

Narrowing the gap of Differential Attainment by getting the best out of everyone



Dr Mumtaz Patel

Postgraduate Associate Dean, HEE NW

Consultant Nephrologist, Manchester Royal Infirmary

Quality Management Lead, JRCPTB, UK

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Intended outcomes

- Raise awareness of current research work, evidence around Differential Attainment (DA).
- Understand the challenges of addressing DA.
- Provide a framework of potential interventions in order to narrow the gap and improve outcomes.

Background

- My interest and research into doctors in difficulty
- DDRG study - GMC provided long term progression and outcome data – evidenced DA
- Report on State of Physicianly Training in the UK evidenced variation in outcomes - E&D perspective
- National E&D study looking at CMT quality criteria and its impact on trainee progression and educational outcomes (JRCPTB/MRCP/GMC)
- Member of the HEE NW and GMC E&D Advisory Group.
- Invited to be pilot site for regional roll out of the Differential Attainment outcome data

1. Patel M et al (2016). Value of supervised learning events in predicting doctors in difficulty. *Med Education*, 50: 746-756.

2. Patel M, Agius S (2017). Cross cultural assessment of competence. *Medical Education* 2017, 51: 342-350.

3. <https://www.jrcptb.org.uk/state-physicianly-training-uk-2017>

Definitions

Differential Attainment

- *Unexplained variation in the attainment of groups of individuals who share protected characteristics when compared with groups who do not share the same characteristic*

Definitions

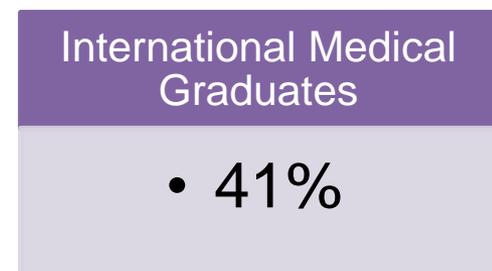
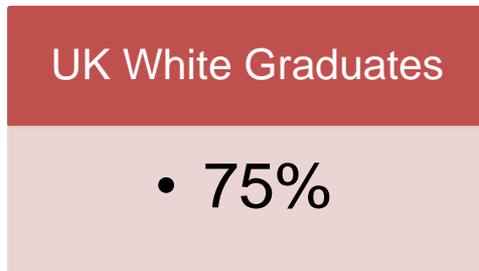
Fairness in education as defined by OECD

‘making sure that personal and social circumstances – for example gender, socio - economic status or ethnic origin – should not be an obstacle to achieving educational potential’

**Organisation for Economic Co-operation and Development,
Equity in Education, 2008,
<https://www.oecd.org/education/school/39989494.pdf>**

