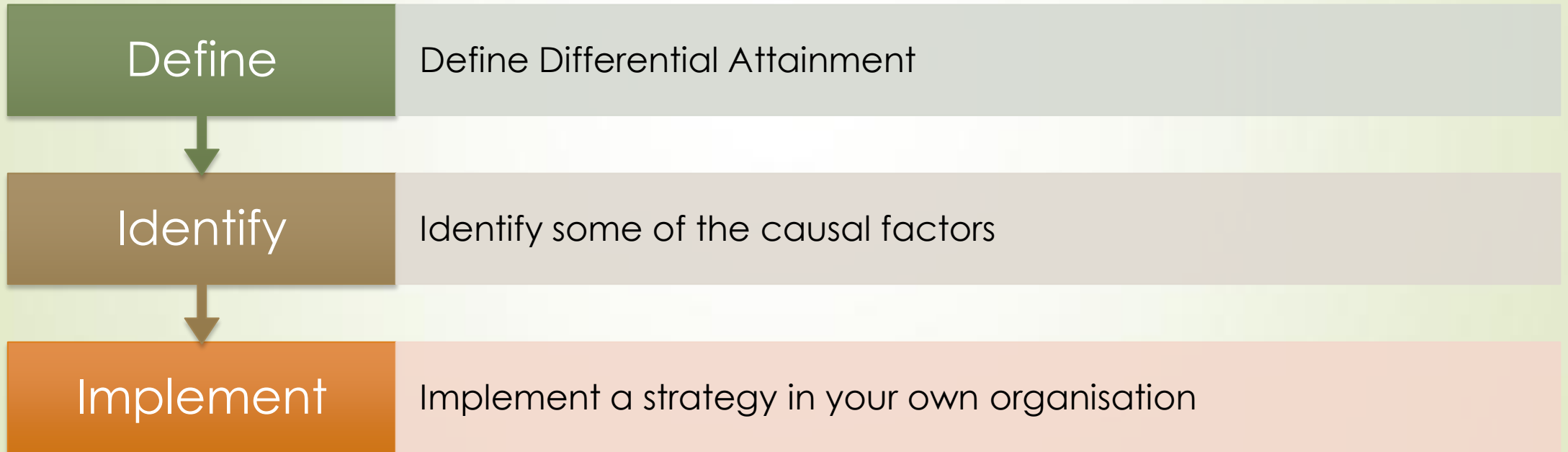




# Differential Attainment

Differential Attainment Working Group

# Intended learning outcomes





## Definition of differential attainment (DA)

Describes the variations in levels of educational achievement that occur between different demographic groups undertaking the same assessment

Not specific to medical education

Recognised since the 1990's

Concerned with 'race' as a protected characteristic



## Protected Characteristics (Equality Act 2010)

Age

Disability

Gender assignment

Marriage and civil partnership

Pregnancy and maternity

Race

Religion and belief

Sex

Sexual orientation

# Scotland's Trainees

## Ethnicity & Country of PMQ

### NES

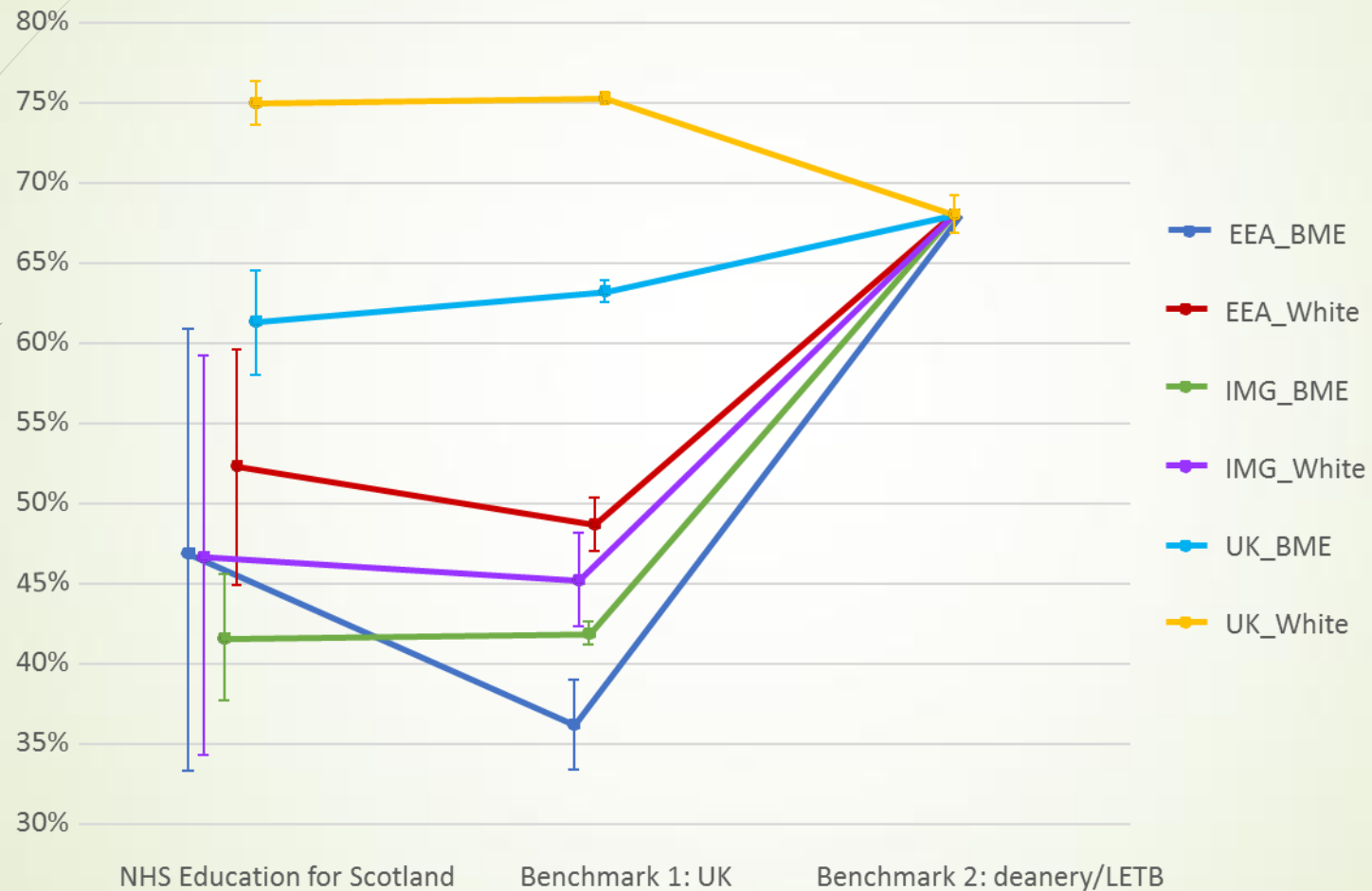
Unknown			BME			White		
4.9%			20.2%			74.8%		
EEA	IMG	UK	EEA	IMG	UK	EEA	IMG	UK
17	27	207	14	305	703	148	25	3607
0.3%	0.5%	4.1%	0.3%	6.0%	13.9%	2.9%	0.5%	71.4%

