressing issues around unconscious bias and culture
- International doctor support officer/team (eg as in Blackpool)
- Delivered by workforce/HR
- With a robust visa support programme

Educational Governance and Leadership

- Survey 4-6 weeks into post, administered by mentor, to uncover any early problems
- Induction
 - HEE/programme – as it stands.
 - Trust – mandatory shadowing period for new IMGs – one day and one night minimum – paid (more time for foundation – same as UK medical students)
 - IMG specific induction could be carried out at Trust, could be via e-learning (eg direct to e-learning for health's guide by Dr Sujesh Bansal of MFT). Should cover aspects of British culture and details of specifics of NHS

Supporting Learners

- Peer matched mentoring/buddying programme – to be available before start of work, and not much more than a year above IMG-IMG
- Keep in same hospital for at least 12 months
- Enhanced induction – tips and tricks, CV building, audit, ARCPs, reflection (at programme level)

Supporting Educators

- Educational supervisors – ensure discussions are genuinely developmental, not solely focussed on portfolio
- Educator development
 - Addressing issues around unconscious bias and culture
 - Basic knowledge around IMG issues, eg visa, financial and practical difficulties
 - Awards for good supervisors - eg attempts to get to know trainees on personal level

Developing and Implementing Curricula and Assessment

- Global surgery elective/module/smartphone discussion group

Output from Core Psychiatry Workshop

Learning Environment & Culture

- Developing a culture of supportive and direct feedback (ie from person wanting to give feedback) facilitated by supervisors
- Multi-disciplinary group meetings to discuss difficult clinical and non-clinical situations

Educational Governance and Leadership

- 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

Supporting Learners

- Enhanced induction to include: teaching and learning styles, and self-directed learning; checklist for first ARCP; how to undertake audit; accent understanding; what to do if a patient is being racist
- Period of shadowing at start of placement - doctors and other professionals to be shadowed
- IMG and British BME reps, at core and higher training - to be present at induction
- Pairing up of IMG trainees at CT1 with a buddy no more than 6-12 months senior
- IMG/BME conference put on by other trainees
- Courses on "normalising challenges" to be put on by other IMG/BME
- Redevelop mentoring programme - possibly compulsory for CT1, matching scheme, feedback on mentor performance, ensuring geographic proximity

Supporting Educators

- Signposting and resources for educators to help them understand challenges, and know how to offer guidance
- Workshops to address "consultant anxiety" about having a trainee different from them
- Unconscious bias and sensitivity training for consultants and trainees
- How to talk about culture - asking questions sensitively (eg "Tell me a bit about your background," rather than, "Where are you from." Use of correct terminology.
- Trainer to be provided with extra supervision time for IMGs in early stages
- Monthly reports to keep track of supervision sessions

Developing and Implementing Curricula and Assessment

- A full day event on portfolio and workplace based assessments
- Mini-PAT should not be anonymous to educational supervisors, to ensure accountability if any concerns raised, and discourage bias
- Include issues relating to cultural competence in CASC and written exams

Useful Links

GMC Promoting Excellence – Equality and Diversity Considerations – <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/promoting-excellence-equality-and-diversity-considerations>

GMC Equality, Diversity and Inclusion Strategy 2018 – 2020 – https://www.gmc-uk.org/-/media/documents/edi-strategy-2018-20_pdf-74456445.pdf

HEE Diversity and Inclusion – Our Strategic Framework 2018 – 2022 – [https://www.hee.nhs.uk/sites/default/files/documents/Diversity and Inclusion - Our Strategic Framework.pdf](https://www.hee.nhs.uk/sites/default/files/documents/Diversity%20and%20Inclusion%20-%20Our%20Strategic%20Framework.pdf)

*This includes two examples of good practice from the North West

HEE Supported Return to Training – [https://www.nwpgmd.nhs.uk/sites/default/files/HEE_Supported Return to Training Report.pdf](https://www.nwpgmd.nhs.uk/sites/default/files/HEE_Supported_Return_to_Training_Report.pdf)

BMA and Stonewall research on LGB doctors in the NHS – https://www.google.co.uk/url?sa=t&rct=j&q=&esrc=s&source=web&cd=4&ved=2ahUKEwjcy6yj_XjAhXmQE EAHQ5HBSAQFjADegQIARAC&url=https%3A%2F%2Fwww.bma.org.uk%2F-%2Fmedia%2Ffiles%2Fpdfs%2Fwork%2520life%2520support%2Fyour%2520wellbeing%2Fexperience-of-lgb-doctors-and-medical-students%2520in%2520nhs-v9.pdf%3Fla%3Den&usg=AOvVaw2s9DMeWbY1S1eSo9f5YpuK

