

Agenda item:	4
Report title:	Update on the differential attainment programme
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Action:	To consider

Executive summary

This paper provides an update on the programme of work that is underway to understand and respond to differential attainment in medical education and training.

Recommendations

The Strategy and Policy Board is asked to consider:

- a** The update on the themes and priorities for this year's differential attainment programme of work.
- b** Whether there are any gaps in the approach outlined for this year's activities.

Background

- 1 We have been working with other organisations since 2010 to understand doctors' progression through the training programmes that we approve. We also have a longstanding commitment and a statutory duty to ensure that training pathways are fair.
- 2 The issue of variations in attainment between some groups of doctors has been around for a long time. Since 2014 we have delivered a programme of data analysis, research and engagement with key interest groups. The overall aims of this differential attainment (DA) work are as follows:
 - a To ensure that the framework for medical education and training promotes fairness and reduces the potential for discrimination; and to demonstrate that we take action where there is evidence of unfairness or unsupportive environments.
 - b To build and share an evidence base that will deepen our understanding of the causal factors of differential attainment and the impact of education, training and support systems for different cohorts of doctors.
 - c To collaborate with stakeholders to share practice and support discussion of priorities and approaches.

What we know now

- 3 Differential attainment raises some complex and challenging issues, including the extent to which these variations are:
 - a A symptom of problems in the design and delivery of training.
 - b The result of wider societal and cultural trends.
 - c Able to be addressed through regulatory interventions.
- 4 Our investigations to date have revealed that:
 - a Differentials in attainment exist across most specialties.
 - b Ethnicity remains a key factor associated with attainment, even after controlling for gender, age and socioeconomic status.
 - c Attainment is influenced at three key levels within education and training systems (individual, institutional and macro levels); and that responding to DA requires coordinated action across these levels.

- d** The provision of support to narrow some of the differentials for doctors in training is highly variable, in most cases has not been evaluated.
- 5** This year we are updating our progression reports with a second year's worth of outcomes data. Analysis shows that gaps in attainment remain entrenched between white and black and minority ethnic (BME) UK qualified candidates across most specialty training pathways, as do patterns of difference between UK and EEA and international medical graduate (IMG) qualified doctors.
 - 6** We also have added socioeconomic data to the reports this year. The data shows clear stratification between the most affluent and least affluent candidates.

Discussion

- 7** There are three themes to our programme of work for 2016 and beyond. An overview of the action plan is set out at Annex A. The themes are:
 - a** Using our standards and quality assurance framework to drive change.
 - b** Measuring and monitoring progress.
 - c** Working with others.

Using our standards and quality assurance framework to drive change.

- 8** [Promoting Excellence: standards for medical education and training](#) provides the framework for us to ensure that principles of fairness and equality are embedded in the organisation and delivery of medical education and training. Our quality assurance activities take a risk-based approach to assessing whether the standards are being met.
- 9** We will continue to develop the equality and diversity aspects of our quality assurance framework, for example; factoring in enhanced equality and diversity (E&D) focussed exploratory question sets and requiring new forms of evidence obliging organisations to demonstrate what action they are taking to tackle DA and how they are evaluating the impact.
- 10** We will also develop supporting guidance for *Promoting Excellence* which will clarify our expectations of how medical schools, deaneries and the medical royal colleges should be using progression data and supporting medical students, post graduate trainees and trainers to meet the standards.

- 11** As we undertake the revision of our standards for curricula and assessment systems (SCAR), we will ensure that these standards embody E&D principles and reflect the learning from our work to understand, and mitigate against, differential attainment.

Measuring and monitoring progress

- 12** As noted above, we are continuing to collect and publish progression data (exam, Annual Review of Competence Progression (ARCP) and recruitment) by trainee demographic factors. This year we are also exploring analysis that will help us to identify the 'value added' by training programmes by comparing learners outcomes at the end of a programme with their level of attainment at entry. Value added analysis should help us to identify training programmes that are supporting learners' development beyond their expected outcomes, and will serve to highlight support structures and interventions that work particularly well in an evidence based way.
- 13** This data, in conjunction with information from visits and monitoring activity and survey data, will be used to develop a set of metrics that will enable us to measure and monitor levels of differential attainment in medical education and training as well as any impact that our action to ensure fairness is having. These indicators will then inform the process for monitoring performance to identify areas of concern.

Working with others

- 14** In 2015 we surveyed professional support leads at training providers across the UK in order to gauge recognition of issues associated with differential attainment, scope the provision of support services and share examples of good practice. We continue to work with Conference of Postgraduate Medical Deans (CoPMED) UK Performance network to support an evidence based approach to the evaluation of interventions to tackle differential attainment, and to share knowledge and practice.
- 15** We have commissioned qualitative research* to understand the perceptions of trainees and trainers about progression and the fairness of training pathways. We will publish the findings of that research later this year, and use it as a lever to engage key stakeholders in discussing possible ways forward.
- 16** We are also convening an advisory group to support our work on differential attainment with four-country representation from our key educational interest groups, as well as the British Medical Association (BMA) and the main networks of BME/overseas qualified doctors. The terms of reference for this group are being developed, but at this stage it is envisaged that the group will support the effective