### UK

Unknown			BME			White		
6.1%			34.4%			59.5%		
EEA	IMG	UK	EEA	IMG	UK	EEA	IMG	UK
161	448	2707	415	5128	12887	1475	345	30065
0.3%	0.8%	5.0%	0.8%	9.6%	24.0%	2.8%	0.6%	56.1%

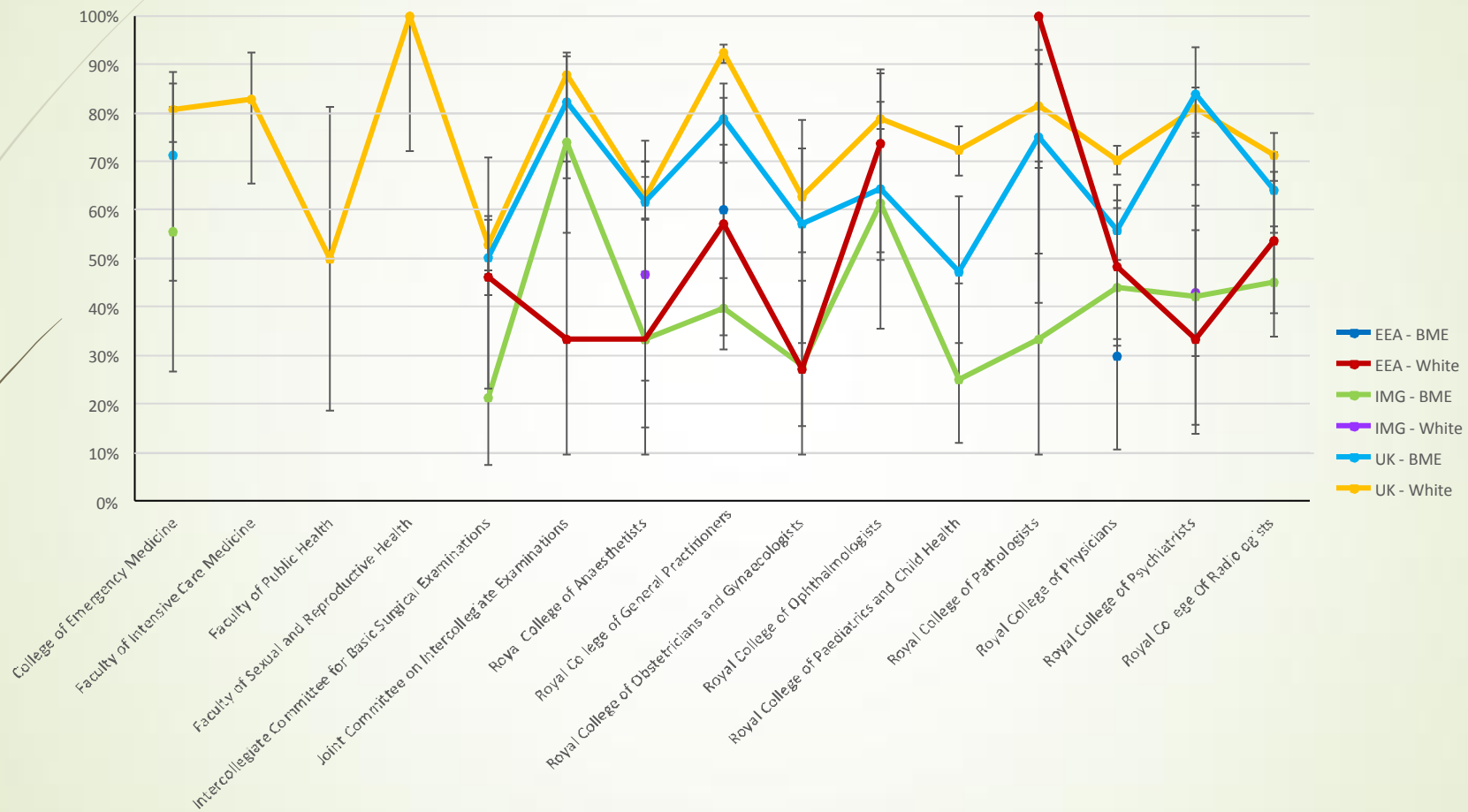
# Pass Rates for All College Exams

2013/2014 and 2014/2015



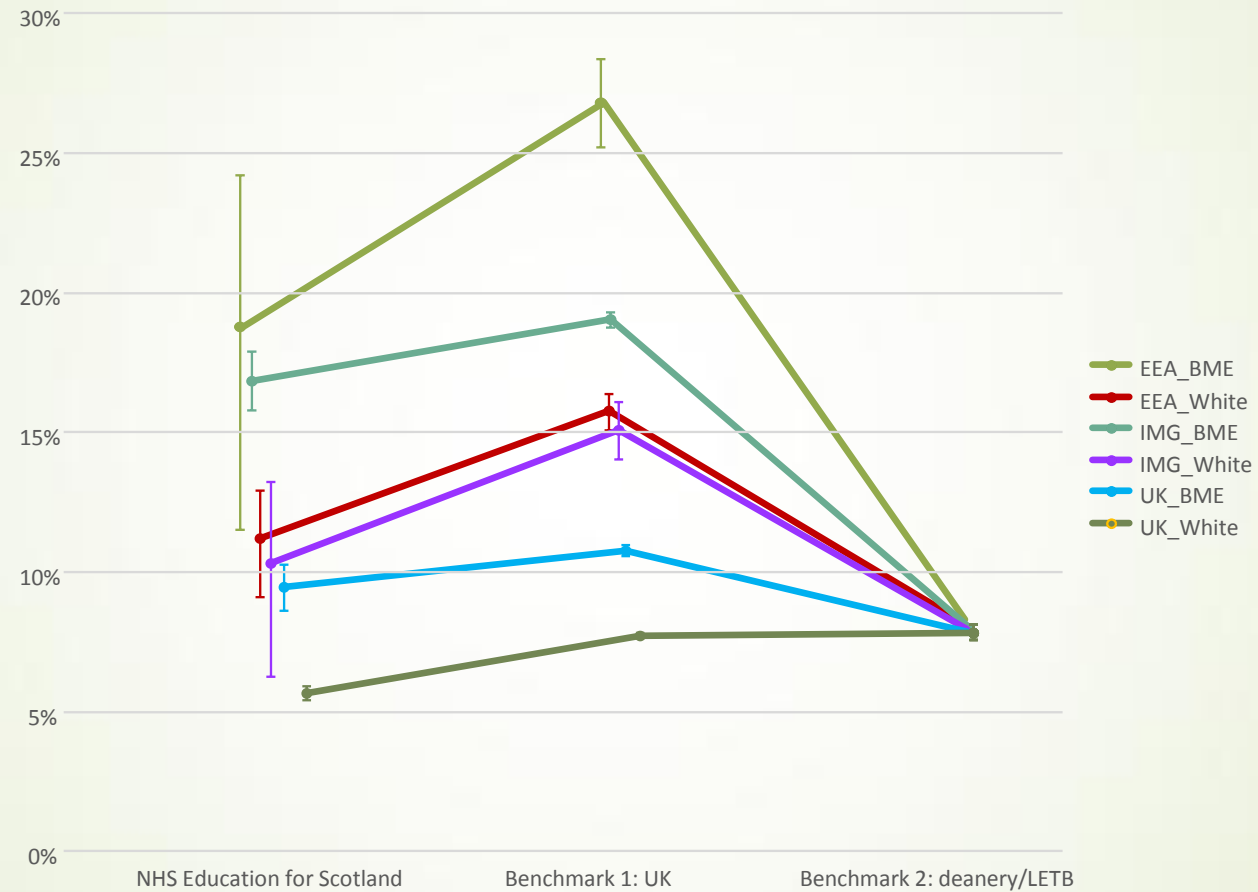
# Pass Rates for Each College Exam

## 2013/2014 and 2014/2015




# Unsatisfactory ARCP Outcomes

## From 2009/2010 to 2014/2015







## Judicial hearing

BAPIO – action against RCGP and GMC over lower pass rates for IMG and BME candidates (2013) perceived to be due to racial discrimination

Failing in their public sector equality duty

2014 – Justice Mitting gave ruling

RCGP not neglected its public sector equality duty **BUT** RCGP should act to reduce identified differences



DA in  
Postgraduate  
trainees

Poorer recruitment performance

Poorer relationships with seniors

Poorer ARCP Outcomes

Poorer exam pass rates



How do  
trainees  
progress  
through key  
milestones  
during training  
- GMC

Groups with PMQ from overseas have a lower proportion of successful outcomes than UK graduates

White cohorts have a higher proportion of successful outcomes compared to BME cohorts



## ARCP OUTCOMES

---

In GP ARCP (2014/15) - 10.3% of outcomes awarded to IMG doctors rated unsatisfactory.

---

UK graduates - 3.5% of ARCP outcomes were unsatisfactory.

