

# Differential attainment: understanding variations in performance in exams and training

## Workshop feedback summary report

We recently shared our initial findings of some analysis and research and looked at how to address issues on the theme of *Differential attainment: understanding variations in performance in exams and training*.

The objective of the workshop was to announce the differential attainment work programme and collect stakeholder feedback on the first phase of research. Vicky Osgood, Director of Education at the General Medical Council (GMC), presented an introduction to our differential attainment work programme. There were then two presentations from researchers and a group discussion.

The workshop was run twice during the day with 76 people signed up for the morning and 86 signed up for the afternoon. The attendees included medical students, medical directors and educators.

The final part of the workshop was a group discussion on three questions:

- 1 What forms of support work best in helping medical students and trainees to overcome barriers to progression?
- 2 What should the priorities be for the GMC in addressing differential attainment?
- 3 In five years' time, what would success look like?

The attendees were also given feedback forms with the same questions so they could leave individual responses along with their contact details if they wanted to hear about future developments in the differential attainment work programme.

### Sharing exam and recruitment data

Vicky's presentation showed how we have tried to understand how doctors progress through training, and shared the headlines from two interactive reports on doctors' exam pass rates and applications to specialty training. The reports were published the week before the conference and showed that there are variations in exam performance by graduating medical school and by postgraduate training programme across different **postgraduate exams**. Whilst we don't understand the causes, there was acceptance in the room that these trends have been around for a long time, and that there is value in the regulator investigating this further.

Vicky explained that the reports will be updated and we will continue to collect data. Further research is being commissioned to look at the possible causes of differential attainment. During the Q&A after the presentations, there were discussions about differential attainment at undergraduate level and whether we collect data in this area. Vicky explained that we collect student profile information and we review the exam process but that we don't collect the outcome data for undergraduate exams in the same way we do for postgraduate exams.

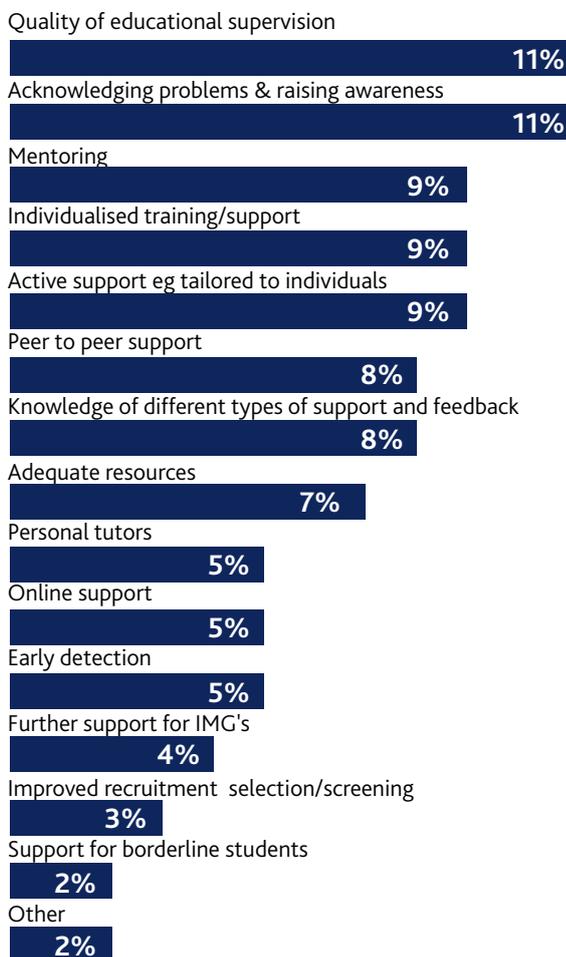
We are however working with the Medical Schools Council to develop a shared database, which will help us understand students' progression through medical schools.

### Sharing initial research findings

This was followed by two presentations previewing the findings from important research projects. The Work Psychology Group shared some headlines from their work on identifying early those doctors who are likely to need additional support in their training. The presenters from Plymouth University and Peninsula Schools of Medicine and Dentistry talked about their approach to a literature review into the causes of differential attainment across medical training pathways. Both of these research projects will be published later this year, and will add valuable insights to what is currently known.

### What you told us

#### Supporting medical students and trainees



In general open discussions it was recognised that:

- doctors in training are diverse and may have different needs in training
- differential attainment is important across the whole of training
- attainment issues should be discussed with doctors in training as the norm.

Also, as the conversation progressed, it soon became clear that the quality of educational supervision is a critical factor in the progression of students and doctors in training. There was growing consensus around the need for early career support, for example, getting advice tailored to an individual's skill set and learning style, and early detection of doctors in training and students who are underperforming.

Some of the more detailed comments for this question are set out below.

#### Quality of educational supervision

- Training for educational supervisors throughout the training process
- Training the faculty in cultural sensitivity.

#### Acknowledging problems and raising awareness

- Variation between specialties in what support is available – guidance from different colleges.
- LETBs and deaneries need to take a lead.
- The Medical Schools Council has done guidance on supporting students – identifies some ideas for supporting students.
- Not labelling people as a problem or failing (this is unhelpful for reflective practice).

### Individualised training and support

- Acknowledge that people work and learn in different ways.
- Acknowledge that IMGs are a heterogeneous group.
- Get result groups together and give additional support.

### Knowledge of different types of support and feedback

- Peer to peer support.
- Social networks to support progression.
- Mentoring or role models.
- Online or web-based training.
- Exam revision workshop ties issues to exam performance but it is much wider than that, needs to be more upstream – evidenced by recruitment – can't be just about revision workshops.
- Language courses freely available.
- Have a variety of training approaches – peer to peer and bridge peer to consultant, individualised group training, individualising training for individuals.
- Support for borderline students (not just those who fail).

