BRIDGING the GAP

## 2020 THEMATIC SERIES

DA CHANGE LAB

## TACKLING DIFFERENTIAL ATTAINMENT IN THE HEALTHCARE PROFESSIONS

## Alliance for

## Equality in Health Professions

## **CONCEPT**

It is recognised that there is inherent inequality in many aspects of education, training, career progression or handling of human resource procedures/protocols and disparity in the experience of different cohorts of people within the health professions, based on factors which are beyond an individual’s ability, motivation or engagement. Differential Attainment (DA) is defined as the observed gap in the achievements of different cohorts of individuals based on factors beyond their individual ability. It exists globally, in both undergraduate and postgraduate contexts, across exam pass rates, recruitment and progression/ outcomes and can be an indicator that training and medical education may not be fair. These include differentials connected to age, gender, race, ethnicity of a particular group or other diverse characteristics and experiences. The UK General Medical Council and a ‘fair society’ standards require training pathways, assessment and opportunities to progress, should be fair for everyone.

Since 2014, when British Association of Physicians of Indian Origin ([BAPIO](https://www.bapio.co.uk/)) led a legal challenge against the Royal College of General Practitioners, there has been a seismic shift in transparency and reporting of differential attainment data for all examinations and specialty progression reports by the UK General Medical Council. Acting on the recommendations of the independent commission on DA, led by Professor Esmail, GMC, Association of Medical Royal Colleges (AoMRC), Medical Schools Council, Health Education England have undertaken a multi-pronged approach from reviewing of curricula, training of examiners/ surrogates, and investing in enablers within different regions for bridging the DA gap.

However, sequential data from 2015-2020 suggests that there is little progression achieved so far in bridging this gap. There are many areas of uncertainty and much more research is needed. There have been two major events in 2020, which have exposed the devastating impact of societal inequalities on both on lives and livelihoods (#COVID-19) and the persistence of disparities in society as a whole (#BlackLivesMatter). Five years on from the landmark  ruling in 2014, BAPIO working with its alliance partners is keen to pursue its mission to achieve equality through bridging the gap **DA Change Lab** thematic series.

This project will start with focus on the medical professionals (doctors) and then we hope to expand our learning and solutions to encompass the full multiprofessional spectrum of healthcare professions. Through a series of roundtables and workshops, the *‘Alliance for equality in healthcare professions’* (AEHP) chaired by BAPIO will engage in exploring the achievements and challenges in implementing equality in medical education and training. The output will be a rainbow paper (*Bridge the Gap*) to be presented in 2021 when BAPIO celebrates 25 years of contributions to healthcare. This will include a comprehensive, systematic review of the evidence to date for causes and solutions and broad based consensus on recommendations for further research, policy enablers and actions for individual organisations.

**Ramesh Mehta OBE**

President,

British Association of Physicians of Indian Origin

## ALLIANCE PARTNERS

British Medical Association

General Medical Council UK

Health Education England

Health Education England (Global Engagement)

Research Department of Medical Education, University College London

Royal College of Physicians of London

## STAKEHOLDERS

Academy of Medical Royal Colleges

Association of Pakistani Physicians of Northern Europe

British Indian Doctors Association

British Indian Psychiatrists Association

BME Medics

Doctors Association of United Kingdom

General Pharmaceutical Council

Global Association of Physicians of Indian Origin

Medical Association of Nigerians Across Great Britain (MANSAG)

Medical Schools Council

Medical Defence Shield

Medical Defence Union

Medical Women’s Federation

Melanin Medics

Nepali Doctors Association

NHS England & Improvement

Nursing & Midwifery Council

Royal College of Anaesthetists

Royal College of Emergency Medicine

Royal College of General Practitioners

Royal College of Nursing & Midwifery

Royal College of Obstetrics & Gynaecology

Royal College of Paediatrics and Child Health

Royal College of Pathologists

Royal College of Physicians of Edinburgh

Royal College of Psychiatrists

Royal College of Surgeons

Royal Pharmaceutical Society

Royal Society of Medicine

School of Oriental & Asian Studies, University of London

University College London (Institute of Education)