Inclusion, Equality and Diversity in the NHS Leadership Academy – <https://www.leadershipacademy.nhs.uk/resources/inclusion-equality-and-diversity/>

Fair Training Pathways for All: Final Report – <https://www.nwpgmd.nhs.uk/resources/fair-training-pathways-all-understanding-experiences-progression-final-report>

King’s Fund work on Equality and Diversity – <https://www.kingsfund.org.uk/topics/equality-diversity>

Inclusion Model

	Low Belongingness	High Belongingness
Low Value in Uniqueness	<p>Exclusion</p> <p>Individual is not treated as an organizational insider with unique value in the work group but there are other employees or groups who are insiders.</p>	<p>Assimilation</p> <p>Individual is treated as an insider in the work group when they conform to organizational/dominant culture norms and downplay uniqueness.</p>
High Value in Uniqueness	<p>Differentiation</p> <p>Individual is not treated as an organizational insider in the work group but their unique characteristics are seen as valuable and required for group/ organization success.</p>	<p>Inclusion</p> <p>Individual is treated as an insider and also allowed/encouraged to retain uniqueness within the work group.</p>

Inclusion and Diversity in Work Groups: A Review and Model for Future Research

LM Shore et al

Journal of Management Vol. 37 No. 4, July 2011 1262-1289

Tips and ideas for developing an inclusive department

Design a plan to cover the first six weeks for new trainees in a department at the August rotation.

May be helpful to use the template below as an outline for your ideas:

	Identifying and addressing specific barriers and challenges	Ensuring “sense of belonging”	Developing “sense of uniqueness”
Induction document			
Induction meeting			
Welcome to the department including clinical supervisors, nurses and other staff groups			
Teaching sessions			
Initial meeting with educational Supervisor			

Workshop Outputs from Spring Educators' Conference 2017 – “Breaking Barriers”

Six parallel workshops were organised with senior educators being led by trainees. These were entitled, “Challenges Faced by.... Trainees” as follows:

- LGBT
- International graduates
- Women
- Ill health and disability
- Non-traditional background [also known as Widening Participation - less socially, economically or educationally advantaged]
- Balancing career and family

Workshops were facilitated by the trainees and an Associate Dean. They began with a listening session, to understand the experiences of the trainees, followed by a collective action planning session. Action planning was discussed at an individual, trust or programme level, and HEE level.

Summary of Workshop: Challenges Facing LGBT Trainees

Listening session

- Trainees present made it clear that their views only represent a small proportion of the LGBT community (i.e. openly gay men) and therefore they are not able to speak on behalf of other trainees within this category.
- Discussed how trainees have reported that they feel happier in their work if they are able to be openly ‘out’.
- Discussed that trainees have to ‘come out’ on a regular basis due to regular rotation and working in new teams.
- Discussed how trainees may perceive the stigma to be much greater than others do, based on their previous experiences.
- Discussed how trainees have reported that they experience ‘banter’ regarding sexuality which can be hurtful.

Action planning session

The following suggestions were made:

What can I do as an individual to improve inclusion for LGBT trainees?

- Act as role models in the clinical environment and therefore challenge any inappropriate terminology/‘banter’ appropriately.
- Ensure approachability to allow:
 - Trainees to ‘come out’ openly if they wish
 - Trainees to report any bullying/harassment regarding their sexuality.
- Increase awareness of issues that LGBT trainees face via open discussions.
- Increase awareness of own unconscious bias, for example one senior educator reviewed how they place gay trainees in more distant rotations as they assume they will not have childcare responsibilities.

What actions can be taken at Trust/Programme/School level to address issues faced by LGBT trainees?

- Link with existing groups, e.g. existing LGBT groups for medical students (GLADD etc.).
- Rather than creating 'LGBT groups' which require members to 'come out' to join, develop groups that aim to 'improve LGBT experiences' which are aimed at both LGBT and the wider audience.
- LGBT representative for schools, e.g. School of Medicine, School of Surgery (some trusts and programmes will be too small to have an individual representative) – ensure visibility so that trainees are able to raise issues via representative.
- Add equality, diversity and inclusion to the school agenda meetings, ensuring specific questions regarding LGBT trainees and other groups such as IMGs.