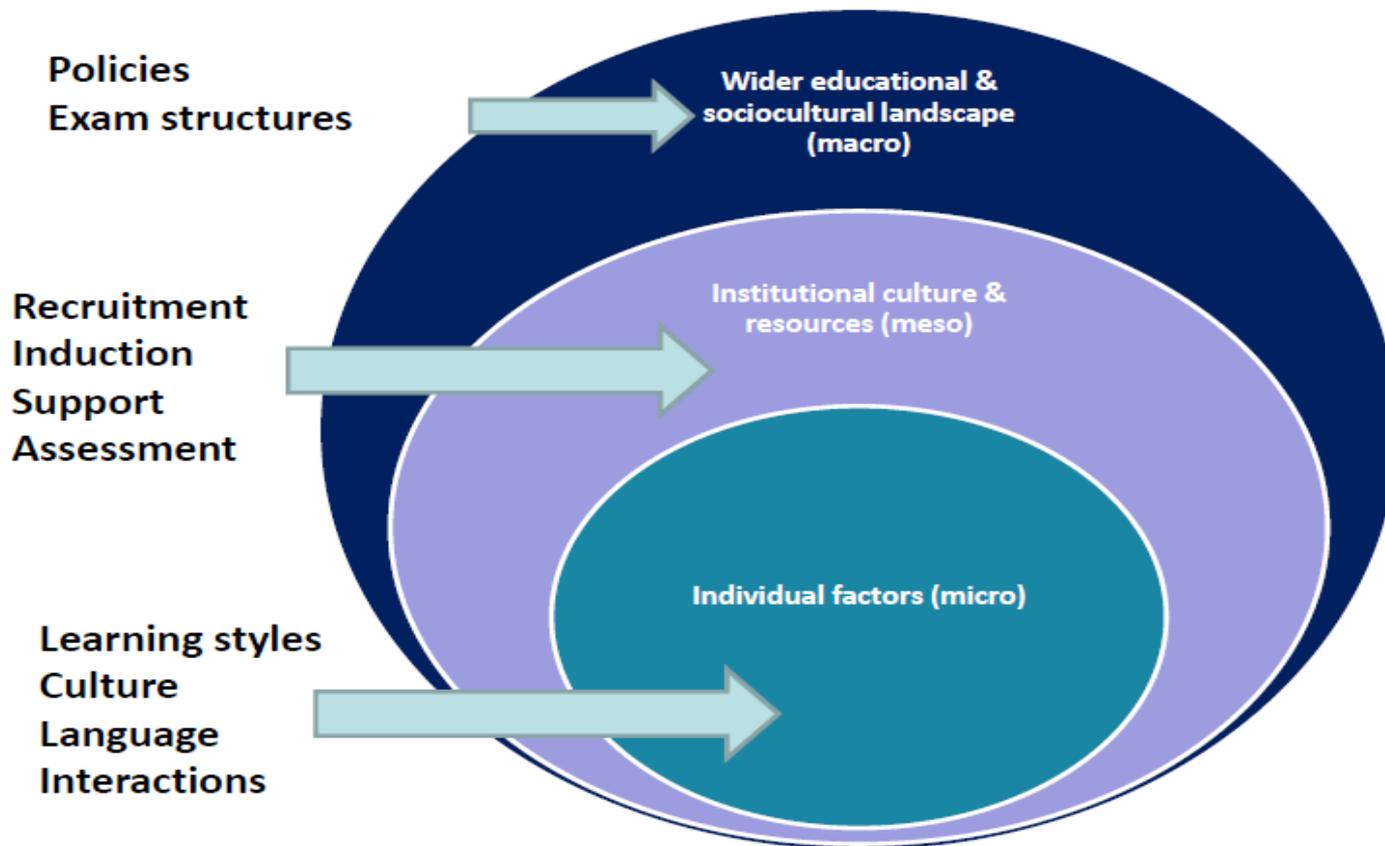
Scale of the problem

- Different groups of doctors progress through training at different levels
- Exists across all measures of progression



- Its existed for decades and not easy to address
- Research suggests variation is not easy to address & due to a variety of social, economic & cultural factors.
- We cannot rule out discrimination and bias

Understanding Differential Attainment



Differential Attainment

- GMC legally required to investigate these issues
- Responsibility of HEE, Trusts and local education providers to ensure fairness and equity for all
- We all lose out if doctors do not receive the support or opportunities they need to achieve their potential
- Need to ensure that any barriers to progression are valid, fair, and justifiable to protect patients
- Any evidence of actual bias, discrimination needs to be addressed quickly
- Over time, aim to see a reduction in the different rates of progression

Key Objectives of the GMC (2020)

Build capacity in organisations responsible for design and delivery of medical education to engage with these issues

Facilitate evaluation and sharing of learning from trialled interventions

Raise awareness of barriers and enablers to success amongst medical students, doctors in training and their trainers, promoting stories of successful individuals from protected groups

Routinely publish data relating to protected characteristics and associated characteristics.

Invest in new and innovative research to promote understanding.

