Differential Attainment

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Developing people for health and healthcare

www.hee.nhs.uk
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 (with JRCPTB/GMC/MRCP).
• Member of the GMC E&D Advisory Group.
• Invited to be pilot site for regional roll out of the Differential Attainment outcome data

# Scale of the problem

- Different groups of doctors progress through training at different levels.

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<th>UK White Graduates</th>
<th>UK Black and Minority Ethnics</th>
<th>International Medical Graduates</th>
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<td>75%</td>
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- It 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.

https://www.gmc-uk.org/education/14105.asp
Understanding Differential Attainment

Policies
Exam structures

Recruitment
Induction
Support
Assessment

Learning styles
Culture
Language
Interactions

Wider educational & sociocultural landscape (macro)

Institutional culture & resources (meso)

Individual factors (micro)
Differential Attainment

• GMC legally required to investigate these issues
• Responsibility of HEE, Trusts and 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:
  o ARCP unsatisfactory outcomes
  o Exams outcomes based on trainees relevant programmes
  o GMC Overall satisfaction scores

• Data given at specialty, training programme and trust level
### Outlier report for programme level progression data

#### Summary table showing the variation in outcomes

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<th>Programme Specialty</th>
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<th>EEA PMQ Exam</th>
<th>EEA PMQ NTS OvS</th>
<th>IMG PMQ ARCP</th>
<th>IMG PMQ Exam</th>
<th>IMG PMQ NTS OvS</th>
<th>UK Ethnic group ARCP</th>
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3 measures per protected group per programme
9 metrics per programme
Pilot Data

• Go through regional pilot data
Activity

• Discuss examples of Differential Attainment in your trust, programmes and schools.

• Discuss how this can addressed

• Map possible interventions to the GMC themes and standards of medical education
GMC themes & standards of postgraduate medical education (2016)
Examples of possible interventions

- Learning Environment & Culture
- Educational Governance and Leadership
- Supporting Learners
- Supporting Educators
- Developing and Implementing Curricula and Assessment
## Examples of Possible Interventions

<table>
<thead>
<tr>
<th>Category</th>
<th>Interventions</th>
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| **Learning Environment & Culture**           | • Promote cultural competence training through faculty development  
• Develop educators who promote fairness and diversity in medical education  
• Tackling bullying, harassment and discrimination |
| **Educational Governance and Leadership**    | • Involve trainees/patients/public in faculty meetings, interviews, assessments and analyse data  
• Use HEE quality framework to raise concerns around education and training  
• Systems for selection, recruitment need to be fair and transparent and EDI training |
| **Supporting Learners**                      | • All learner have appropriate induction (cultural induction)  
• 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 and selection of educators with appropriate induction with regular appraisals  
• Faculty development to address DA and cultural competence  
• Giving effective feedback, role modelling, coaching and mentoring |
| **Developing and 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 |
Timelines and next steps..

- Setting of GMC connect account to access data – April/May 2018
- Educator conference May 2018 – Workshop on DA
- Meeting with GMC 3rd July 2018 – to go through full dataset for 2018
- Analyse data and develop action plan to demonstrate how groups/outliers will be supported.
- To present initial targeted action plan to GMC Autumn 2018
Any Questions
Cultural Competence

Ability to interact with people from different cultures and respond to their health needs

— Individuals and Organisations

Creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and individuals
Cultural Competence

- Self-awareness of own culture
- Assumptions
- Stereotypes
- Biases and their impact
Cultural Induction

- Raise awareness of culture
  - its effects on learning
  - its effect on performance
- Discuss models of learning
- Requirements of exams
- Educational contract – this is not prejudice
Cultural Induction

- Self Directed Learning
- Reflective practice
- Professionalism
  - GMP
  - Confidentiality
  - Dr-Patient relationship
  - Leadership
  - Teamworking
  - Compassion
- Communicative capability