---

As a group, UK-BME doctors received higher proportions of unsatisfactory outcomes than UK-white doctors - 2010/11 to 2014/15

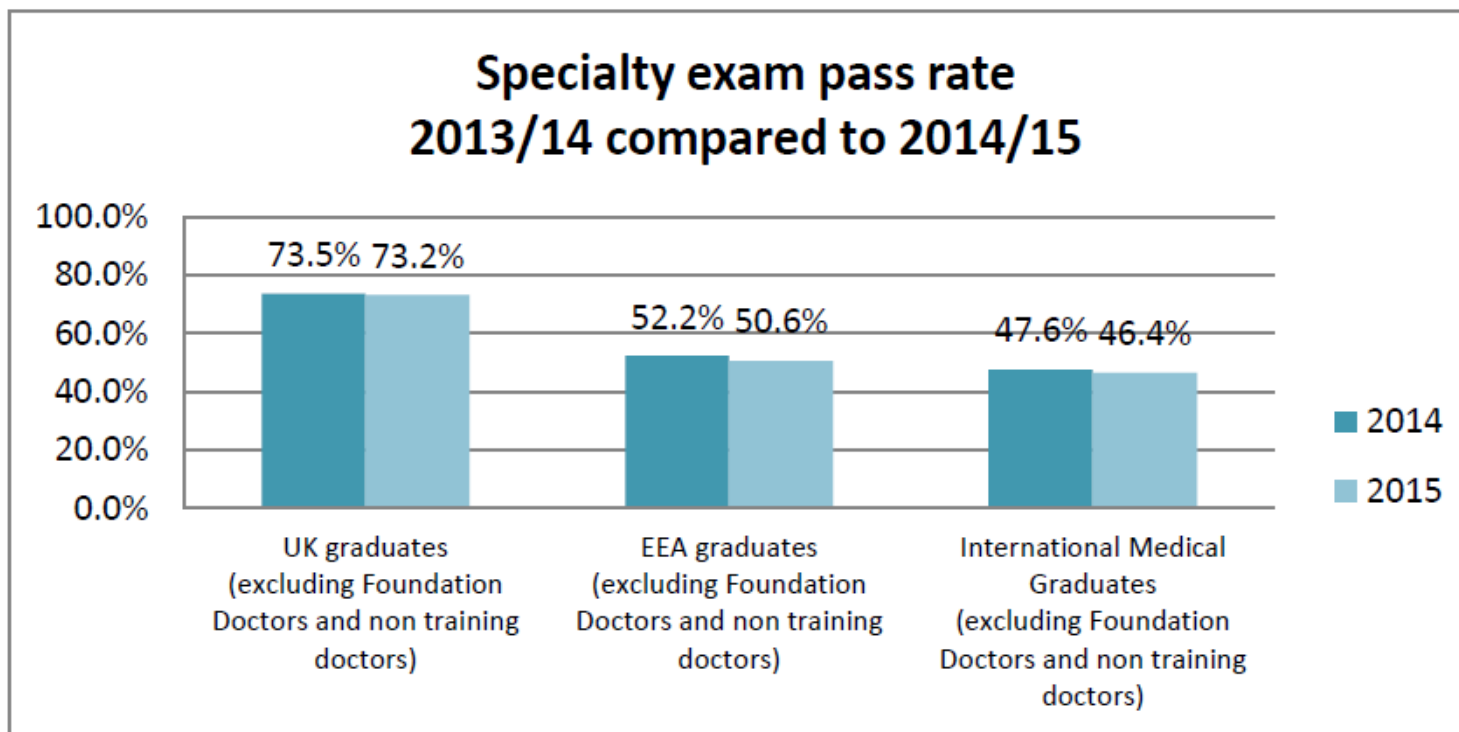
---

In core psychiatry training for example, 7.0% of ARCP outcomes awarded to UK-white doctors were unsatisfactory for reasons other than exam failure.

---

In comparison, 10.1% of ARCP outcomes awarded to UK-BME doctors were unsatisfactory

**Chart 1:** Pass rates for candidates taking specialty exams while in a core and run-through training programmes (2013/14 and 2014/15) split by UK, EEA and international medical graduates and academic year