Workforce Race Equality Standards Agency

## EXPERT ADVISORY PANEL

ADEBOWALE, Victor Lord (tbc) Chair, NHS Confederation

AHLUWALIA, Sanjiv Regional Dean, Health Education England, London

ATHERTON, John (tbc) Co-Chair, Medical Schools Council, UK

BUTT, Jabeer (tbc) Race Equality Foundation, UK

BYRNE, Ged MBE Director, Health Education England, Global Engagement

COGHILL, Yvonne Director – WRES Implementation in NHS England, Dy president RCN

DACRE, Jane DBE School of Medicine, University of London,

ESMAIL, Aneez Primary Care, University of Manchester

EVANS, Navina (tbc) Chair Health Education England

GABRIEL, Marie CBE (tbc) Chair, NHS Race and Health Observatory

GHOSH, Sanjukta South Asia Institute of Oriental & African Studies

GRIFFIN, Ann Director, Research Dept. of Medical education, UCL

GRIFFITHS, Marianne DBE (tbc) CEO, Brighton and Sussex Uni. Hospitals NHS Trust

HARDING, Dido Baroness Chair, NHS Improvement

JOHNS, Alison CEO, Advance Health Education

KUMAR, Parveen DBE President, Medical Women’s Federation

LAMBERT, Schuwirth Finders University, Australia

LAUNER, John Lead TPD for Edu. Innovation, HEE 1ry Care School

MASSEY, Charlie (tbc) General Medical Council, UK

MODI, Neena President, Medical Women’s Federation

​NAIR, Balakrishnan (Kichu) R School of Medicine and Public Health, Newcastle, Australia

NAYAR, Vijay Director of Postgraduate GP Education, COPMeD

NORCINI, John J FAIMER, Philadelphia, USA

POWYS, Steven(tbc) Medical Director, NHS England

RAO, Mala OBE Imperial College London

REED, Malcolm (tbc) co-Chair, Medical Schools Council, UK

REID, Wendy (tbc) Interim Chair, Health Education England

SANDHU, Davinder Past PG Dean, University of Bristol

SHAH, Rupal Associate Dean, Professional Development Unit, HEE London

SINGH, Iqbal OBE Chair, Centre of Excellence & Safety of Older People

STEPHENSON, Terence Sir Past Chair, General Medical Council

STOKES-LAMPARD, Helen Chair, Academy of Medical Royal Colleges

WOOLF, Katherine Associate Professor in Medical Education, UCL Medical School

## EDITORIAL & LEADERSHIP TEAM

BAMRAH *JS* Hon National Chairman, BAPIO

MEHTA *Ramesh* Hon President, BAPIO

SINGHAL *Parag* Hon Secretary, BAPIO

CHAKRAVORTY *Indranil* Editor, Sushruta Journal of Health Policy

ZAMVAR *Vipin* Editor, Sushruta Journal of Health Policy

LAUNER, *John* Lead TPD for Educational Innovation in HEE Primary Care School

DAGA *Sunil*  Coordinator Scoping teams

CHAKRAVORTY *Subarna* Coordinator Workshops

Section I: ***Recruitment***

MAKANI *Purva*

SINGHAL *Parag*

SRINIVAS *Jyothi*

Section II: ***Career Progression***

DAGA *Veena*

HOSDURGA *Saraswati*

SHAH *Arvind*

SHAH, *Rupal*

Section III: ***Assessment***

DAVE *Subodh*

NANDURI *Vasanta*

Section IV**: *Leadership***

CHAUHAN *Dev*

JAINER *Renu*

MENON *Geeta*

RAO, *Sahana*

Section V: ***Research & Academia***

BHALA *Neeraj*

DAGA *Sunil*

PATEL, Rakesh

Section VI: ***Professionalism***

BAMRAH *JS*

DAVE *Ananta*

GROVER *Joydeep*

## 2020 equality in MEDICAL professions THEMATIC SERIES

**I Recruitment**

Undergraduate, Postgraduate, Specialty, Consultant

**II Career Progression**

Trainees, Specialty & Associate Specialty doctors, Clinical Fellows, Primary Care & Consultants

**III Assessment (Formative & Summative)**

Undergraduate & Postgraduate, PLAB/ Medical Licensing, CESR-CCT

**IV Leadership Roles & Recognition**

Clinical, Management, Educational & Clinical Excellence

**V Research & Academia**

Appointments, Grants, Academic Promotions & Publications

**VI Professionalism & Wellbeing**

Disciplinary Pathways & Process, Bullying & Undermining, Impact & support

## PRIORITY SETTING PARTNERSHIPS – Grassroot representation

(Allied Health Professionals including Nursing & Midwifery)

Academic Lecturers/ Senior Lecturers/ Readers Professors/Educational Fellows

Consultants

International medical graduates

Less than full time doctors

Locum doctors (or those between specialties or in a career break)

Non-training grade hospital doctors/ Locally Employed Doctors

Out-of-Programme doctors

Physicians Associates

Postgraduate Doctors in Training

Primary Care (General Practitioners/ Partners/ Salaried; GP Registrars)

Research Fellows

Speciality & Associate Specialist doctors

Undergraduate (MBBS) students

Widening Participation students/ doctors

## FACTORS

I Educational

 Learning styles (problem based/ taught/ self-directed)

 Access to resources, guidance or tutoring

 Schooling (independent or state)

 Impact of economic status on educational opportunity

 Parental/ family (influence of parental education, support, expectation or motivation)

 Assessment (multiple choice, viva, observed clinical assessments)

 Impact of unrecognised dyslexia or dyspraxia

II Cultural

 Linguistics (IELTS)

 Previous life experiences

 Conflict/ refugees

 Societal norms/ expectations (introvert vs extrovert)

 Influence of reverence of those more senior or in authority

 Segregation (wilful or forced)

