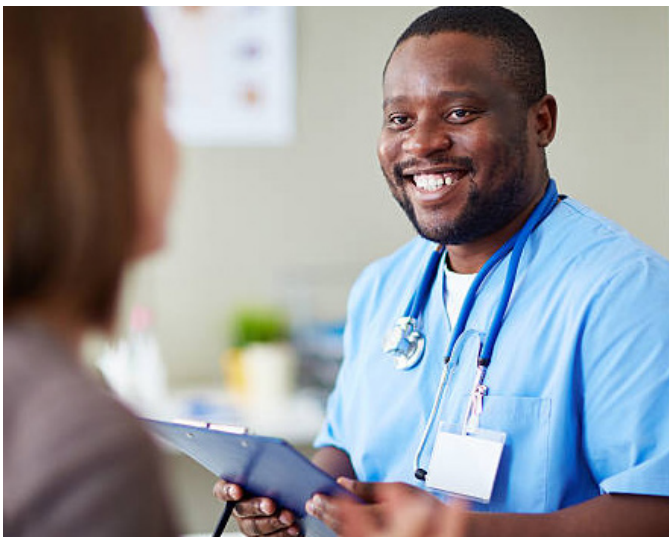
NHS
Health Education England

HEE Deans' EDI Committee Annual Report

2022/23



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Executive Summary

The HEE Deans' Equality, Diversity and Inclusion Committee Annual Report outlines our work to eliminate inequalities in education and training.

In 2020 Health Education England (HEE) Postgraduate Medical Deans established an Equality, Diversity and Inclusion (EDI) Committee. It's remit was to consider all the issues raised in multi-professional education and training in line with the HEE Quality Framework.

In January 2022, we published an **inaugural report** describing how we would bring together information and feedback to understand what we do well and what we have yet to do to form a quality improvement plan. This report provides an update on our progress to date, areas of focus and further work to drive forward action in 2023/24.

Tackling discrimination and ensuring learners are placed in safe and supportive environments needs to remain an urgent priority to develop a sustainable workforce for the future.

We must ensure that high-quality education and training, that is equitable and inclusive, is available to all healthcare professionals at each stage of their career. We will report on our progress annually, as we work in partnership with education and healthcare providers, employers and professional regulators to eliminate inequalities in education and training.

2nd National Annual Learner Assembly

When we started this work we knew that the voice of the learner in the NHS is critical to making improvements. We committed to having an annual Learner Assembly.

What we did

The 2nd Annual National Learners Assembly was held on 27th May 2022. This event supports HEE's strategic priority to promote inclusion. HEE's Chief Executive Officer, Dr Navina Evans, and senior healthcare leaders were keynote speakers and facilitators.

This event, inaugurated in 2021, is a collaborative platform. The 2022 Assembly expanded to a full day, utilising a bespoke online event portal featuring themed breakout rooms.

The key aims of the Assembly are to provide a platform for learners at all levels and senior HEE leaders to engage in discussion of experiences of training in the NHS and work together to provide solutions and for learners to share best practice, build a supportive community and provide networking opportunities.

This virtual event had 389 delegates register, with 270 accessing the platform live during the event and over 300 accessing the platform overall.

The platform launched five days prior to the event and on-demand content, including the videos from presentations on the main stage, was available for six months post-event

The ethos of the day was to prioritise active discussion. Speeches on the main stage were followed by longer themed breakout rooms which enabled interactive and personalised discussion.

The day was divided into two complimentary halves. The morning session featured three keynote speeches from senior leaders, Professor Namita Kumar, Dr Navina Evans and Professor Liz Hughes with Mr Piers Wilkinson. These were followed by two sets of three themed breakout rooms of forty five minutes each. Participants had free choice to attend one of the three rooms on offer.

The afternoon session was for doctors and dentists in training who have done exceptional work in EDI to showcase their work. Participants then had the opportunity to spend further time asking questions in interactive breakout rooms. In total there were eighteen speakers in the afternoon across eleven topics.

A virtual networking space was provided where delegates could find and speak to each other as well as a document library of shared files to help guide future doctors and dentists in training.

What we learnt

This is an exciting movement for change, and shared understanding is important to have these conversations. We understood that we need to be comfortable having uncomfortable conversations to make progress.

Leaders should be authentic and compassionate role models for all, but equity needs us to all care and be actively involved. Shared stories bring data to life, although policy is not made by anecdote, so both need to work together. Many doctors and dentists in training have difficulty raising concerns and we heard this from a number of delegates.