## Exam outcomes for UK graduates

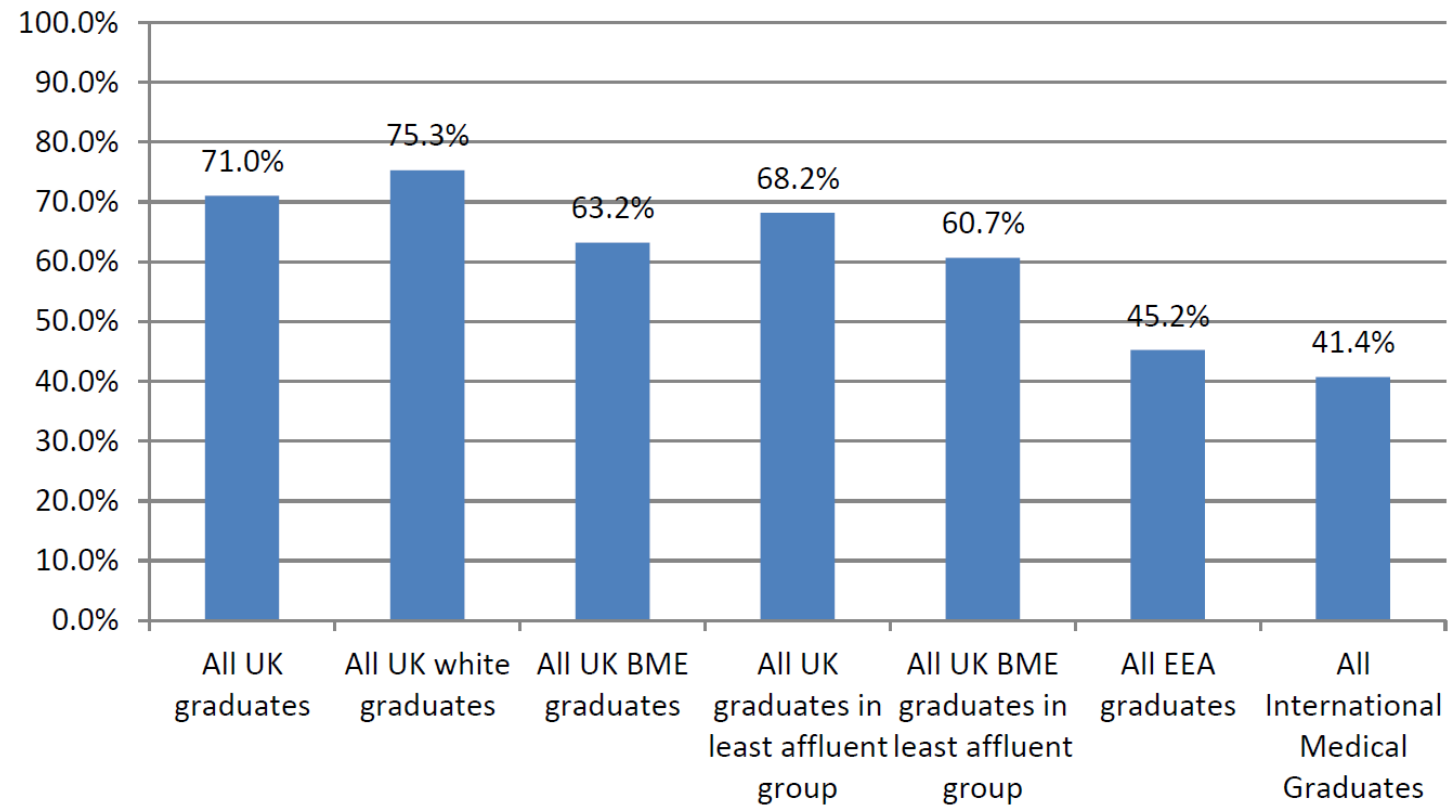
The average pass rate UK-white doctors was **75.8%** and **74.8%** in 2013/14 and 2014/15 respectively.

The average pass rate UK-BME doctors in the same years was **63.4%** and **63.0%**

More affluent groups tend to be dominated by white doctors and BME doctors make up a greater proportion of most deprived quintile

White doctors outperform BME doctors in exam attempts even when comparing individuals from the same socioeconomic background

## Average pass rate for specialty examinations by PMQ, ethnicity and socio-economic status (2013/14 and 2014/15)





# Group Exercise



What factors do you think contribute to differential attainment?





Causes

---

Complex

---

Poorly understood

---


Multi-factorial

# Potential Causative Factors

Micro – individuals,  
groups of students,  
doctors, examiners

Meso – medical  
school, training  
context, working  
environment

Macro – political  
agendas, activity  
around high stakes  
exams



## Causal Explanations (Mountford-Zimar et al)

Students experiences of learning,  
teaching and assessment (curriculum)