Work with wider healthcare system encouraging collaboration across the whole system

Workstreams being developed

- Develop a wider range of metrics
- Research into best practice on the design of assessments
- Feasibility study into sharing recruitment selection test outcomes
- Research into lessons on barriers and enablers from programmes or specialties with very high or low levels of variation
- Promote awareness of barriers and enablers amongst students and doctors in training e.g. Welcome to UK Practice
- Develop awareness of barriers and enablers amongst trainers and support them to take action locally
- Identify barriers and enablers in recruitment & selection processes
- Pilot impact of different strategies for allocation of training posts
- Research root cause of variation into other protected characteristics

Metrics for Differential Attainment

- Differential attainment measured by following sources:
 - ARCP unsatisfactory outcomes
 - Exams outcomes based on trainees relevant programmes
 - GMC Overall satisfaction scores
- Data given at specialty and training programme level

Outlier report for programme level progression data

Summary table showing the variation in outcomes

Programme Specialty	EEA PMQ			IMG PMQ			UK Ethnic group		
	ARCP	Exam	NTS OvS	ARCP	Exam	NTS OvS	ARCP	Exam	NTS OvS
Acute Care Common Stem		Below outlier at 68%		Below outlier at 95%					
Acute Internal Medicine				Below outlier at 68%					
Anaesthetics		Below outlier at 68%			Below outlier at 95%		Below outlier at 95%	Below outlier at 95%	
Cardiology							Above outlier at 68%		
Chemical pathology				Above outlier at 68%					
Child and adolescent psychiatry						Above outlier at 68%			
Clinical oncology		Below outlier at 68%			Below outlier at 68%		Above outlier at 68%		
Clinical pharmacology and therapeut..	Below outlier at 68%						Above outlier at 68%		
Clinical radiology				Below outlier at 68%			Below outlier at 68%	Below outlier at 95%	
Combined Infection Training									Below outlier at 68%
Core Medical Training	Below outlier at 95%								Below outlier at 68%
Core Psychiatry Training	Below outlier at 68%	Below outlier at 95%		Below outlier at 68%	Below outlier at 95%	Below outlier at 68%		Below outlier at 68%	
Core Surgical Training		Below outlier at 68%						Below outlier at 68%	Above outlier at 68%
Forensic psychiatry	Below outlier at 68%								
Foundation Programme	Below outlier at 68%								
General Practice		Below outlier at 68%		Below outlier at 95%	Below outlier at 95%			Below outlier at 95%	Below outlier at 95%
General Surgery				Below outlier at 68%	Below outlier at 68%				
General psychiatry				Below outlier at 68%					

3 measures per protected group per programme
9 metrics per programme

- Below outlier at 95%
- Below outlier at 68%
- Above outlier at 68%

The link between postgraduate training programmes and exam and ARCP outcomes and overall satisfaction scores for BME doctors and overseas PMQ holders

Version: 14/11/2018

Differential attainment is measured by the following sources:

- ARCP based on trainees not receiving an unsatisfactory outcome in the academic years 2014-15, 2015-16 and 2016-17
- Exam based on results of trainees on a relevant programme e.g. results of Foundation Programme doctors are excluded, in the academic years 2014-15, 2015-16, and 2016-2017
- Overall satisfaction score from the NTS 2018.