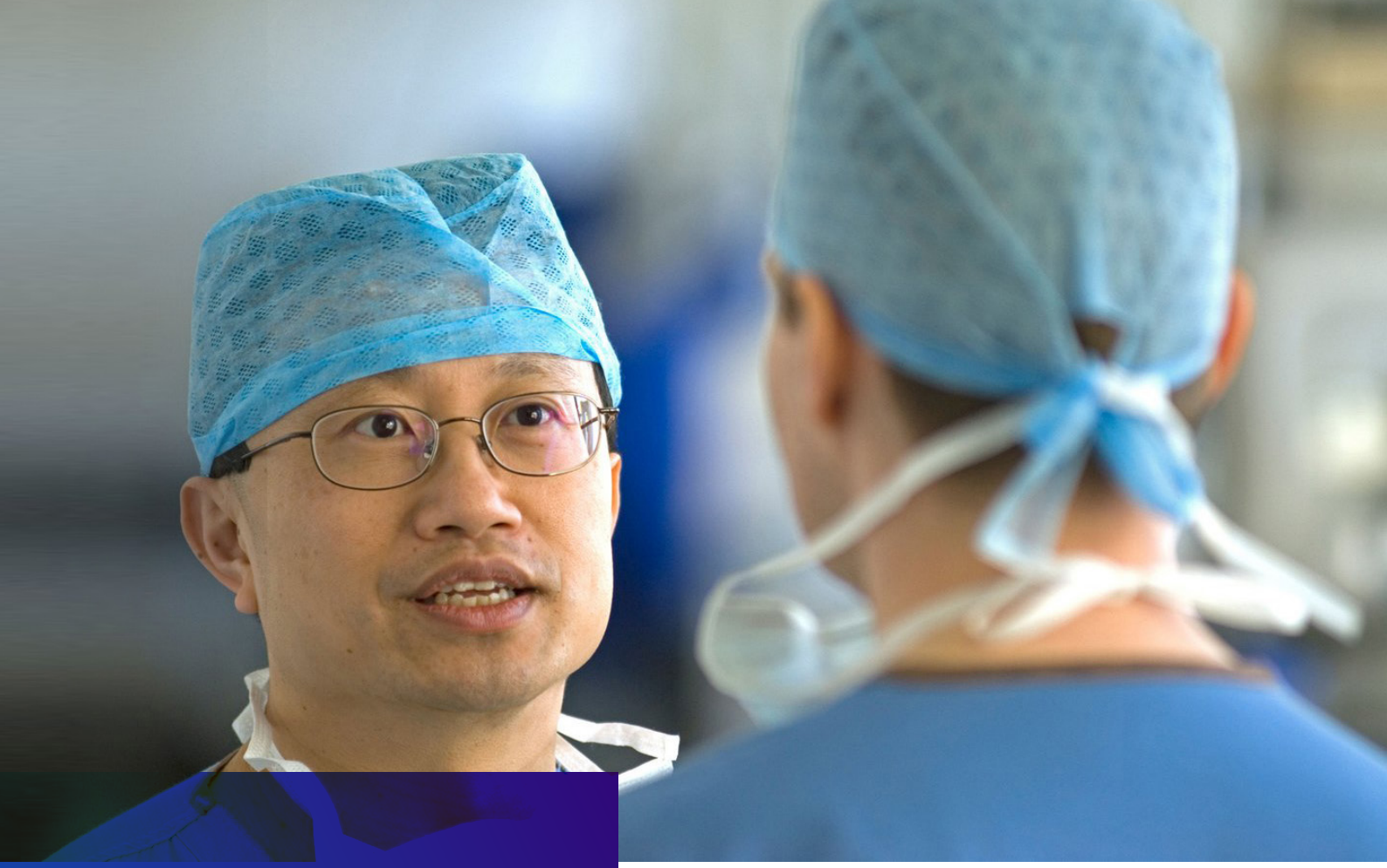
Clearer pathways are useful and we will work on highlighting these, but we understand that cultural change is required to make significant progress. Discrimination costs the NHS money and affects patient care.

We may need to shift our focus from 'equality' to 'equity'. We understood that minority professionals, especially international medical graduates, are not applying for positions of leadership and need to be explicitly encouraged to apply for these roles. Only 5% of healthcare colleagues report disabilities and many who have invisible disabilities do not report these. However, these individuals encounter significant challenges working in the NHS.

Finally, encouraging educational supervisors to consider the variation in backgrounds of their doctors and dentists in training supported by specific unconscious and implicit bias training.

What we will do

- **Continue to hold an annual National Learner Assembly**
- **Use this as a collaborative platform for interested healthcare professionals**
- **Keep making tangible progress in EDI by successfully using the existing HEE Quality Framework**
- **Specifically encourage those of protected characteristics into positions of leadership**
- **Improve awareness and pathways for raising concerns and feedback mechanisms where concerns have been raised**
- **Use the information we receive from learners to inform a strategy to keep it relevant**



Quality Improvement Plan

Background

A shared Quality Improvement Plan (QIP) has been developed nationally in response to concerns raised through:

1. **Health Education England's data reporting**
2. **Concerns raised by learners**
3. **Medical Workforce Race Equality Standard report**
4. **HEE Call for Evidence on best educational practice**

The QIP addresses EDI concerns for all learners including Postgraduate Medical and Dental Education (PGMDE). For doctors the availability of the Medical Workforce Race Equality Standard (MWRES) has been very helpful.

It clearly articulates the actions and core deliverables required to measure progress and impact to ensure PGMDE is delivered with a greater focus on EDI, and what actions may be required at specific stages of a doctor's career.

Approach

The **HEE Quality Framework** has provided two excellent tools, namely the National Education and Training Survey (NETS) and Provider Self-Assessment (SA). The former providing measures of learner satisfaction, available opportunities, and the frequency of bullying and harassment, and the latter providing an understanding of the actions being taken to address any emerging concerns.

Further QIP Actions for Year 3 (2023/2024)

1. **Review the EDI metrics that have been collected in Year Two of the QIP implementation and agree what should be developed as business as usual.**
2. **Ensure the relevant metrics are shared with Regional Teams so they can carry out further data analysis and triangulate with local initiatives with an EDI theme. Agree actions based on their local requirements.**
3. **Further actions for the QIP will be based on the conclusions and findings in this report. The QIP will be refreshed as an action for national and local offices to focus on themes and work streams related to EDI.**
4. **Work with NHSE colleagues to incorporate relevant metrics in the EDI Workforce Plan.**
5. **An ongoing commitment to making EDI data available from across our work meaningful, accessible and develop a business-as-usual data collection plan.**

National Education and Training Survey (NETS)

The 2022 NETS recorded the highest number of responses to date with nearly 40,000 learners taking part and sharing their experience.

The results describe a challenging situation for our learners with increased levels of stress, burnout and feeling overwhelmed. The number of learners experiencing bullying and harassment has increased and goes largely unreported.

A number of learners reported experiencing discrimination by patients but often did not wish to report their experience to their education or placement provider.

New for 2022

- **An additional set of questions was added for all learners: about whether learners felt they had experienced discrimination by patients, whether they reported it and if so, whether appropriate action was taken.**
- **We also included additional questions about the availability of wellbeing support and whether this supported those who needed it.**
- **In 2022 we included specific questions for most professional groups. For example, we asked postgraduate medical doctors whether they had received clear information about out of programme options. These specific questions are not included in the analysis used in this report.**
- **To prepare for this report, we have joined four years of NETS responses so that trends and themes can be identified. The core question set in NETS remains unchanged and so enables year-on-year comparisons.**

The Focus of NETS and NETS Reporting

The NETS survey and the reports produced from it are a key operational part of the HEE **Quality Strategy**, designed to help us test a number of hypotheses:

- **Do our learners experience high quality learning, as defined in the HEE Quality Standards and Framework?**
- **Are there any groups of learners, at national, regional and local levels, that appear on average to have a particularly good educational experience, and any others that may need additional support in line with the Quality Framework?**
- **Can we identify changes and trends in healthcare learners' experiences of education and training? (As we now have four years of NETS data, we are now able to present these trends as part of this report.)**

From an EDI perspective, we need to consider these points in terms of the main protected characteristics:

- **age**
- **sex including gender reassignment**
- **disability**
- **race (including ethnicity and nationality)**
- **religion or belief**
- **sexual orientation**

Source: Discrimination (www.gov.uk)

We do not routinely ask about marital status or pregnancy, so we are unable to include these two characteristics, but we aim to do so for NETS 2023. NETS currently asks about Country of Origin but not Country of Qualification. This will also be considered as we continue this work.