What can HEE (within the local office) do to support LGBT trainees?

- HEE LGBT trainee representative.
- LGBT webpage with details of:
 - LGBT representatives
 - LGBT groups
 - Who to contact to report any issues.
 - Run similar workshops for educational/clinical supervisors – highlight unconscious biases and action to be taken

Summary of Workshop: Challenges Facing International Graduates

Listening session

- Trainees described a number of different experiences and perceptions of training
- International graduates lack familiarity with UK culture. Specifically, they may have a different experience of the work ethic, and may also feel uncomfortable with feedback. Positive feedback may be particularly problematic.
- Social factors may also be relevant and international graduates may be more likely to feel a sense of isolation in the absence of close family and friends.
- International graduates may begin their career as non-training grade doctors, and therefore do not have access to an educational supervisor. This may result in absence of early support and feedback.
- Educational supervisors may have a lack of awareness/understanding of the issues facing international graduates.

Action planning session

The following suggestions were made:

What can I do as an individual to improve inclusion for international trainees?

- Be an accessible and supportive educational supervisor

What actions can be taken at Trust/Programme/School level to address issues faced by international graduates?

- Ensure that non-training grade doctors have access to a supervisor who is able to support their educational progress in post.
- Ensure adequate training at induction for international graduates on issues relating to culture in the NHS, such as expectations of constructive feedback.
- Develop buddy system – several pilots already exist within the North West that can be developed as best practice
- Ensure all trainees receive regular, sensitive, timely and constructive feedback throughout the year.

What can HEE (within the local office) do to support international trainees?

- Develop training packages for educational supervisors to help them understand the issues facing international graduates and provide the appropriate support.
- Work with Heads of School to ensure appropriate induction to programme
- Support the implementation of training packages for trainees and buddying or mentoring programmes

Summary of Workshop: Challenges Facing Women Trainees

Listening session

- Trainees described a number of different experiences and perceptions of training
- One trainee had observed that male consultants treated her differently depending on how she dressed. She explained that whilst she had always been a bit of a “tomboy”, she had observed that male consultants responded more positively to her if she wore high heels, make up and a dress. This resulted in a conscious decision to “dress up” on certain days to ensure a more positive training experience.
- All trainees felt that they had to work harder to get the respect of nurses than male trainees, and that relationships with nurses could be problematic, particularly when they needed to be more directive.
- One trainee experienced frequent assumptions that she was less experienced or capable than she actually was. This also related to being short, and therefore often being judged as younger than she actually was.
- A separate issue was highlighted relating to the return to work after maternity leave. A trainee described difficulty which became more apparent with time relating primarily to practical procedures. She felt uncomfortable bringing this up for fear of being negatively judge, a feeling that was confirmed by other members of the group. She had received good support once she brought the issue to the attention of her educational supervisor.

Action planning session

The following suggestions were made:

What can I do as an individual to improve inclusion for women trainees?

- Act as role models in the clinical environment and challenge any inappropriate terminology or gender related banter. This should apply to women and men who are both capable of perpetuating gender stereotypes.

What actions can be taken at Trust/Programme/School level to address issues faced by women trainees?

- Consider running workshops in trusts for multi-disciplinary teams to ensure empathy with women's experience of training. May work most effectively with teams who work regularly together such as an operating department team, outpatient or ward-based team.
- Set up return to work programmes for trainees coming back from maternity leave. [It was noted that some specialties already have systems in place, some of which seem to be working better than others. One example is the obs&gynae system which allows a month of returning to work before the training clock is restarted. Any new programmes will need to be customised to individuals and may potentially require a focus on practical procedures and enhanced supervision arrangements. Mechanisms need to be put in place to identify and support trainees who have difficulties at a later point after returning.]

What can HEE (within the local office) do to support women trainees?

- Further workshops to be run.
- Normalise the challenges experienced by trainees by expecting that everyone will experience them, and facilitate open and honest discussion of the issues facing women.
- Issues relating to returning to work may be important to other groups who have time away from the workplace, particularly in situations where people may be reluctant to ask for help.