Deanery/HEE Local Office
North West

Programme Speciality
Multiple values

Outcome Filter
All

Number of Trainees

EEA PMQ 238

IMG PMQ 738

UK PMQ White 3,337

BME 1,621

Above outlier at 95%



Below outlier at 68%



Above outlier at 68%



Below outlier at 95%



No statistical variation



N<3 in atleast one group



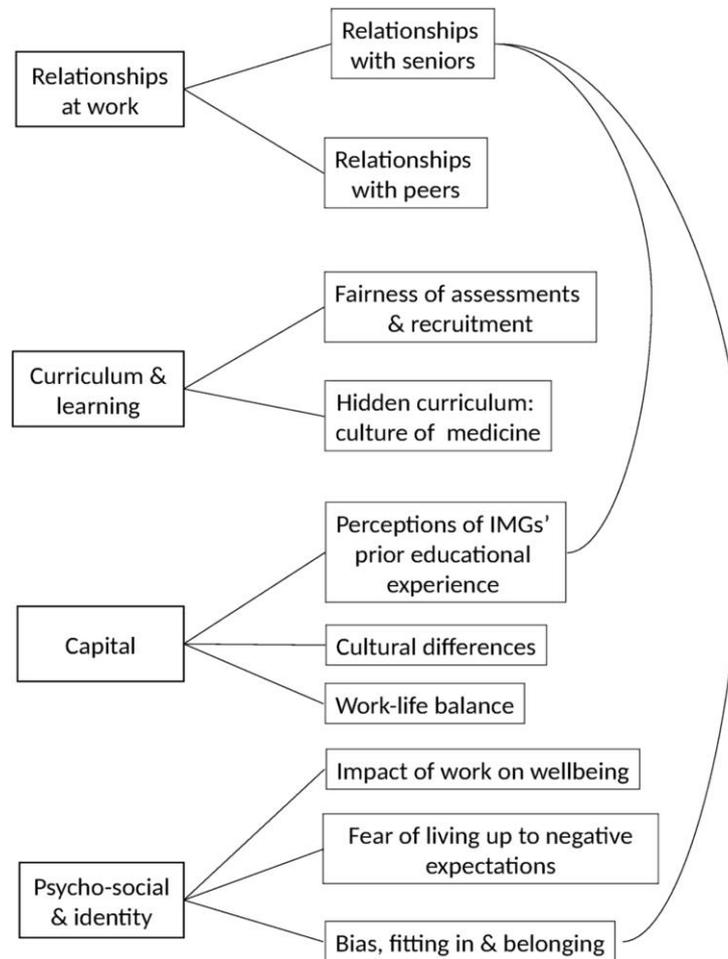
Summary table showing the variation in outcomes

Programme Speciality	UK PMQ BME			EEA PMQ			IMG PMQ		
	ARCP	Exam	NTS OvS	ARCP	Exam	NTS OvS	ARCP	Exam	NTS OvS
Combined specialties									
Core Anaesthetics Training									
Core Medical Training									
Core Psychiatry Training									
Core Surgical Training									

Discussion

- What kind of issues do you feel may contribute towards differential attainment outcomes in your specialty/ programme /trust?
- What can we do to narrow the gap and improve outcomes?
 - Individual level
 - Trust level
 - Deanery – School
 - College – policy level

Perceived causes of DA *Health Education England*



Fair training pathways for all: Understanding Experiences of Progression Part 1, 2016

Fair training pathways



Health Education England

Risks and vulnerability process	Protective process
Poor relationship with seniors	Trainers having time to get to know trainees
Perception of unconscious bias	Trainers having faith in their abilities
Poorer performance lowering confidence	Support with exam anxiety, preparation
Fear of being labelled as problematic	Tailored advice for CVs, job applications, careers, portfolio
Negatively stereotyped – likely to fail	Good relationships between trainees from different cultural groups
Inexperience with UK assessments, recruitment	Roles models – aspirational; advice, career support
Practical difficulties – visas, accommodation	Deaneries being supportive; online resources; LTFT options; return to work support
Lack of family, friends support - networks	Support of family and friends outside of work

What helps trainees succeed?

Working & learning environment

4: Diversity is valued

Learning pathway

Medical School

Foundation

Core/Higher Specialty

Who supports learning

1: Inspirational Seniors / 2: Supportive Trainers / 5: Peers

What supports learning

6: Maximising value of learning / 7: Being treated as an individual / 10: Motivation & Drive

Time-bound activities that support learning

8: Gaining clarity & certainty re: career choices

3: Working arrangements

9: Dealing with the challenging journey to the end of training

How can UG & PG training providers facilitate success?

How can Colleges support success?

GMC themes & standards of postgraduate medical education (2016)

Trust/Local/Programme induction: how could that be improved? Enhanced induction?

What needs to be done to ensure an inclusive, supportive educational environment?

One to one support for exams?

THEME 1
Learning environment and culture

01

THEME 2
Educational governance and leadership

02

Recruitment/selection/ Placements based on educational needs?

LTFT options; flexible training; stopping training clock

What qualities are most valuable in educational and clinical supervisors?

What other support would be helpful?