This year there were nearly 40,000 responses from 12 different professional groups.

Professional Group	Arab	Asian	Black	Chinese	Mixed	Other	Unknown	White
Advanced Clinical Practice	0.01%	0.17%	0.08%	0.02%	0.02%	0.01%	0.06%	1.15%
Allied Health Professional	0.03%	0.62%	0.45%	0.17%	0.16%	0.04%	0.25%	5.14%
Dental Postgraduate	0.06%	0.54%	0.07%	0.06%	0.03%	0.02%	0.12%	0.57%
Dental Medicine	0.01%	0.09%	0.02%	0.01%	0.01%	0.01%	0.03%	0.11%
Health and Social Care	0.03%	0.14%	0.18%	0.02%	0.02%	0.01%	0.04%	0.48%
Healthcare Science	0.01%	0.13%	0.05%	0.02%	0.02%	0.01%	0.07%	0.94%
Medicine Postgraduate	2.44%	15.77%	5.93%	2.46%	1.51%	0.79%	4.83%	27.74%
Medicine	0.07%	0.84%	0.17%	0.19%	0.05%	0.04%	0.18%	1.43%
Midwifery	0.01%	0.15%	0.29%		0.11%	0.02%	0.11%	2.88%
Nursing	0.04%	1.25%	3.83%	0.05%	0.36%	0.13%	0.59%	9.44%
Pharmacy	0.07%	0.60%	0.20%	0.08%	0.05%	0.04%	0.20%	1.29%
Psychological Professions	0.00%	0.08%	0.06%	0.01%	0.06%	0.02%	0.08%	1.15%
Scientific, Therapeutic and Technical	0.00%	0.02%	0.02%	0.00%		0.00%	0.01%	0.03%
Total	**2.77%**	**20.38%**	**11.34%**	**3.09%**	**2.38%**	**1.11%**	**6.56%**	**52.36%**

Table 1a: *Breakdown of NETS responses for 2022, by Professional group and by ethnic group. (Percentage of total)*

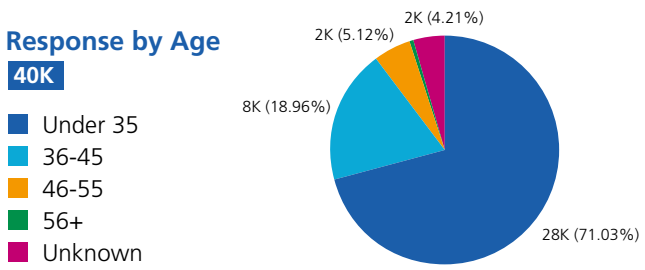
Professional Group	Responses
Advanced Clinical Practice	607
Allied Health Professional	2735
Dental Postgraduate	585
Dental Medicine	108
Health and Social Care	364
Healthcare Science	492
Medicine Postgraduate	24496
Medicine	1180
Midwifery	1418
Nursing	6241
Pharmacy	1002
Psychological Professions	578
Scientific, Therapeutic and Technical	33
Total	**39839**

***Table 1b:** Breakdown of NETS responses for 2022, by Professional group (responses counted)*

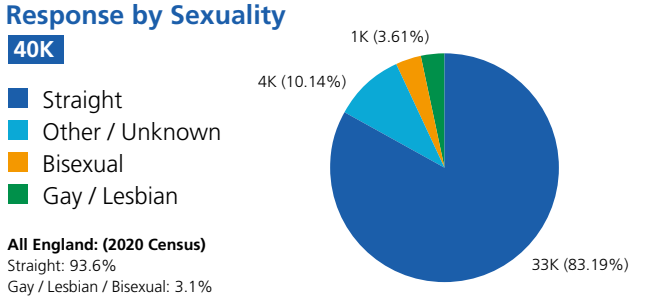
Characteristics of Learners

Whilst we are working with data from respondents rather than the entire population of learners, with NETS we have a reliable estimate of the proportion of demographic groups represented in the wider learner population.

Response by Age

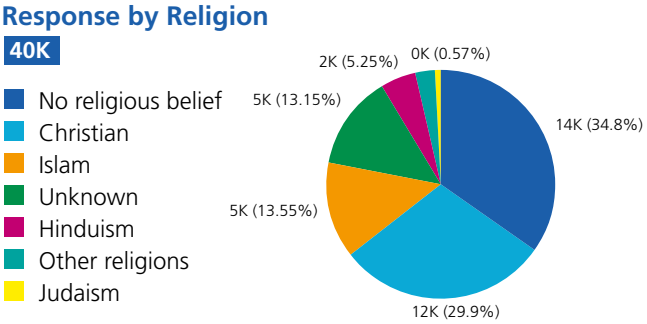


Response by Sexuality



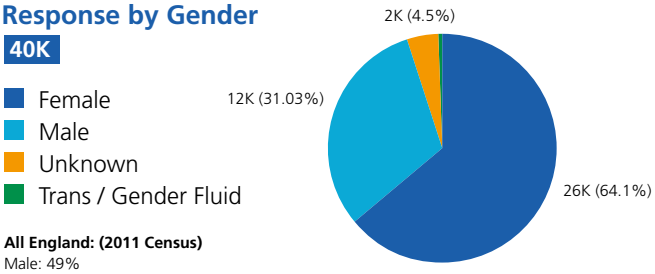
All England: (2020 Census)
Straight: 93.6%
Gay / Lesbian / Bisexual: 3.1%

Response by Religion



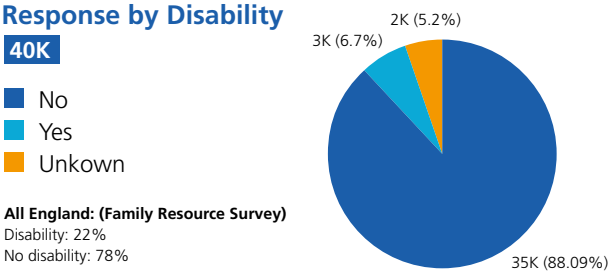
All England: (2021 Census)
Christian: 46.2%
No religion: 37.2%
Muslim: 6.2%
Hindu: 1.7%
Judaism: 0.48%
Other religions: 2.45%

