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# An Overview of Differential Attainment

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# Differential attainment

- Unexplained variation in attainment between groups who share a protected characteristic and those who do not share the same characteristic

- In broad terms, across ARCP, Recruitment and Exams the following groups tend to perform less well
  - Male
  - Older
  - Black, Asian and Minority Ethnic (BME)
  - International graduates

# DA - Exams & Ethnicity

- The average postgraduate obs and gynae exam pass rate for **all UK** medical graduates is 77.7% for those who are **White**

- This falls to 65.4% for **UK BME** medical graduates

- This falls to 48.3% for **White International Medical Graduates** or 44% for **BAME IMG** (GMC 2019)

- Differences across other HEIs (Mountford- Zimdars 2015)

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# Postgraduate Obs and Gynae Exams

- In 2019, the average pass rate was 82.1% for UK graduates
- This fell to 65.1% for EEA graduates
- And to 63.8% for IMGs

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# DA – Exams and Age/ Gender

- The average postgraduate exam pass rate is 70.6% for women aged 25-29 (69.1% for men)

- This falls to 36.7% for women aged over 45 (29.6% for men)

GMC 2019

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# DA – Exams and Deprivation

- The average postgraduate exam pass rate for candidates in the least deprived quintile is 77.8%

- This falls to 65.5% for the most deprived quintile

GMC 2019

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# Differential Attainment - Careers

- BME candidates are less likely to be accepted onto specialty training programmes (72% vs 81%) GMC 2015
- White respondents had a 98% chance of being shortlisted after their first consultant application, compared with 91% of BAME respondents.
- 29% of white respondents were offered a post after being shortlisted for the first time, compared to 12% of BAME respondents (RCP 2020)

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# Differential Attainment – GMC referrals

- 1.1% of BAME doctors were referred to the GMC by employers from 2012–17 compared to 0.5% of white doctors.

- 1.2% of non-UK graduate doctors were referred to the GMC by employers from 2012–17 compared to 0.5% of UK graduate doctors.

# Differential Attainment

Does this fit with your experience?

What are the causes?

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# Causes - Exams

No evidence for:

- Examiner bias (but cultural bias)
- Socioeconomic difference
- Language (but consider sociocultural difference)
- Pre-university attainment (Woolf 2013)

When considering exam performance

Therefore is the trainee deficit model valid?

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# Causes - Exams

- Unclear and complex

Review across HEIs (Mountford-Zimdars 2015) suggested the following causative factors:

- Curricula and learning
- Social, cultural and economic capital
- Relationships between staff and students
- Psychosocial and identity factors

GMC – simple linear interventions unlikely to work.

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# Causes of lack of career progression

- Acculturation (language, power-distance norms)
- Systemic Bias
- Unconscious Bias
- Identity factors
- Social Capital
- Practical Support

Differential attainment in career progression of doctors in the UK. *Sushruta J Health Policy & Opinion* vol 14;

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# Causes of referrals/ complaints

- Avoiding difficult conversations
- Partial and short-term socialisation
- Isolated or segregated working
- Remote/ disjointed senior leadership
- A blame culture vs a learning culture
- Outgroup bias and ingroup favouritism

GMC Fair to Refer 2019


**FIGURE ONE: COMPONENTS OF A SOCIAL THEORY OF LEARNING: AN INITIAL INVENTORY. SOURCE: ETIENNE WENGER.**

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# Social Capital

Homophily –tendency to ‘stick to one’s own’

Bridging Social Capital –ability to form connections with social groups outside of one’s own

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# Relationships

Sponsorship –how do we choose who we ‘sponsor’? Ie give extra time and attention to?

Unconscious Bias

Teacher expectations –if people expect you to fail, you are more likely to fail

# Identity

Important factors to consider might be:

Self Efficacy

Belonging, Inclusion

Stereotype Threat

- I'm expecting to get a lower mark because I'm- I know it's a stupid way of thinking but actually it got to the point where I was thinking "What is it? Am I…?" I wasn't sure if it was my knowledge anymore, I wasn't sure if it was my confidence, I wasn't sure if it was my skin colour. So you start-I think it creates almost like a nasty way of thinking and how you perceive yourself to be. And if that someone's expectation of you is low subconsciously, your performance will be low'.

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People do not grow by concentrating on their problems. In fact, the effect of a problem focus is to weaken people's confidence in their ability to develop in self-reflective ways. The fact that people have lacks is acknowledged, but the best strategy for supporting further gains is a conscious emphasis on the gains already made' Weick 1989

# Ways Forward

- How can we increase the ‘bridging social capital’ of BME medics?
- How can we address unconscious bias?
- How can we increase the feeling of belonging experienced by BME medics and decrease stereotype threat?

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# Inclusion

- Inclusion is what we do with diversity - when we value and appreciate people *because of* and not in spite of their differences, as well as their similarities.

**"Diversity is the mix. Inclusion is making the mix work," Andrés Tapia**

www.RedShoeMovement.com

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# Inclusion - questions

How might your organisation be viewed by an outsider?

What would you advise a new team member joining your organisation from abroad about how to fit in (how much would they have to change about themselves)?

How might the organisation change so that it is easier for everyone to be heard?

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# Appreciative Inquiry

- Seeks to identify what is going well in a situation and what the learner's strengths are
- Mobilises individual and collective strengths to achieve potential
- Creates a vision of change which is congruent with the learner and with their organisation – co-creating goals

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# Local and Individual Interventions

- What should be done differently (in your department or practice) to promote inclusion?
- What about changing the system?

# Possible ways forward –Local and Individual Interventions

- Bespoke learning programmes for IMG trainees
- Active encouragement to increase cultural knowledge
- Dedicated support with housing etc
- Linguistic support
- Regular feedback
- Mentoring and reverse mentoring (with specific career advice)
- Sharing of narratives within network groups

# Possible ways forward –Systems Changes

- Changes to disciplinary procedures –with transparent processes and Just panels
- Diversity Champions on interview panels
- Senior Leadership teams to be representative of local populations in terms of protected characteristics
- Guaranteed Induction for all International Medical Graduates
- Random allocation to training placements to avoid clustering
- IMG Champions

# Possible ways forward

- Evidence for interventions less clear for UK trained BME medics
- Whole department or individual interventions
- Mentoring
- Early identification of trainees at high risk of failing (ITAP in-training assessment profiler –ES report; PSQ/ MSF; assessment score) and targeted interventions
- Cultural humility programmes
- Challenging institutional racism

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# Promoting Cultural Safety

- Reflecting on one's own culture, attitudes and beliefs about 'others'
- Clear, value free, open and respectful communication
- Developing trust and being aware of power imbalances
- Recognising and avoiding stereotypical barriers
- Recognising biases and their impact
- Being prepared to engage with others in a two-way dialogue where knowledge is shared

# Promoting Cultural Safety

- Identifying what makes someone else different is easy e.g. their English isn't very good or they don't do things in the same way as others.

- Understanding our own culture, and it's influence on how we think, feel and behave is much harder.

Morris (2010)

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# Cultural Humility

Being self aware enough to understand how bias and power imbalance might affect every encounter we have with patients and colleagues

# Standard Setting

‘I’ve been in this country for more than a decade now. It’s still a learning journey […] I personally think that maybe there must be some time given us to relearn what we have learnt already and then learn what we are supposed to learn’