Pastoral support; mentoring; peer networks, counselling,

Social linguistic support;

Introduction to UK practice, NHS structures; advice on finance/housing childcare

THEME 5
Developing and implementing curricula and assessments

05

THEME 3
Supporting learners

03

04

THEME 4
Supporting educators

ES/CS training – unconscious bias; cultural competence



Interventions

Learning Environment & Culture

- Promote cultural competence, unconscious bias training through faculty development
- Develop educators who promote fairness and diversity in medical education
- Provide more holistic educational supervision
- Tackling bullying, harassment and discrimination
- Developing culture of giving supportive and direct feedback*
- MDT meetings to discuss difficult clinical and non-clinical situations*

Educational Governance and Leadership

- Involve trainees/patients/public in faculty meetings, interviews, and assessments
- Systems for selection, recruitment need to be fair, transparent - EDI training
- Use HEE quality framework to raise concerns around education and training
- 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*
- Survey 4-6 weeks into post to identify trainees who may need support (thorough mentors)*

Interventions (2)

Supporting Learners

- All learners have appropriate induction (cultural induction); enhanced induction to include teaching and learning styles, self directed learning; introduction to portfolio and ARCP process*
- Period of shadowing at start of placement – doctors/ other healthcare professionals*
- Peer matched mentoring/buddying programme esp for IMGs (one year apart)*
- Systems in place to identify trainees needing support early and effective PSU
- Tailored individualised learning plans, support and effective constructive feedback

Supporting Educators

- Fair recruitment/ selection of educators; appropriate induction & regular appraisals
- Faculty development to address DA and cultural competence/sensitivity - unconscious bias training*
- Giving effective feedback, role modelling, coaching and mentoring
- Signposting and resources for educators to help them understand challenges, and know how to offer guidance; consider extra supervision time for IMGs*; more holistic educational supervision

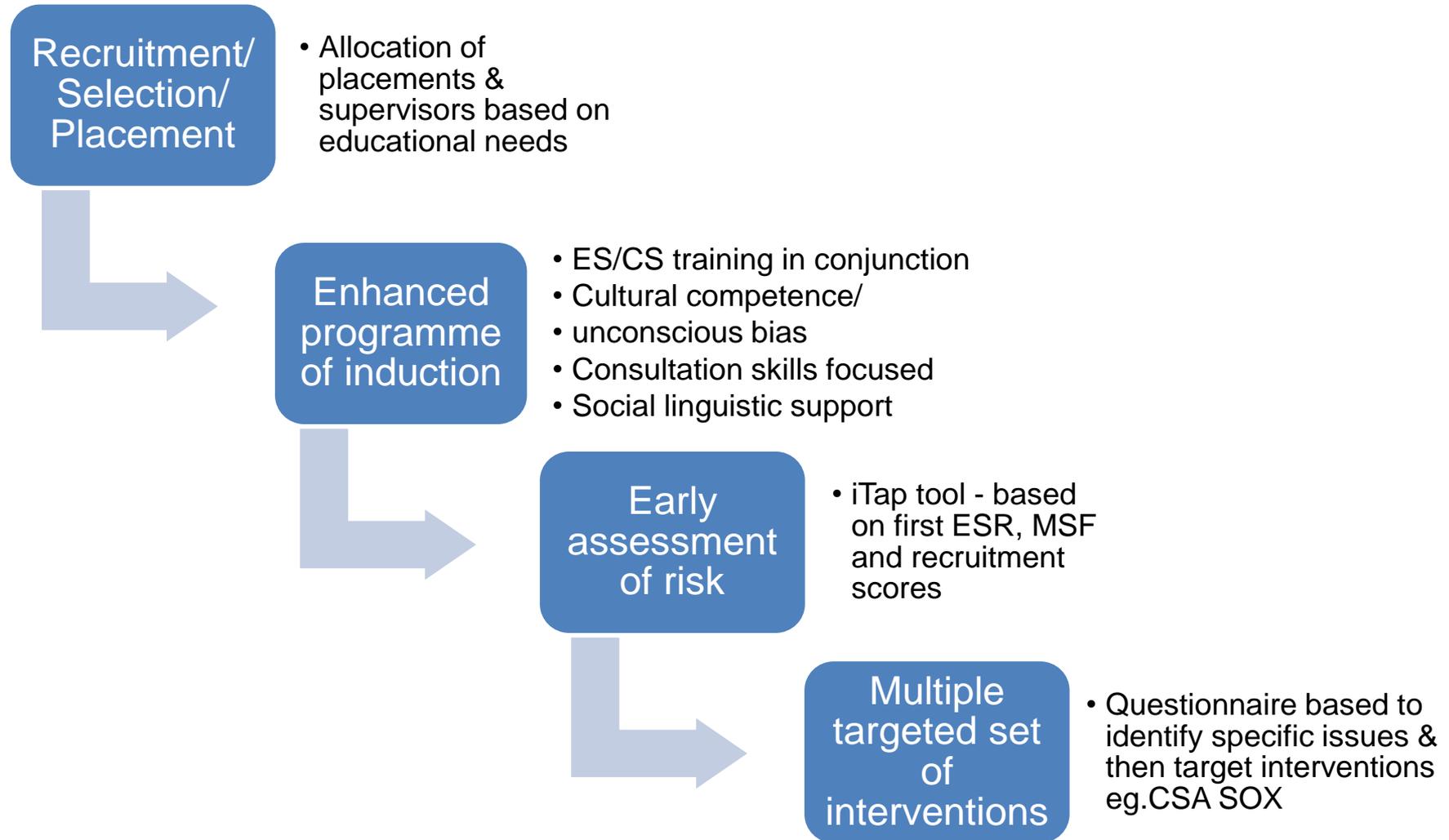
Developing, Implementing Curricula and Assessment

