# Tackling differential attainment- quick reference guide

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## What is differential attainment (DA)?

DA is the attainment difference between UK qualified white doctors and UK qualified ethnic minority doctors or international medical graduates (IMG). The GMC measures DA on three parameters-examinations, ARCP outcomes and the GMC national training survey (NTS). The GMC refreshes data annually. The GMC data are presented as a rolling five-year average for exams and ARCPs, but the most recent annual NTS.

## Why do I need to tackle DA?

There are three key reasons. Firstly, the moral issue. It is a matter of fairness, and it is the right thing to do. Second, it is a financial imperative-people not achieving their fullest potential due to their characteristics such as race is expensive. Finally, it is required by law. There are nine protected characteristics as per the 2010 Equality Act. All of us without exception will have at least six protected characteristics. It is unlawful for a person to be discriminated based on our protected characteristics.

## How do I help tackle DA?

DA is a complex issue. The solutions will need to be tailored for your specialty and domains that need particular attention.

Tackling DA has been broken down into modules, following the trainee’s journey. This modularity should help you break down your efforts into manageable projects and increase the chance of success. I have not offered solutions but asked some questions. I am confident that by reflecting upon these questions, you will be able to come up with individualised solutions that are effective and enduring.

## The strategy for tackling DA in Thames Valley

## Where to start?

The breadth of DA is quite wide and the causes are likely to be complex and deeply entrenched. It can be a daunting task to start tackling DA in our respective specialties. The above strategy can break down the task into modules and make it easier to measure success. Tackling DA is a long-term project. It is important however to start somewhere-you may choose to go for some quick wins first.

## What do I do?

There are generic measures that are helpful across all specialties such as sub conscious bias training. There are likely to be very specific interventions that need to be carried out in individual domains in your own specialty. The following sections should help break down the challenges so that you can form an action plan. I have asked questions in each section to help you try and formulate solutions.

### **Recruitment:**

Think about more than just the day of the interview-go upstream and think about the trainee journey up to the day of the interview

* Are all trainees encouraged to apply to your specialty irrespective of their race/ethnicity/gender and place of initial qualification?
* Do you provide information that is accessible to all?
* Is your interview panel diverse enough?
* If is it diverse, is it inclusive enough?
* Are your administrative processes fair?
* How do you mitigate against subconscious biases (mandatory equality and diversity courses don’t count)
* Do you publish your recruitment data?

### Assessments and exams:

How do you ensure that trainees have the best chance of success irrespective of their race/ethnicity/gender?

* Are your ARCP panels diverse enough?
* Are your panels inclusive enough?
* How do you mitigate against subconscious biases?
* On the day of ARCPs, how do you remind panellists of possible biases?
* How do you identify trainees in need of additional support early on?
* How do you ensure all your trainees, irrespective of race/ethnicity/gender have equal access to training opportunities?
* Do you publish your ARCP/exam data?
* Do you use the PSWS enough?
* When there is cultural stigma to additional support, how do you address that?
* What support do you provide for trainees who need additional help with examination techniques etc?

### Placements:

* Do all your trainees have equitable access to training placements irrespective of race/ethnicity/gender?
* How are your placements decided?
* Is the process open and transparent?
* How do you overcome subconscious biases?

### Enhanced inductions for International Medical Graduates (IMGs):

* Do all IMGs have access to enhanced induction including but not limited to the following domains-legal scope of practice in the UK, safeguarding, cultural awareness, NHS governance processes

### Careers guidance:

* Is your careers guidance equitable?
* How do you address subconscious biases in careers guidance?
* Are the individuals who provide careers guidance from diverse backgrounds?
* Do you have a diverse group of role models?
* Do ethnic minority doctors/IMGs have the same access to all forms of OOP?
* Do ethnic minority doctors/IMGs have access to academic training if they chose to pursue it?
* Do IMGs have access to interview courses if they need them?

### Remediation:

Medical training and practice can be long. There is a likelihood during practice that doctors may need remediation.

* How are subconscious biases mitigated?
* Are issues being identified early?
* Is the process transparent?
* How is support being provided?
* Are the panels diverse and inclusive?
* Are any appeals processes clear and transparent?

### Post training:

There are a lot of trainees working on DA in Thames Valley. We don’t want to lose their experience and expertise if they move out of the region. How do we establish an alumnus system where we can still tap into their expertise and build on our own reputation outside our region?

### Hearts and minds:

This will be the driving force to tackle DA. Without winning people’s hearts and minds, any plan becomes a meaningless piece of paper

* Do you have ‘buy in’ from key stake holders in your specialty?
* Have you got trainees on board? Do you have trainee ambassadors?
* Are your trainees connected to the cultural diversity and inclusivity network (CDIN)?
* Do you have DA ambassadors in trusts for your specialty?
* Do you have DA as a standing item in your board meetings?
* Does DA have continuous visibility in your specialty?
* Do you have a process for learning from mistakes in dealing with DA?

### Further work:

This project is starting with focus on DA due to race/ethnicity and place of primary qualification. However, there is likely to be DA due to gender, disability, and sexuality to name a few protected characteristics. Lessons learned from the current project will help inform future work on other forms of DA. Please share any lessons learned or good practice so that it can be shared to other specialties.