### Early detection

- Early detection and diagnosis when doctors in training and students are underperforming.
- Early detection and referral to professional support units for remedial action.
- Providing support early, which doctors in training can choose to take advantage of without being stigmatised. Early career support – getting advice tailored to skill set early on.

### Improved recruitment selection and screening

- Better selection and screening.
- Improve screening selection of candidates.

### What should our priorities be?

Further research on the characteristics of doctors that have differential outcomes

25%

Improve educational environment & supervision

13%

Having accessible information on understanding differential attainment

13%

Early support

11%

Improve the training process

10%

Support for undergraduate & postgraduate trainees

8%

Selective screening

8%

Support for all Doctors (not just trainees)

7%

Support from colleges/deaneries

3%

Better student networks

3%

The open discussion acknowledged that:

- often doctors in training are perceived to be the problem
- there are opportunities to address the unconscious biases that we all have
- we need to look at this from the perspective of doctors in training and trainers.

The group suggested we focus on doing more analysis of different populations of doctors in training, including different black and minority ethnic (BME) subgroups, and doing more to disseminate good practice.

There was a recurring theme around diversifying the training process and developing tailored approaches to training, recognising that some doctors in trainings will take longer and may benefit from more flexible training pathways.

Some of the more detailed or nuanced comments for this question are set out below.

### Further research on the characteristics of doctors that have differential outcomes

- Explore different populations of doctors in training.
- Explore the different BME subgroups as BME is a broad heterogeneous category.
- Look for places where BME doctors in training do well.
- Systematic research, to develop an evidence base and gather more data.
- Narrow the gap between UK and IMG doctors in training.
- Understand the cultural dimensions in education and training.

### Improve educational environment and supervision

- Develop inclusion and inclusivity in educational environments.
- Exams should have educational theory to support their format.

### Having accessible information on understanding differential attainment

- The issue is using data which is accessible and understandable to tell the story.

### Improve the training process

- Diversify training process – tailored approaches to training – acknowledge some doctors in training will take longer, more flexible training pathways.
- Streaming of doctors in training.

### Selective screening

- Improve selection processes.

### Support for all doctors

- Have a holistic approach – in both undergraduate and postgraduate.
- Educational supervision for all doctors (not just those in training posts).

### Support from colleges or deaneries

- Support royal colleges.
- Set clear expectations of college exams.

### Raise awareness

- Introduce discussion of impact of being an IMG on training during educational supervision.
- Promote widening access.
- Make people aware of the issues.
- Facilitate open discussion of issues.
- Disseminate good practice.

### Maintain standards

- Don't drop standards, maintain safe care.

### Other

- 'pursue the issue bravely'.
- Address unconscious bias.

### What will success look like in 5 years' time?

Early support & networking for trainees

19%

Equal progression

16%

Narrowing the gap of differential attainment

14%

Individualised training for trainees

14%

Valid/fair and reliable assessments

10%

A better understanding of the issue

10%

Uniform standards & workforce

9%

Higher performance of trainees

5%

Better feedback for trainees

3%

In general discussion it was noted that trainers and supervisors are working towards implementing the arrangements for the official recognition and approval of trainers by the GMC. In this setting some supervisors have shied away from understanding cultural differences, which when considered might lead to different approaches for different groups of doctors in training.

Another significant area of discussion was around earlier support that would allow doctors to determine which part of medicine might be the best fit with their skills and aptitudes. This would be in addition to support for supervisors to have tough conversations earlier where doctors in training may be underperforming.

The consensus was that narrowing the gap in attainment for different groups of doctors in training would be a sign of success, as would maintaining clear and high standards.

Some of the more detailed or nuanced comments for this question are set out below.

### Early support and networking for doctors in training

- Online support groups to tackle issues faced by the doctors in training.
- Pastoral support and mentors.
- Early intense support.
- Getting information about support that is available down to all groups.
- Active support of interventions.
- Lone workers (students and doctors in training) will be identified and encouraged to work and study as part of a team.
- When fundamental issues – eg language that affects variations in performance in exams and training – are addressed.
- A team culture that encourages students and doctors in training to ask for support.

### Narrowing the gap of differential attainment and equal progression

- Accessible representation.
- Doctors from diverse groups do not feel different.
- Individualised support available to the doctors to make their way up the progression ladder.
- Supporting all students to feel the same sense of inclusion and belonging.

### Individualised training for doctors in training

- Tailored training for doctors.
- Personal plans for training.

### Valid or fair and reliable assessments

- Global assessment of being a doctor, not just passing an exam.
- Engaged educational supervisors in patient centred model.
- Unconscious bias not esoteric – everyone thinking.
- Stopping the selectors from having unconscious bias.
- Develop reliable workplace assessment, supporting supervisors in not avoiding difficult feedback with struggling doctors in training.
- At least be looking at the validity and reliability of postgraduate exams and trying to explore the possibility of more global assessment (ie doctors aren't just made of exams or exam results). Exploring annual review of competence progression (ARCP) outcomes and reducing stigma of other outcomes.
- Reassurance that processes are fair.

### A better understanding of the issue

- Still researching.
- A better understanding of the issues with a possibility of a way forward.
- There is a better understanding of the challenges.
- More sharing of behaviours.
- More appreciation of the complexity of the situation.

### Uniform standards and workforce

- GMC selecting and reselecting clinical and educational supervisors who have time in the job and enthusiasm and skills.
- The UK to be part of the European Union and more generic requirements for doctors training.
- A diverse healthcare workforce.

### Higher performance of doctors in training

- Validation of performance.
- There is improved performance, behaviour, fairness and equity.

### Better feedback for doctors in training

- Better feedback.
- More open or transparent reporting of selection, progression and exams.

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