- All learner have equitable access to curriculum
- Systems of assessments, exams, ARCPs are fair, reliable & valid; analyse outcomes
- Process of appointing assessors fair and equitable with wide representation; adequate training
- Additional support for learners new portfolio, WPBA* Developing global health module*

Timelines and next steps..

- Regional data shared by GMC Sept 2018
- Based on the analysis targeting schools/programmes which are positive outliers and some which are negative outliers
- Working with those schools/programmes to develop interventions and a targeted action plan (Oct 2018 – current)
- Presented work at various meetings to encourage collaborative approach between colleges/HEE/trusts

Strategic approach..



Tips for Trainers and LEPs

Recognising Diversity –
avoiding treating all trainees as a homogenous group

Monitoring data
- collect data on ethnicity & analyse against performance

Earlier identification, intervention and support

Mentoring and role models

Taking a more holistic approach to trainee performance –
links to wellbeing, mental health, finance, practical advice

Tips for Trainees and Students

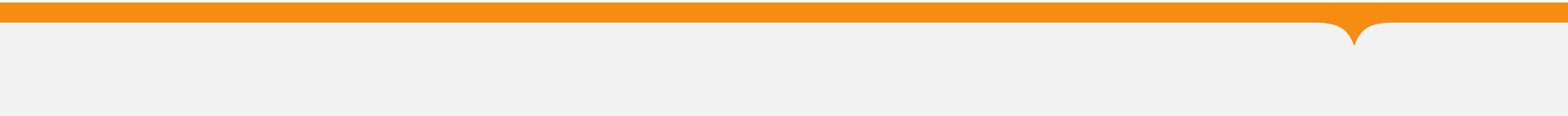
Seek out other students/trainees and learn together

Ask for help – can facilitate extra resource and support

Find a mentor for support and guidance

Give feedback – to trainers and educators

Timelines and next steps (2)..

- Delivered a series of workshops to trainees from core programmes (BME/IMG/EEA)
 - Core Surgical, Core Psychiatry
 - Considering similar workshop in CMTs
 - Working with Edge Hill to develop an EDI module for multi-professionals
 - Publish scoping review for Widening Participation and DA; identify gaps in research and then developing research questions and interventions for further study
 - Aim to present updated action plan to GMC Nov 2019
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Intended outcomes

- Raise awareness of current research work, evidence around Differential Attainment (DA).
- Understand the challenges of addressing DA.
- Provide a framework of potential interventions in order to narrow the gap and improve outcomes.

Thank you for listening

Any Questions

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