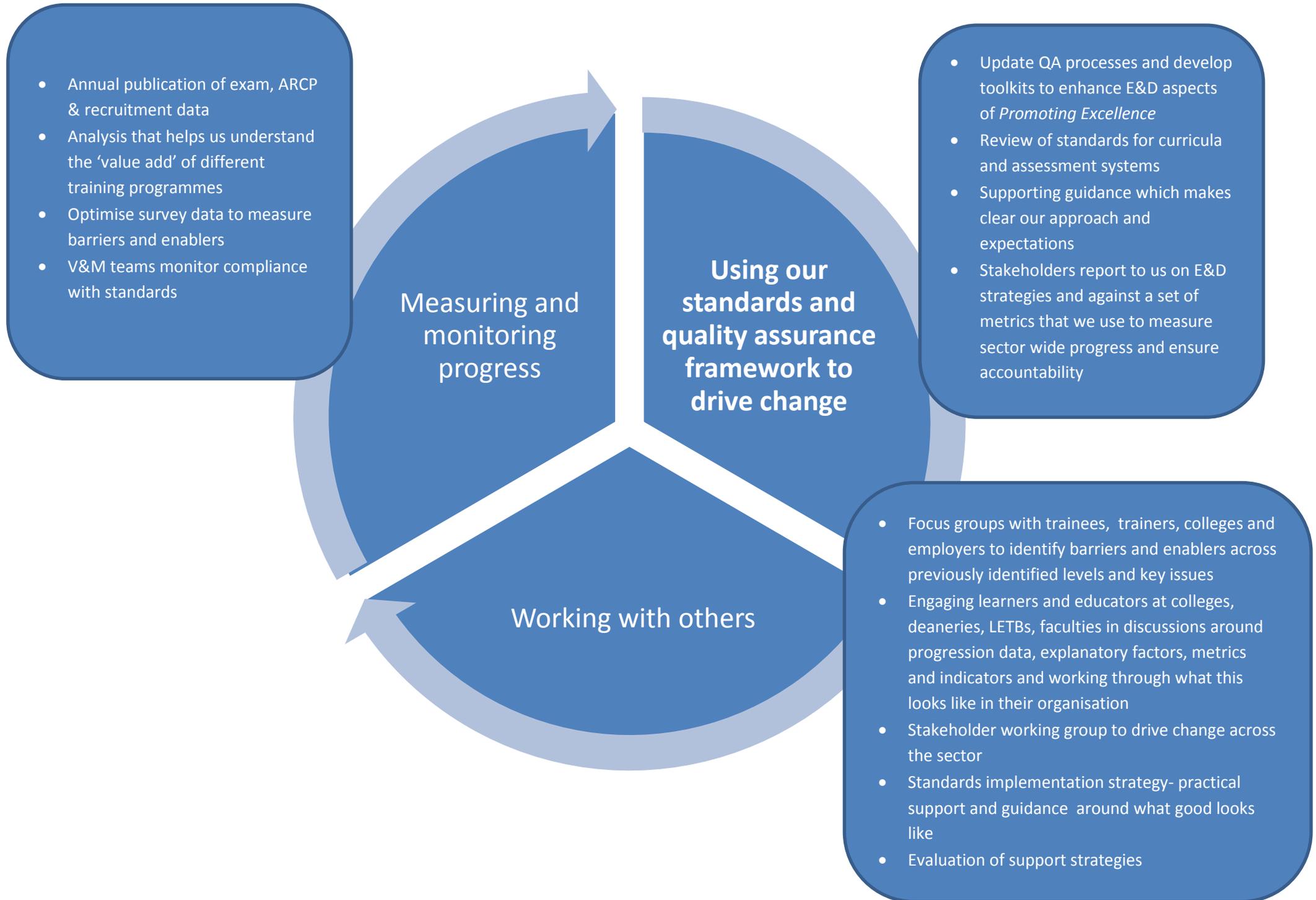
* Fair training pathways for all: understanding experiences of progression, Woolf et al, UCL

implementation of our educational standards, sharing knowledge and practice around what works and championing the adoption of metrics for measuring progress. Once finalised, the advisory group's terms of reference will be brought back to the Board for its approval.

4 – Update on the differential attainment programme

4 – Annex A

Overview of the differential attainment action plan



Understanding differential attainment in medical education and training- forward work summary with high level milestones					
	Q2 2016	Q3 2016	Q4 2016	2017	2018/2019
Using our standards and quality assurance framework to drive change	<p>Testing of revised exploratory question sets and reporting templates in South West regional review.</p> <p>Publish updated web based interactive quality assurance framework tool.</p>	<p>Piloting updated document request process (E&D focused) in East Midlands regional review</p> <p>New E&D training for visitors involved in EM review</p> <p>Consulting on revised standards for curricula & assessment systems</p>	<p>Finalising revised standards for curricula and assessment systems.</p>	<p>Q1: Publish revised standards for curricula and assessment systems.</p> <p>Publish E&D focussed guidance to support implementation of new standards.</p>	<p>QA thematic review (E&D focused) (tbc)</p>
Measuring and monitoring progress	<p>Publish updated progression data and narrative report.</p>	<p>Publish medical school 'value add' analysis.</p> <p>Review of national training survey (NTS).</p>	<p>Commence postgraduate value add analysis.</p>	<p>Progression reports update and trend analysis</p> <p>Reviewing NTS data to track E&D indicators.</p> <p>Publish postgraduate 'value add' analysis</p>	<p>Progression reports update and trend analysis</p>

Understanding differential attainment in medical education and training- forward work summary with high level milestones					
	Q2 2016	Q3 2016	Q4 2016	2017	2018/2019
Working with others	Workshops with medical school, deanery/LETB, college & faculty quality leads to explore use of progression data in monitoring DA.	Publish UCL's <i>Fair Training Pathways</i> report	Convene stakeholder working group. DA workshop at GMC corporate conference: updating the story & next steps (TBC)	Work with stakeholder group to develop joint statement of intention, metrics, explanatory guidance, typology of support strategies.	Work with stakeholder groups and associated networks to review progress made.