Response by Gender



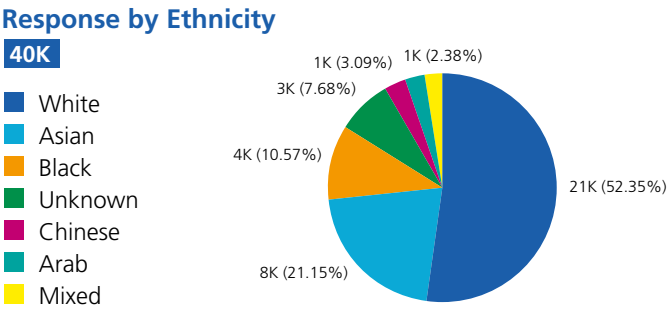
All England: (2011 Census)
Male: 49%
Female: 49%

Response by Disability



All England: (Family Resource Survey)
Disability: 22%
No disability: 78%

Response by Ethnicity



All England: (2011 Census)
White: 85%
BAME: 13.82%
Mixed: 2.96%
Other: 2.18%

***Figure 1:** Protected Characteristics of NETS Respondents.*

Age: Most learners are under 35, but not exclusively so: 271 respondents are over 56.

Gender: There are more female learners (64%) than male overall. This rises to 85% female (Nursing) 98% female (Midwifery), 79% female (Pharmacy) 71% female (Healthcare Science). Postgraduate medicine had the highest proportion of male respondents, at 40%. Transgender learners account for 0.37% of learners (estimated at 0.1% to 0.6% worldwide)

Disability: Learners with a disability represent just 6.7% of NETS respondents, somewhat lower than the estimated UK average of 22%. It is likely that many will have a disability in the medical sense, but do not feel the need to report this to work as the disability in question does not impact on work and does not require additional support or adjustments.

Ethnicity: For ethnicity, the number of White learners is 52%, compared to 85% in the general English population. The number of Black (10.5%), Asian (21.1%), Chinese (3%) and Arabic (2.4%) learners all suggest that these groups are well represented within health education and training.

Religion: "No religious belief" is the most common response at 34.6%, followed by "Christian" at 29.9%. Islam is well represented amongst learners (13.5% of learners compared to 6.2% of the population) as is Hinduism (5.25% compared to 1.7% in the population).

Sexuality: 7.2% of the learner population describe themselves as gay, lesbian or bisexual, which is double the proportion in the UK Census (3.1%).

The 'Unknown' Learner

A sizeable proportion of respondents were happy to answer most of the NETS questions about their education and work experience but did not wish to divulge details about their protected characteristics.

What is interesting from the data shown in the NETS charts in the section below, is that the 'unknown' group is very often the group with the lowest opinion of their education and training.

Nationally, these 'unknowns' are not small groups: they represent between 5-12% of respondents, depending on the characteristic in question. We need to explore ways to better understand and engage this group, encouraging survey completion and the raising of concerns so action can be taken.

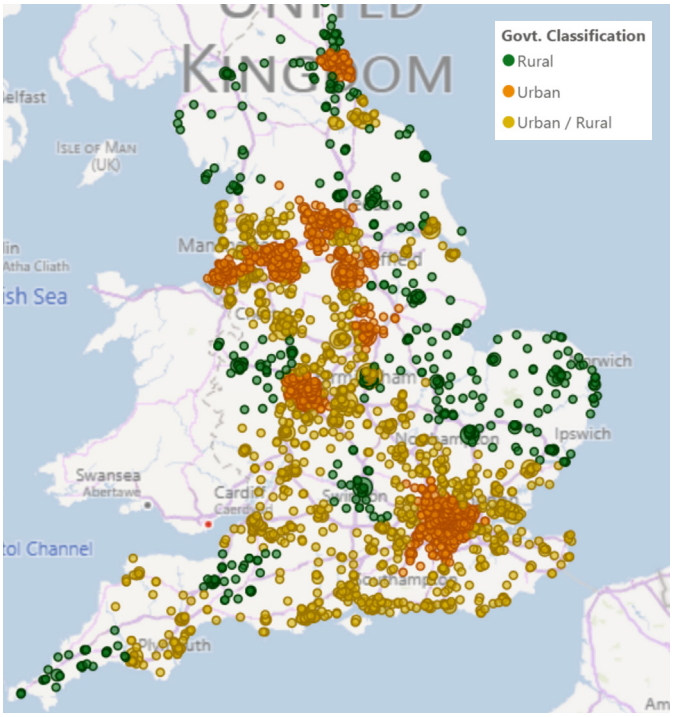


***Figure 2:** Where are Respondents based?*

NETS has a national reach, eliciting responses from each region and reflecting the range of geographical locations hosting learners. Each dot in this map represents a location, with the colour of the dot representing the urban/rural classification applied by UK Government.

Looking at Trends in NETS data 2019-2022

Each of figures 4-8 below looks at trends in NETS data. Each page illustrates a different question, the first being:

How would you rate the quality of education overall in your current placement?

Responses from each of the protected groups are shown in different colours, with the lighter colours representing the earlier surveys and the darkest colours the most recent (2022).

Each bar shows the number of positive responses ("Outstanding", "Good" and "Satisfactory" in the figure 4) as a percentage of all responses.

Quality of Education Overall

Whilst we are working with data from respondents rather than the entire population of learners, with NETS we have a reliable estimate of the proportion of demographic groups represented in the wider learner population.

We use the Government's geography data to categorise each provider location in NETS. There appears to be no overall difference between the experience of urban and rural learners, although there may be differences apparent within specific regions or professions. Our approach to NETS allows it to be explored at regional, ICB or programme level.