Relationships that underpin students  
experiences



-student-student



-student/staff  
• Psycho-social and identity factors



-staff expectations of students



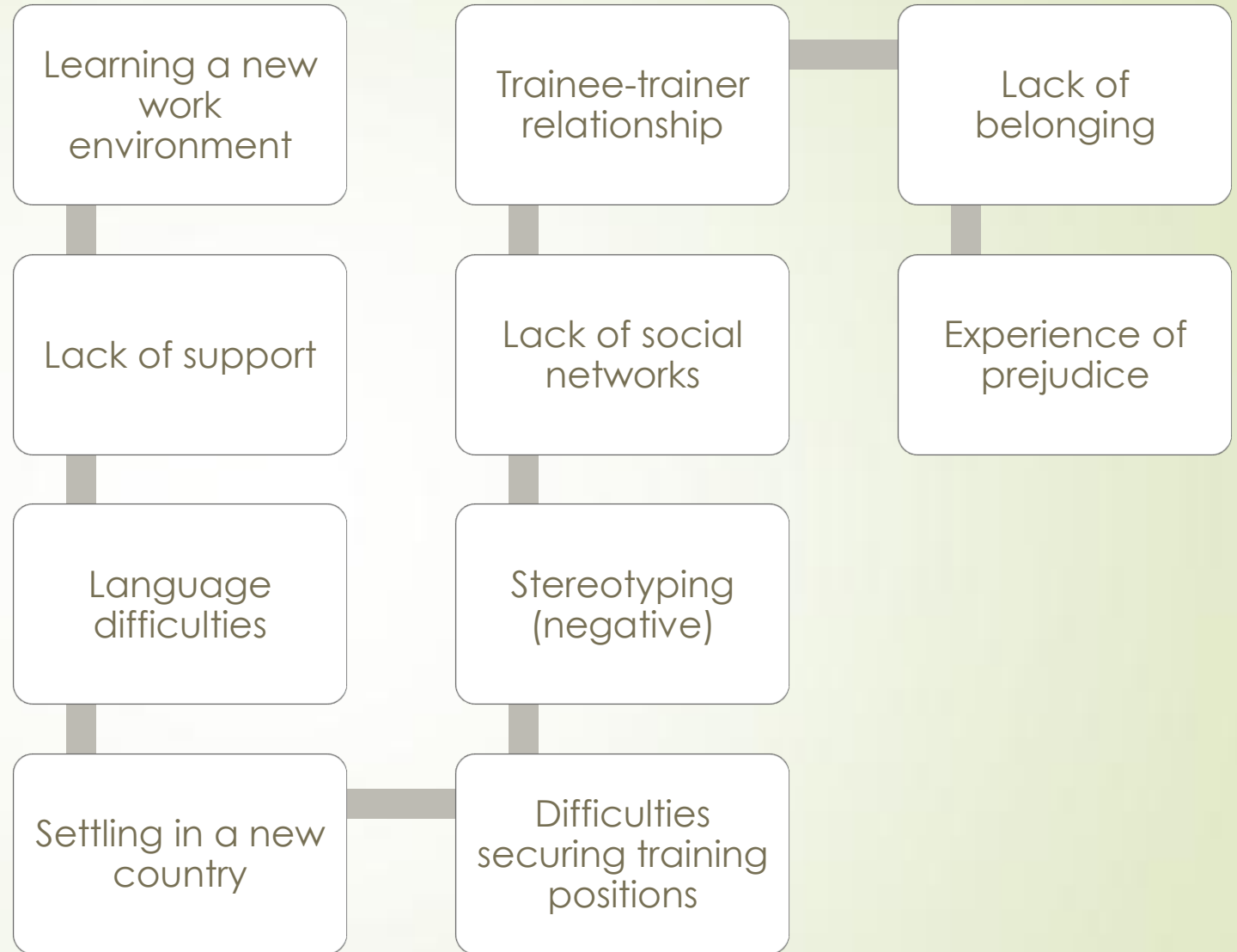
# Group Exercise

Now that you know some factors which may influence DA, what could you do in your own institutions (as individuals/groups) to overcome some of these factors?





# Challenges





GMC  
Workshop  
(May 2015)

Quality of  
educational  
supervision

Acknowledging  
problems and  
raising  
awareness

Individualised  
training and  
support

Knowledge of  
different types  
of support and  
feedback

Early detection

Improved  
recruitment  
selection and  
screening



# What is happening currently?

GMC Pilot involving  
3 Deaneries  
including Scotland  
Deanery

Trainee Focus  
Groups planned by  
NES

Task and Finish  
Group of Speciality  
Advisory  
Committee of  
RCGP

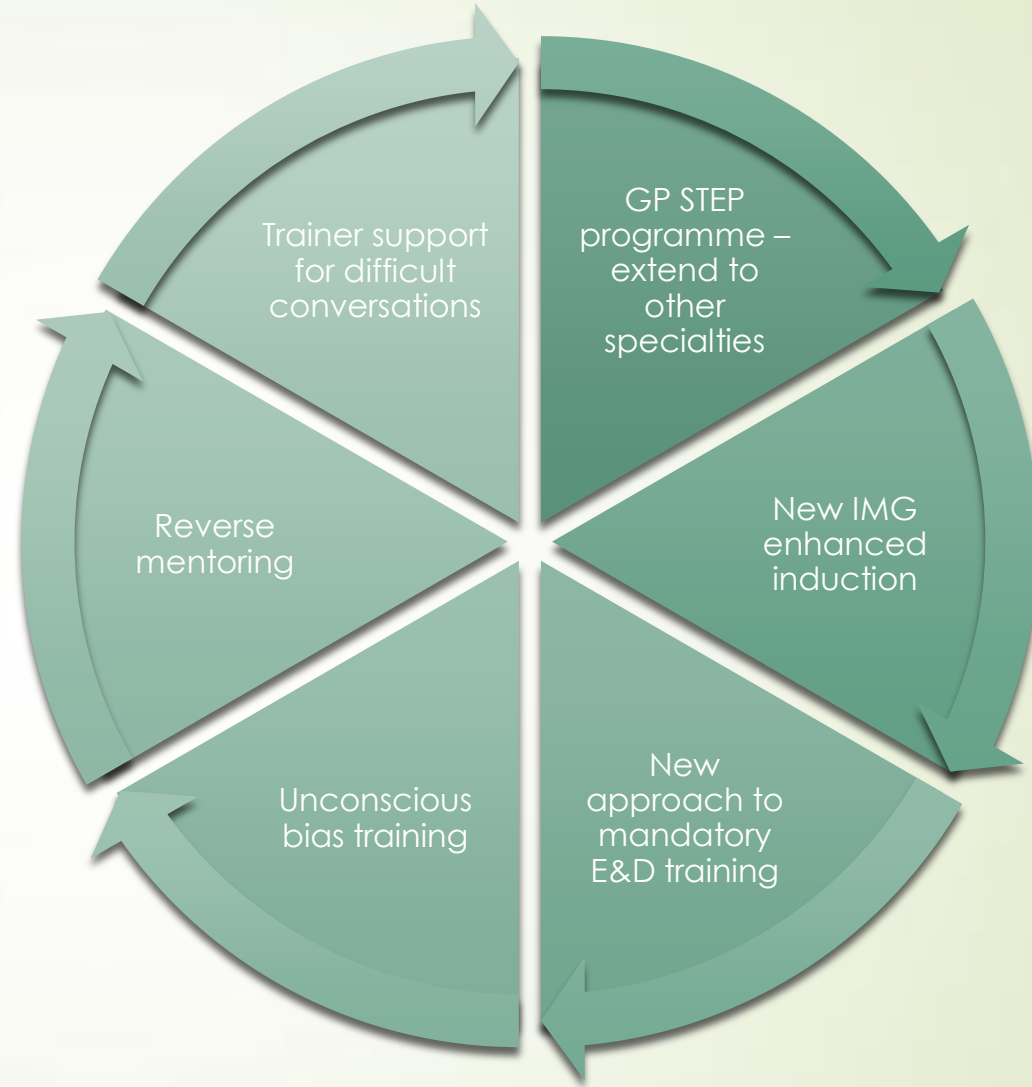
1 day conference  
14<sup>th</sup> November  
2018