III Bias

 Racial, ethnicity, gender, disability

 Impact of illness or health impairment

IV Support

 Family, friends

 Formal supervision

 Mentorship

 Networking

V Economic

 Deprivation

 Access to bursaries

 Cost of examinations/ preparation

 Family responsibilities

VI Others

 Health (physical/ mental)

 Immigration related stresses

 Wellbeing, Stress and Burnout

 Caring responsibilities

## PROCESS MAP

REVIEW

**Aug-Oct'20**

Conduct rapid review of evidence

Engagement with stakeholders (Priority Setting Partnerships)

Internal Expert peer review

Formulate draft recommendations/ Solutions

WORKSHOP

**Nov 20- Apr 21**

Explore & understand with stakeholders

Build a consensus with experts

Agree on recommendations/ actions

WRITE

**Apr - Jul 21**

Complete evidence and incorporate workshop transcripts

Define recommendations

Engage experts, stakeholders and PSPs

Agree on future research and policy enablers

PUBLISH

**Aug 21- Nov 21**

Prepare and publish BRDGING THE GAP document

Plan future research

## Process overview:

### Key Stages

 Six review teams

 Expert review

 Identify themes

Scoping document

Exploration of themes- qualitative exercise

 Stakeholders

Workshop

Collation and write up team

 Draft consultation

Publication and dissemination

Final write-up

Certain aspects will have **Round-table discussions** with selective stakeholder prior to the workshop involving wider stakeholder

### Time frame of key milestones

|  |  |
| --- | --- |
| Milestone | Timeline |
| Draft Scoping document | August-October 2020 |
| Review of scoping document (Priority Setting Partnerships) | August-October 2020 |
| Round-table for selected stakeholders | Sep 2020-Apr 2021 |
| Workshops (Stakeholders) | Sep 2020-Apr 2021 |
| Preparing workshop document & expert peer review | Apr 2021-Jul 2021 |
| Collation and preparing draft ‘Bridging the Gap document- Rainbow paper’ | Apr 2021-Jul 2021 |
| Consultation with Priority Setting Partnerships/Review by Expert Panel | Aug 2021-Oct 2021 |
| Publication and dissemination | Nov 2021 |

## Terms of reference:

1. Thematic Sections
2. Expert Panel
3. Stakeholders- Priority Setting Partnerships
4. Editorial Team
5. Coordinators
6. **Thematic Section Teams**

Each thematic section will appoint a leadership team consisting of BAPIO or non-BAPIO members who will undertake a rapid review of evidence and lead the engagement with priority setting partnerships (PSP). Each team will have 2-4 core members and will undertake broad review either by themselves or supervise students/ fellows to do this. A framework for the scoping document is suggested below

1. Scale of problem: descriptive across different stages (early stage to senior level) and baseline factors (gender, IMG, BAME etc)
2. Impact of the problem
3. Potential causes/ contributors
4. Potential solutions from the literature and PSPs
5. Decide and present interventions/ policy actions/ future research for Workshop/ Roundtable discussion

The pre-workshop scoping document will be published in Sushruta Journal of Health Policy as pre-print version and be open to external peer review. The Section Leads will then collate the feedback from the dedicated PSP members, transcribe the consensus from the workshop and prepare the final document for publication. This will also form a chapter in the Bridging the Document report.

1. **Expert Panel**

This will comprise of a broad range of international subject experts, agreed by mutual consensus, who will guide the rapid review, undertake review of the draft scoping document and will advise on further scope and content of the documents. They will also help refine the suggested themes for the workshop. Experts will be identified taking account their previous work along the themes for appropriate input. Expert panellists will contribute to, shape and guide the final document including its conclusions/ recommendations.

1. **Stakeholder (Priority Setting Partnership)**

Stakeholders will be invited from grassroot organisations, professionals who are affected by DA and organisations that are involved in any aspect of the medical profession. They will have a declared interests in improving differential attainment and social justice. A representative from all the stakeholders will actively participate in PSPs, guide the scoping review document, participate in discussions in the workshops and bring their valuable insights to the cause and solutions to the problem. Round table discussions with selected stakeholders may take in certain themes prior to the workshops. The workshops will be recorded and transcribed into a document (workshop transcript).

1. **Editorial team**

These will consist of members of review team that will collate both the documents (scoping and workshop transcript) and prepare a draft ‘Bridging the Gap- Rainbow paper’. All members and stakeholders involved in the process will have a read and comment on the draft document in a pre-defined time frame. Following draft consultation, any edits/amendments will be done and the final document will be published and released at the annual conference celebrating the 25th Anniversary of BAPIO. The document will be disseminated to all involved and published in Sushruta journal of Health Policy.

1. **Coordination Team**

The Coordination team will be responsible for ensuring the different steps of the process is followed, timelines- deadlines are adhered to and data transcribed is maintained in a secure and auditable process. All data will be securely stored in the Bapio Institute for Health Research Cloud archive.