Figure 3: Quality of education overall by geography

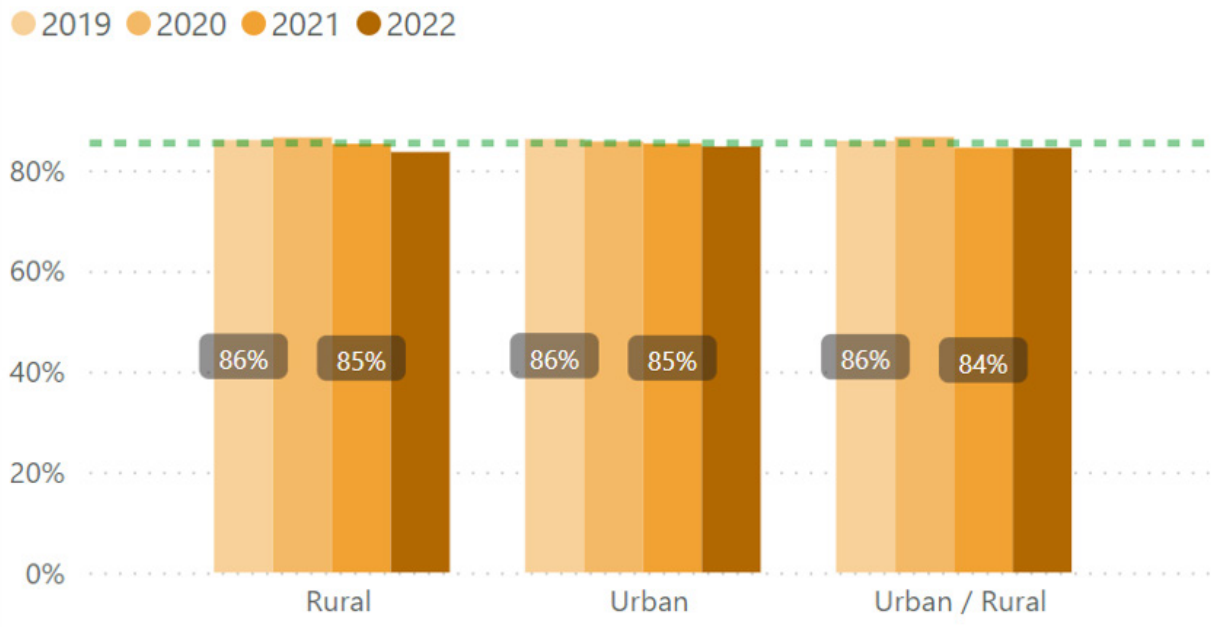
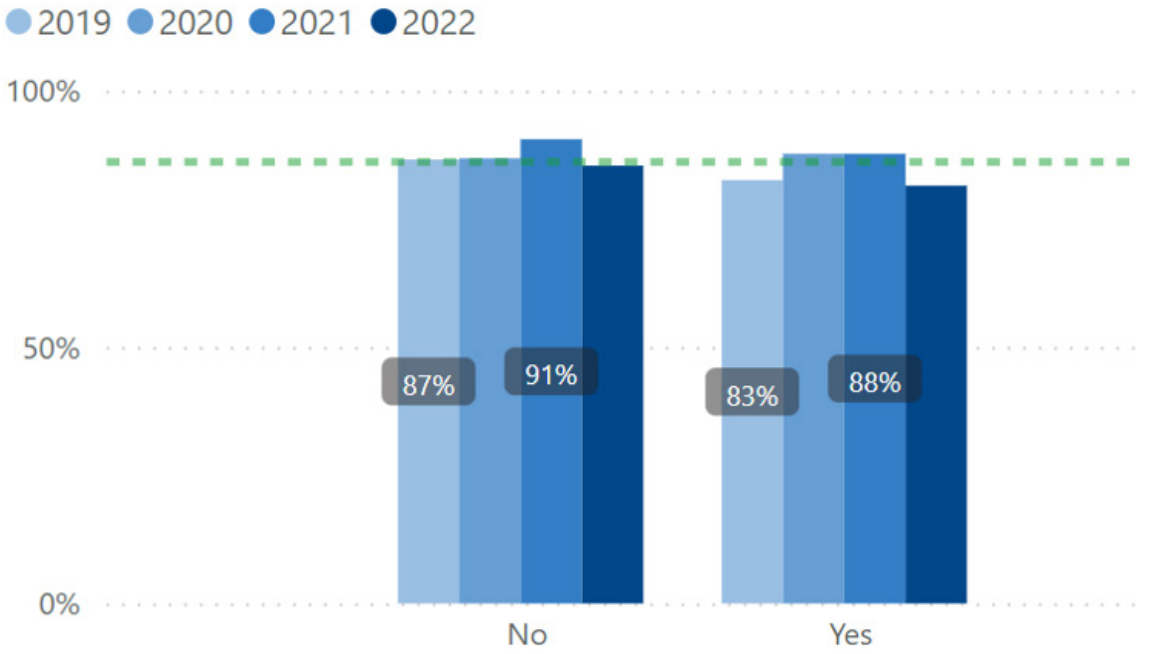
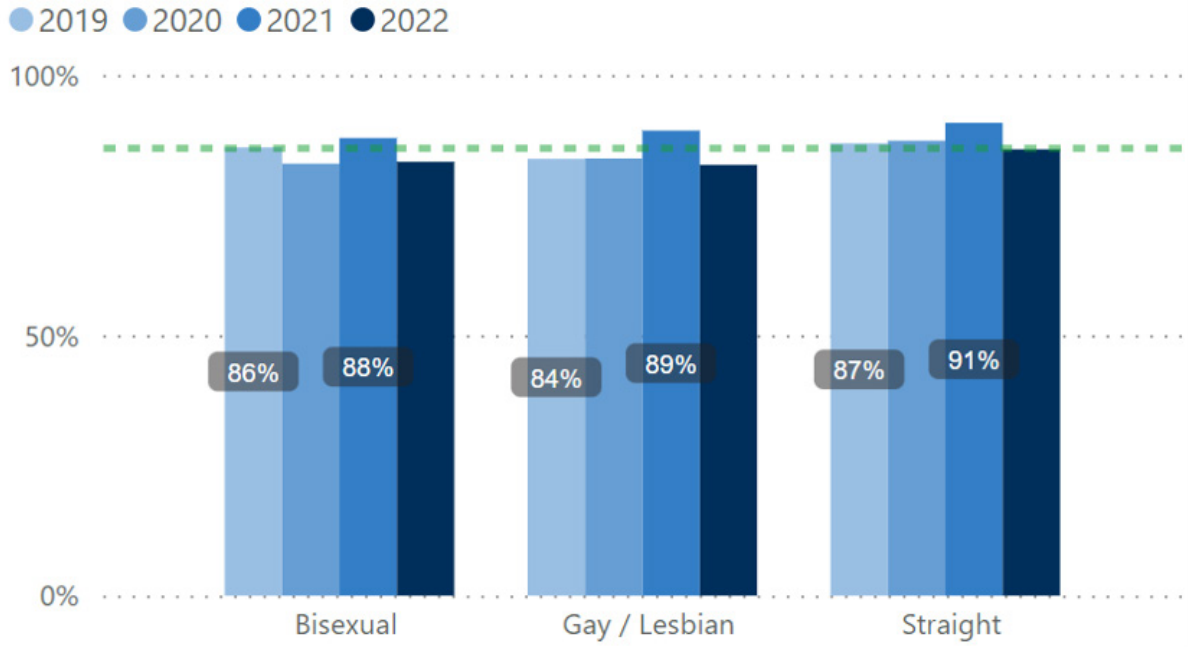