Summary of Workshop: Challenges Facing Trainees with Ill Health and Disability

Listening session

- Trainees present spoke candidly about the issues they had faced and everyone present agreed that it had been an extremely powerful experience listening to the trainee stories.
- Discussed how they have tried to be open with their employers and supervisors but sometimes had come across unsympathetic supervisors and were treated with some prejudice. For example they would be told that other trainees 'were covering their on-calls' when in actual fact they were not their on-calls to cover.
- All agreed that it was very important that trainees have to be honest
- Discussed the difficulties experienced in practically getting things arranged e.g. paperwork for LTFT training and the lack of coordination between HEE/Trust/departments etc.
- Overriding all the issues was appropriate and continued communication between trainee / supervisor / Trust / HEE / other agencies

Action planning session

The following suggestions were made:

What can I do as an individual to improve inclusion for trainees with ill health or disability?

- LISTEN and ask the question regarding health and well-being. Sit down with the trainee and work out a plan as to what will help the trainee
- Act as role models in the clinical environment and be available for the trainee

- Arrange up to date and accurate Transfer of Information documents, in conjunction with the trainee, so that the trainee doesn't have to keep repeating their story whenever they move and measures can proactively, rather than reactively, be put into place beforehand.

What actions can be taken at Trust/Programme/School level to address issues faced by trainees?

- TPD to be the central link / port of call for the trainees
- Have a buddy system to facilitate peer support
- Feedback to CS/ES via school e.g. the ESR
- Regular meet ups with trainees to discuss ongoing and new issues
- Produce a Directory of Services of CS and ES skills e.g. mentoring / pastoral support / particular teaching styles which the TPD/HoS can access to aid allocation of trainees to tracks and support.

What can HEE (within the local office) do to support trainees?

- Clear and accurate information re policies e.g. sickness, time out of programme, LTFT
- Provide training to TPD's and HoS
 - Induction programme at appointment
 - Management / policies etc.
 - Highlight unconscious bias and action to be taken
- All were in agreement that the 'Doctor in Difficulty' term could be perceived as pejorative and therefore a different term e.g. Doctor accessing enhanced support would be better

Summary of Workshop: Challenges Facing Trainees from Non Traditional Background

Listening session

- Trainees went through their stories and participants asked relevant questions.
- Many of the trainees mentioned of how they felt "they didn't belong" and that "they shouldn't be there if they didn't come from the same background as others."
- Many felt they didn't have the same opportunities such as "access to work experience" and support from teachers before applying to medical school
- Many felt they lacked the family network and support - both emotional and financial support
- Many mentioned an advocate/mentor during their training made all the difference. "Someone who believed in them"
- Many trainees mentioned their resilience level grew during their training given their experiences.
- Other positive experiences that the trainees mentioned included mentoring, more broader/holistic educational supervision – consultants to take an interest in their backgrounds and give advice in a non-judgemental way; taster weeks to offer opportunities and signposting for career support.
- Many trainees were now involved in the widening participation agenda and going to their old schools and other inner city schools or more deprived areas to talk about opportunities available to all students.

Action planning session

The following suggestions were made:

What can I do as an individual to improve inclusion for trainees with non-traditional background?

- Awareness of “back story” and background of students
- Broader approach, more holistic approach to all student and trainees for their clinical and educational supervision
- Possibility of role as mentor- to both undergraduates and postgraduate – share previous good experiences

What actions can be taken at Trust/Programme/School level to address issues faced by trainees?

- Encouragement of Taster Weeks at Trust/Programme level
- Specific improvement in advertising and process of securing Taster weeks – possibility of flyer distributed by DME
- Formalising mentoring programme – specifically aiming at students/trainees from a non-traditional background
- Raise awareness amongst consultant bodies about supervision of trainees from non-traditional backgrounds
- Increase opportunities for work experience opportunities for all – learn from good practice from some trusts – St Helens and Knowsley Trust has 1 week in June which is open for all students to apply for work experience and provides opportunities in multiple departments. This is advertised widely in all schools and colleges

What can HEE (within the local office) do to support trainees?