# What can be done to tackle DA?

- Building positive trainee-trainer relationships
- Building trainee skills and confidence to deal with perceived/actual bias (empathy, showing belief in them)
- Facilitating mixed support (help combat fears of bias)
- Improving trainee well-being by enabling trainees to gain support outside work and de-stigmatising support in work



Scotland  
deanery –  
proposed  
interventions



Trainee role  
modelling –  
Chief Resident

Awareness  
raising – at New  
Trainer courses


Development of  
national ppt  
slide set – for use  
by all groups

Support for OOP  
for IMGs

Support for MTI  
fellows –  
enhanced  
induction



Scotland  
deanery



What  
Scotland is  
doing  
about it?

DAWG-TIQME action plans

Focus groups arranged (IMG and BME)

Reverse mentorship

Unconscious Bias training

Role modelling

Web resource for IMGs



# Scotland deanery action plan





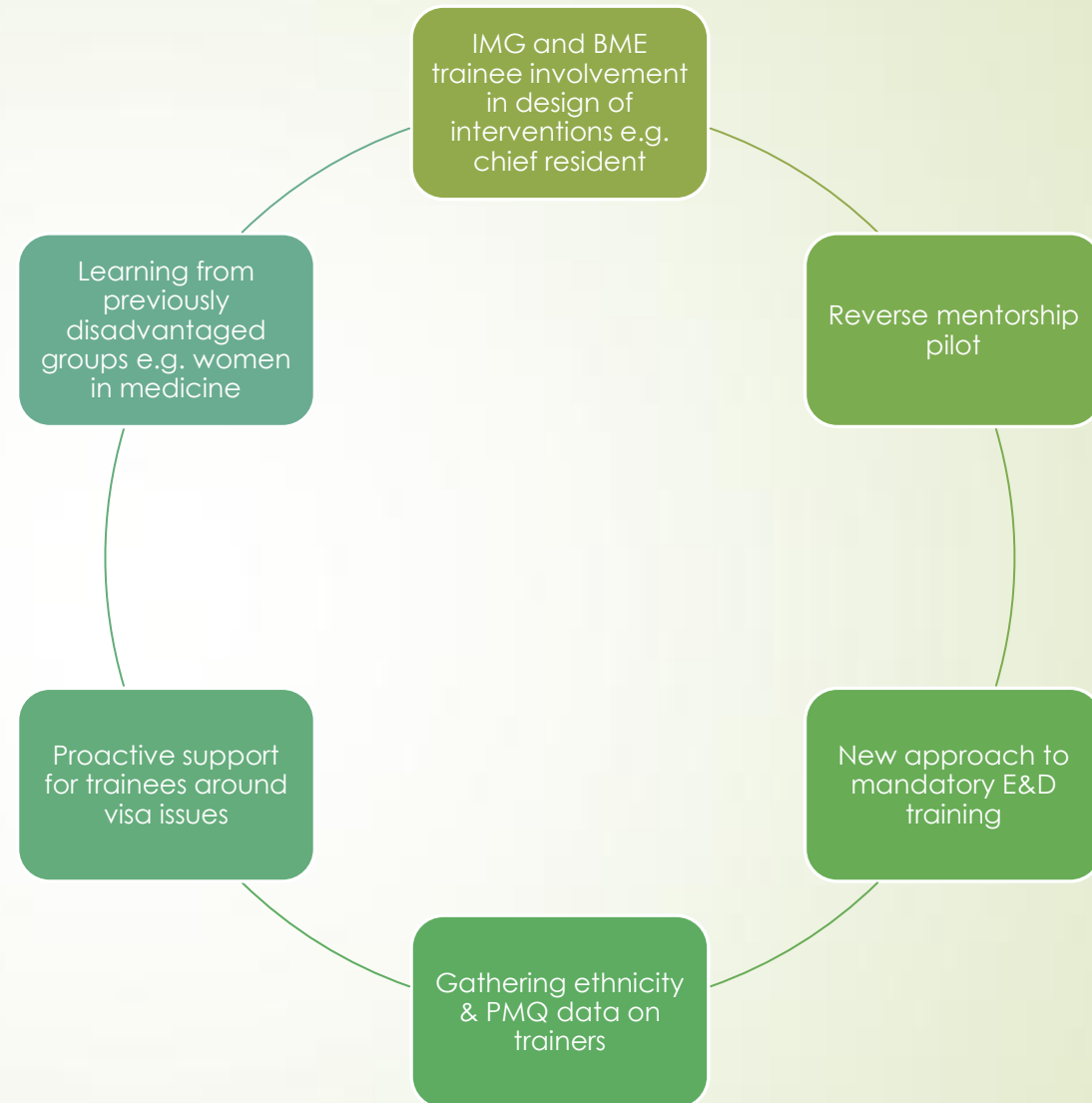
Learning  
environment  
and culture

Positive messaging

Zero tolerance  
discriminatory  
attitudes and  
behaviour