Figure 4: Quality of education overall by disability



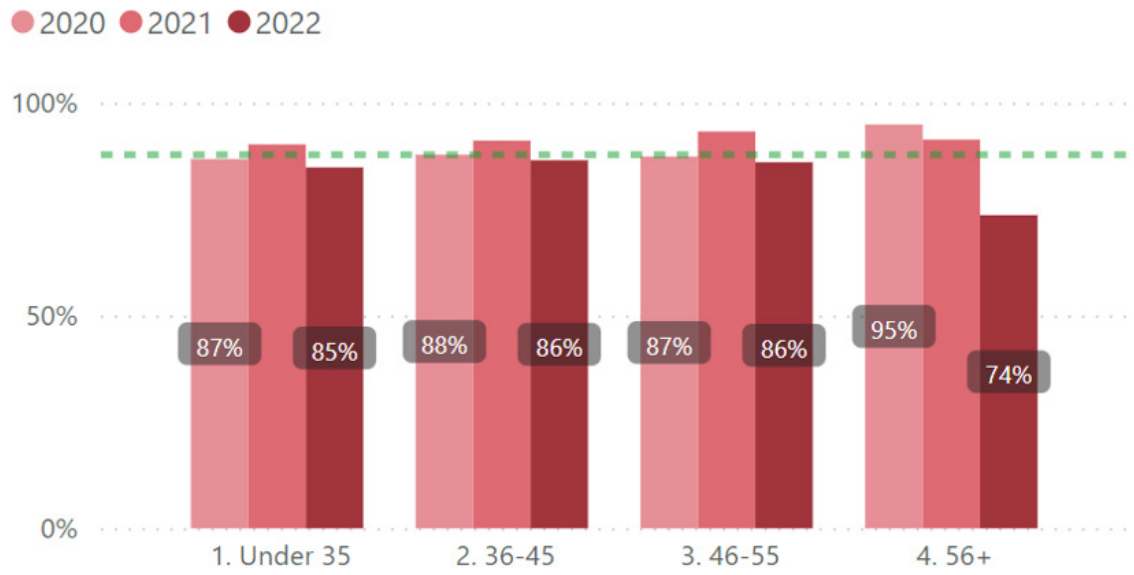
There is a clear difference between the ratings from learners with a disability, and from those with no disability. This is most apparent in the data from 2022 (the darkest blue shade). There is also an 'n-shaped' trend to this data over the four years we have collected NETS.

Figure 5: Quality of education overall by sexuality



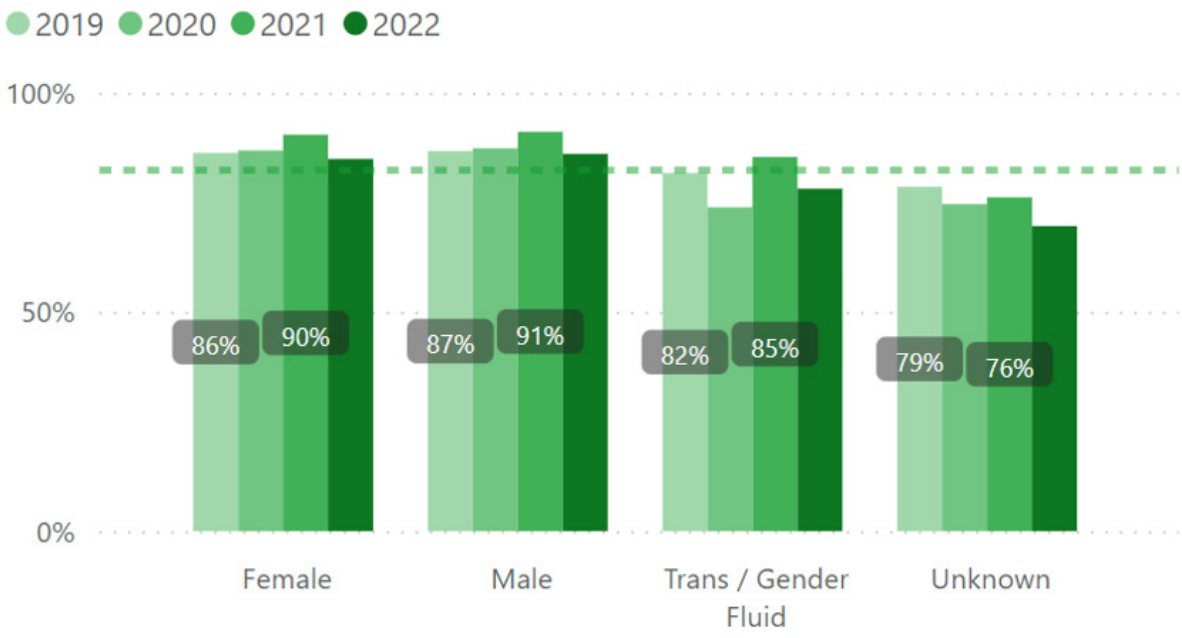
For sexuality, ratings from bisexual, gay or lesbian learners are less than the average (green dotted line). 2021 looks to be a high-point in the overall experience of learners, and also shows a more equitable experience across the different protected characteristics.