- Better signposting for Careers Fair events and Taster Weeks
- Publicise the positive stories of trainees from Non-Traditional Backgrounds to provide inspiration for other similar background trainees/students
- Potential area for research into educational outcomes for individuals from non-traditional backgrounds
- Champion from HEE for the trainees from a Non Traditional Background

Summary of Workshop: Challenges Facing Trainees Balancing Career and Family

Listening session

The trainee’s presented 2 very interesting cases:

1. Balancing a career with being a parent to 4 children
2. Balancing a career with a partner with ill health

Common themes

- LTFT working can lead to relative financial hardship. Study leave and exam expenses can be a great burden and the time to get reimbursed can be several months worsening financial pressures.
- Most ESs very good if told about the issues but some still claim not to have dealt with LTFT trainees before. Multiple changes in placement and in ESs can make building a rapport and confiding in trainers more difficult.
- It can be difficult to know who to appeal to if feel unfairly treated.

- Would be useful to continue working but not training for a short period when under intense pressure with necessary extension to training time.

Action planning session

The following suggestions were made:

What actions can be taken at Trust/Programme/School level to address issues faced by this group of trainees?

- Ensure high quality educational supervision
- Establish peer mentor groups
- Identified support in trusts communicated to all trainees
- Access to appeal
- Clear lines of leadership communicated to all trainees

What can HEE (within the local office) do to support this group of trainees?

- Help button on website
- Develop a policy for 'Time to train but not train – step on step off' to be use in acute situations that likely to be short term
- Study leave – pay timeliness and potentially a hardship fund with a policy to support its use

Equality, Diversity and Inclusion Strategy for Health Education England (North West)

Theme One – Learning environment and culture

Activity	Purpose	Outcome measure(s)	Timeline	Key people
EDI Good Practice toolkit to be developed for circulation to trusts	Ensure best practice for EDI is being implemented, according to Promoting Excellence guidance from GMC, and incorporating feedback from NW trainees	Evidence from EDI questions on SAR that the toolkit is being used to implement positive change	End of June 2019 to complete toolkit Evidence will be available by December 2020	Clare Inkster (CI)
Ensure clear liaison between LEO and trusts regarding Dignity at Work policies and Freedom to Speak Up Guardian, with prompt action taken on bullying and harassment allegations	All trainees are clear on policies designed to protect them and feel safe to speak up if required, in the belief that action will be taken	Evidence of utilisation of Freedom to Speak Up Guardian by trainees, with action taken on bullying and harassment allegations where appropriate. Evidence that groups with protected characteristics are being supported to overcome barriers to reporting.	September 2019	CI
Trust and School inductions place emphasis on the values of EDI and explain	To ensure that trainees feel valued and develop a sense of belonging as	Evidence from SAR data analysis. To discuss feasibility of	December 2019	CI/Quality team

what practical support is available for trainees with potential barriers to progression	early as possible in their placement, and are provided with practical support to overcome barriers	adding EDI questions to ASRs.		
Pilot for trusts to collect differential attainment data through end of placement feedback	Areas of concern and good practice within trusts can be identified to complement data already available from the GMC relating to differential attainment in programme	Data from two trusts is available including one acute and one mental health trust	August 2020	CI/DMEs two pilot trusts (to be identified)

Theme Two – Educational Governance and Leadership

Activity	Purpose	Outcome measure(s)	Timeline	Key people
Relaunch of EDI Group with new ToR	Oversee implementation of EDI Strategy and support trainee-led interventions	Minutes of meetings and RAG rated action log	December 2019	CI/Mumtaz Patel (MP)/Roisin Haslett (RH)/Tracey Lakinson (TL)/Sarah Metcalfe (SM) and learner Support and Faculty Development Team
EDI to be added as an agenda item to School Board and Trust Education Faculty meetings	To raise the profile of EDI issues throughout educational governance structures	Minutes of meetings	February 2020	CI/Ads/HoS/DMEs

Monitor support for LTFT and SuppoRTT Champions in trusts	To ensure effective implementation of HEE policy, good use of money, and improved outcomes for LTFT trainees and those returning to training	Minutes of trust education faculty meetings. Trainee feedback in trusts	September 2019	ADs/DMEs
EDI to be added as a standing item at JD fora in trusts	The JD fora to be attended by a representative group of trainees, and issues pertaining to EDI matters are considered	Minutes of JD fora	January 2020	DMEs/Guardians of Safe Working
EDI questions to be used routinely at monitoring visits	Relevant data is available from feedback from monitoring visits, with accountability via action plan	Monitoring visit reports and recommendations	July 2019	Quality team