## Educational governance and leadership







# Supporting learners

Role modelling, BME representation on trainee forums

Buddying and mentorship

GP STEP programme

Foundation School IMG induction day

Facilitate near peer support

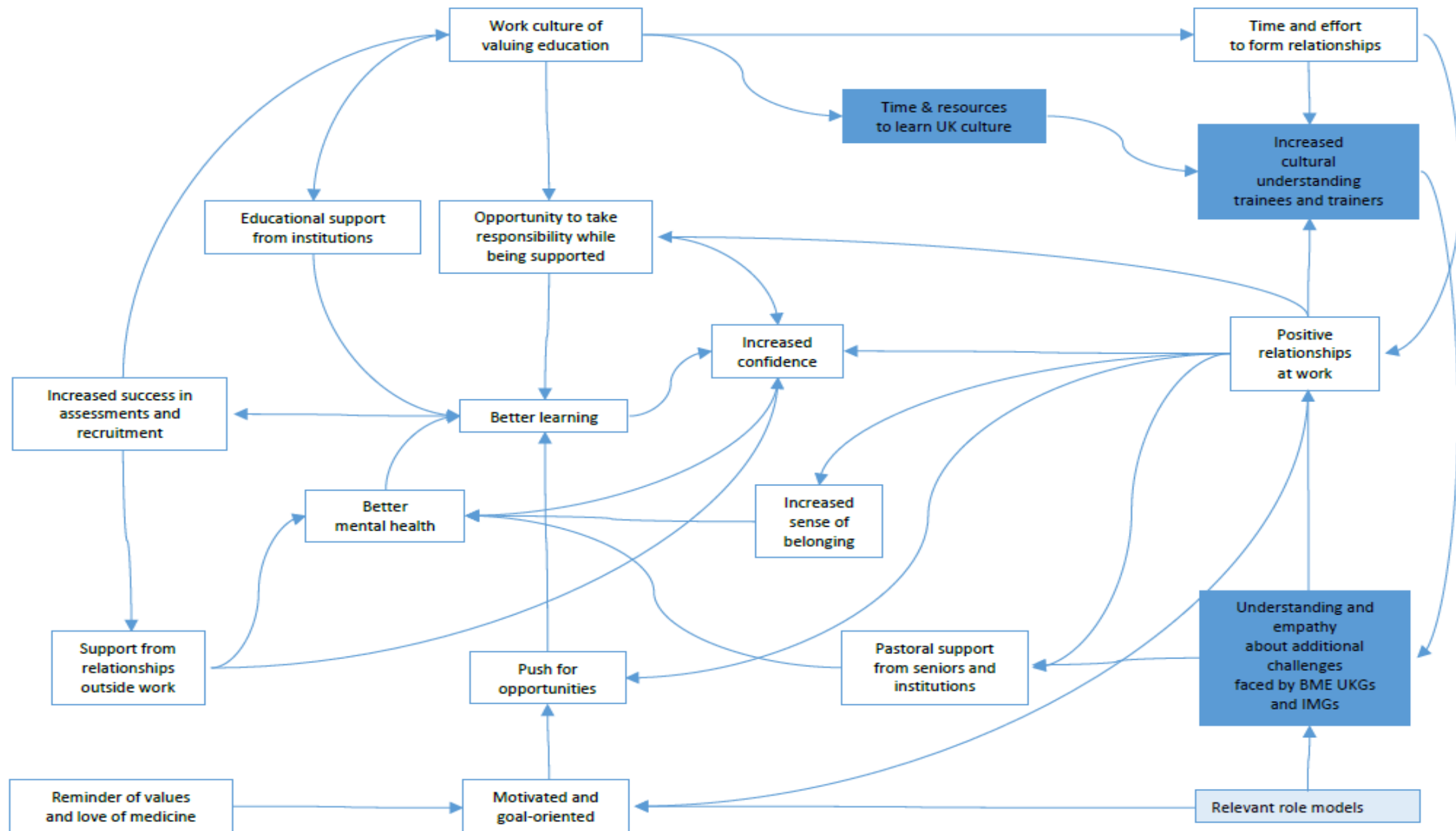


# Supporting educators

Unconscious  
bias training

Coaching for  
trainers – difficult  
conversations

Mitigating  
stereotype  
threat



**Figure 4.** The complex interrelations between potential protective processes that help trainees from all groups achieve more positive outcomes. Those in dark blue relate specifically to IMGs and the one in light blue to BME UKGs and IMGs.



# Differential attainment – BMA video

► <https://www.youtube.com/watch?v=pOZD0nZ22T0>



# References



- ▶ Fair Pathways for All: Understanding experiences of progression – Katherine Woolf et al
- ▶ Understanding Differential Attainment across medical training pathways: a rapid review of the literature – Regan de Bere et al
- ▶ How do trainees progress through key milestones - GMC

Thank You

Questions