Figure 6: Quality of education overall by age



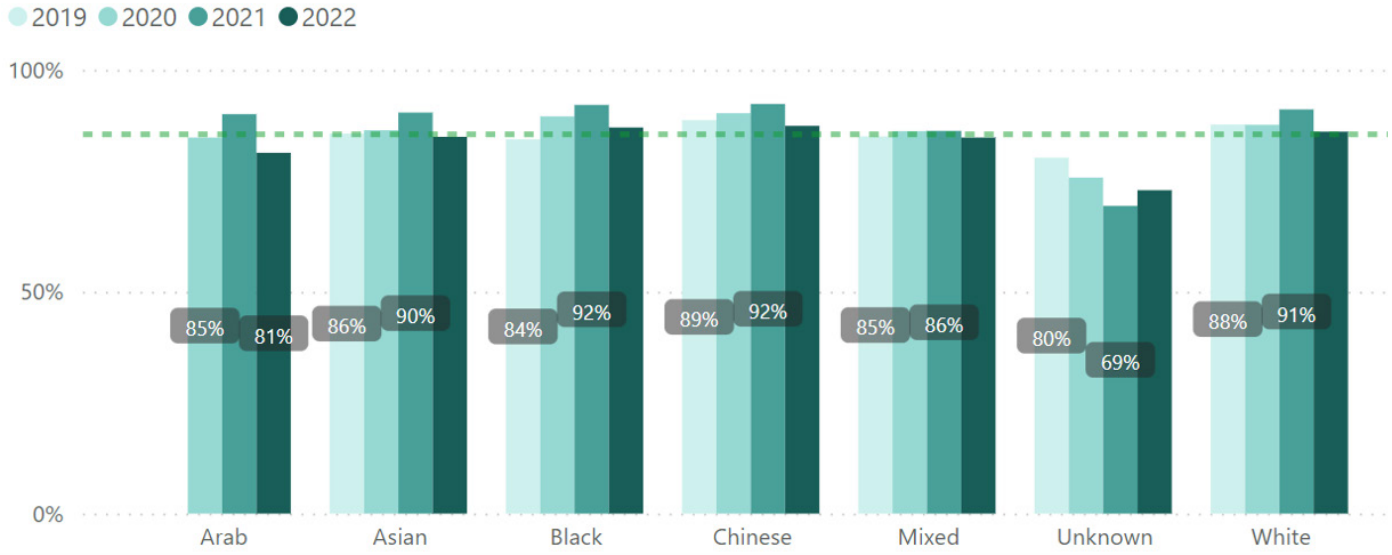
There appears to be little difference to the overall experience by age.

Figure 7: Quality of education overall by gender



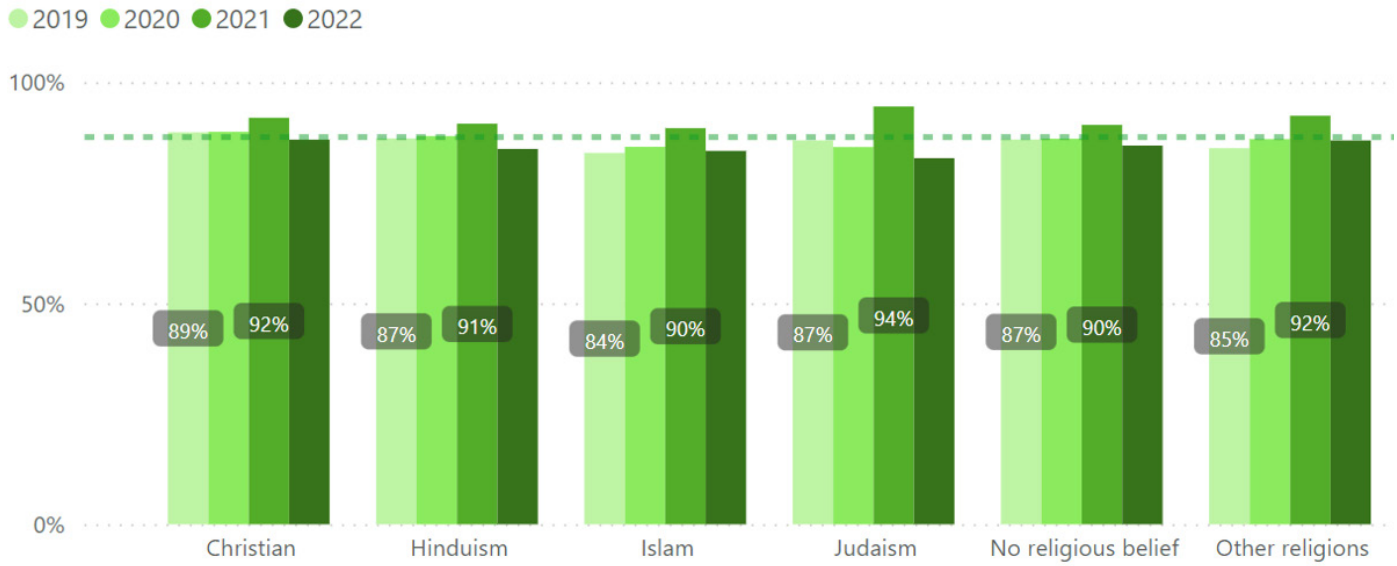
As described in the section "The Unknown Learner" above, our NETS data often shows that the groups reporting the lowest ratings do not wish to disclose any aspect of their identity.

Figure 8: Quality of education overall by ethnicity



The results by ethnicity show that Arab learner's ratings are much lower than White or Chinese colleagues. 2021 was not as good a year for those whose ethnicity is unknown compared to all other colleagues.

Figure 9: Quality of education overall by religion



While each of these blocks shows the same improvement-then-decline trends, there appear to be few obvious differences between them.

Figures 3-9: *Quality of Education Overall*

%age responding "Outstanding", "Good" or "Satisfactory") Dotted green line shows the national average, over all years. [NETS 2019-2022 data, all England]

Quality of Supervision Overall

In this section, we look at responses to the question: **"How would you rate the overall supervision you received in during the practice placement or training post?"**

The same 'n-shape' is visible in many of these charts, reflecting 2021 as a good year from the learner's perspective.