Theme Three – Supporting Learners

Activity	Purpose	Outcome measure(s)	Timeline	Key people
Enhanced inductions for junior doctors new to UK medical practice – pilot sites to be determined	Enable our internationally qualified junior colleagues to get the additional support they need to settle quickly and safely into UK practice.	Positive evaluation from attendees. Reduction in differential attainment (DA) data from GMC	Call for pilot sites by September 2019 Evaluated inductions by September 2020 Improved DA by GMC survey 2021 (supported by	CI/MP/IMG trainees/pilot site trust DMEs

			additional measures)	
Improved EDI webpages and updated links on nwpgmd website – with help button linking to support services	Improve accessibility of information on EDI related matters, all in one location. Improved recruitment and retention of doctors with protected characteristics	Evidence of updated website with named person responsible for regular updates	July 2020	Educator development and learner support team with assistance from EDI group members.
Comprehensive directory of pastoral and support services for IMGs – health and wellbeing, finance, housing, childcare, visas	Ensure holistic support for IMG doctors as part of aforementioned package to address DA	Links to directory available in induction documents and EDI webpages	July 2020	LEO, Trust HR, EDI group
Buddying/near peer mentoring scheme pilot for IMGs new to UK	Provide support for settling into UK practice and advice on managing portfolio – improve DA with respect to ARCP outcomes	Evaluation of pilot scheme – LEDs in surgery	September 2020	Linda Kimani (academic core surgery trainee)/CI/MP
Series of trainee advocates / champions for trainees with protected characteristics (eg LGBT, ill health and disability, IMG, UK BME, pregnancy and maternity)	Trainees with issues relating to specific protected characteristics have a point of contact to signpost to appropriate services and provide advice and support	Evidence of trainee advocates attending EDI group with contact details on EDI webpage and in school induction documents	December 2019	CI/EDI group

Review of EDI mandatory training and new workshop for training directory on health inequity / inclusive behaviour	Ensure that trainees understand the importance of addressing health inequality as well as the potential for bias affecting interactions with peers from differing groups	New workshop available in directory of training Evidence of reviewed/developed mandatory training	July 2020 July 2021	CI CI/LEO
Encourage diverse study groups for exams with tailored support at an early stage for IMGs	Address DA with respect to exams	Improved exam outcome DA data from GMC	To be evidenced by 2021 GMC survey results	Ads/HoS/TPDs

Theme Four – Supporting Educators

Activity	Purpose	Outcome measure(s)	Timeline	Key people
Collect data for senior educators by protected characteristics	Ensure diverse and representative group of senior educators and that there is equality of access to senior educational roles	Survey results from Ads/HoS/DMEs/TPDs	July 2020	CI to work with workforce team
Workshops on range of issues relating to EDI available on educator development directory: <ul style="list-style-type: none"> • Unconscious bias 	To ensure educators have a good understanding of issues which may affect trainee outcomes and experiences for	Directory contains all four workshops with evaluations available	First three workshops complete, fourth to be added by September 2019	CI

<ul style="list-style-type: none"> • Inclusive supervision • Cultural Intelligence • Health Inequity 	<p>protected and non-protected characteristics. To be aimed at College Tutors and TSTLs – tasked with ensuring EDI supported proactively in departments and at educational appraisal</p>			
<p>EDI module at Edge Hill - pilot</p>	<p>To allow multi-professional educators to develop a more in depth interest / experience of EDI related issues. This will develop a cohort of experts who can work with trusts and programmes to provide targeted EDI support</p>	<p>First pilot designed and recruited to</p>	<p>March 2020</p>	<p>MP/CI/John Sandars/ Cathy Sherratt/Ida Ryland</p>
<p>EDI conference for DMEs/MDs/MEMs/ Trust EDI leads</p>	<p>To facilitate senior engagement with issues relating to EDI and junior doctors</p>	<p>Evaluation of conference with attendance list</p>	<p>By July 2021</p>	<p>EDI group/ED and LS team</p>

Theme Five – Implementing Curricula and Assessments

Activity	Purpose	Outcome measure(s)	Timeline	Key people
Tailored exam and ARCP support for IMGs and other groups with evidence of DA	To eliminate DA	DA data from GMC	July 2021	TPDs and TSTLs/ESs
To consider pilot on teaching global healthcare	To raise knowledge and awareness of issues relating to global healthcare and encourage reciprocal training	Pilot proposal	July 2021	CI/Linda Kimani/Prof Nirmal Kumar

Clare Inkster June 2019