Figure 10: Quality of supervision overall by geography

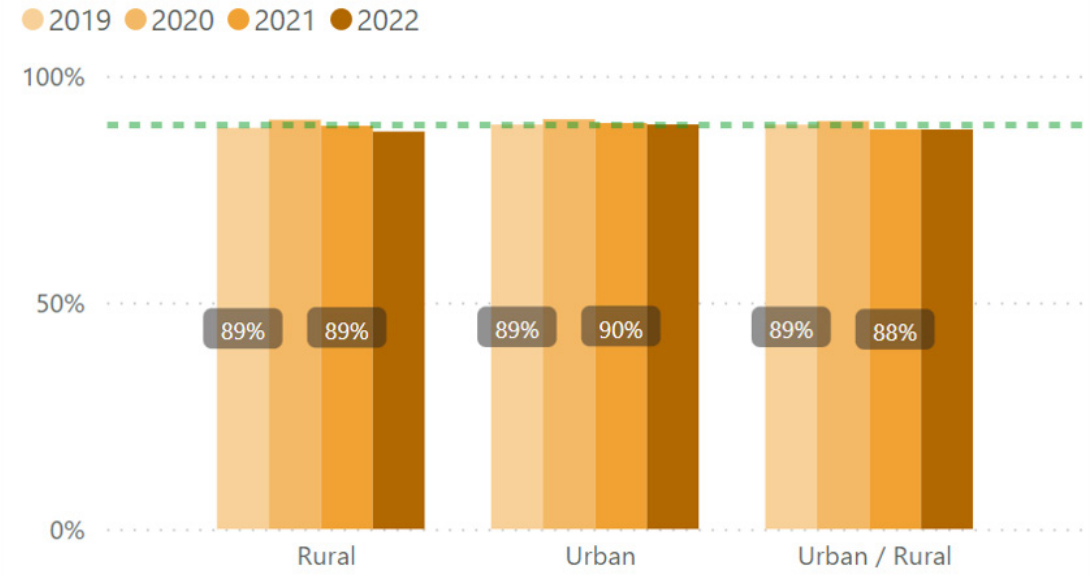


Figure 11: Quality of supervision overall by disability

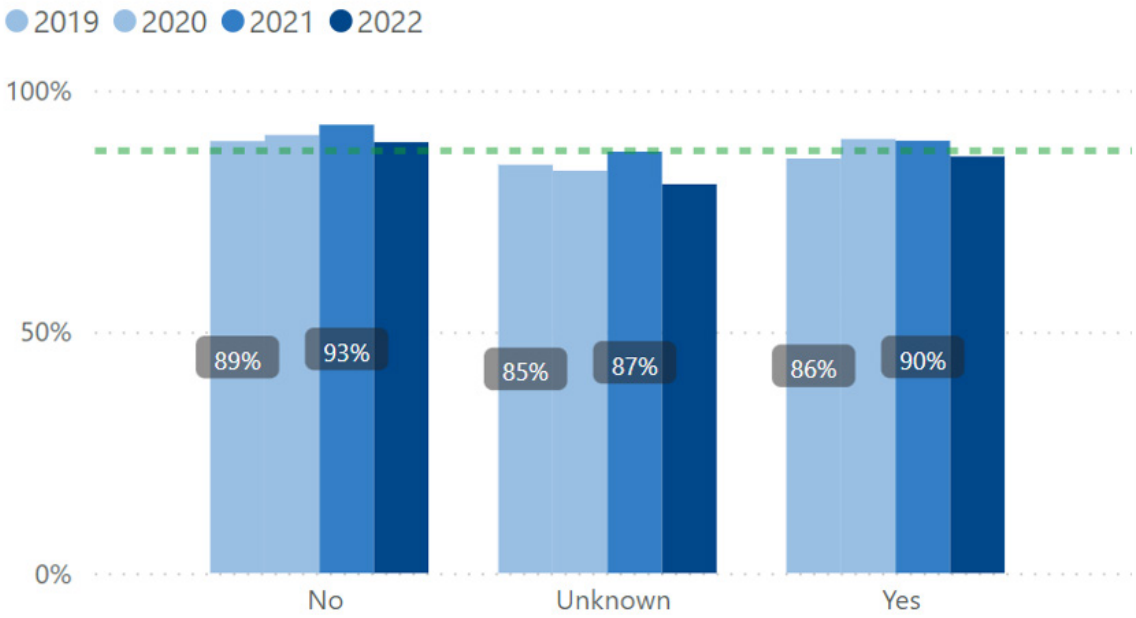


Figure 12: Quality of supervision overall by sexuality

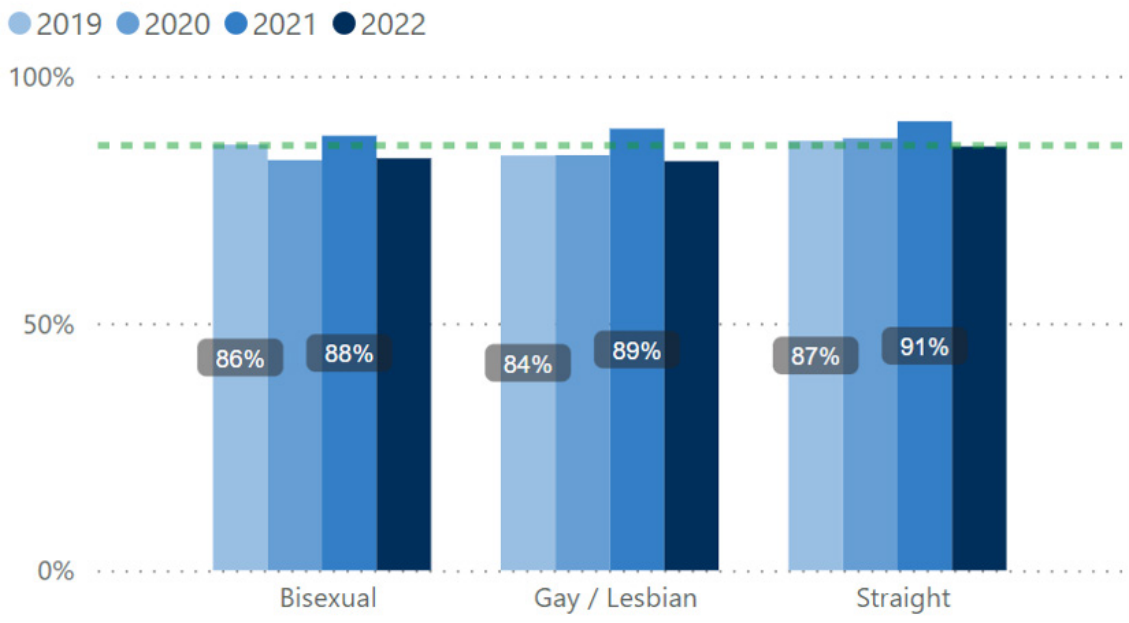
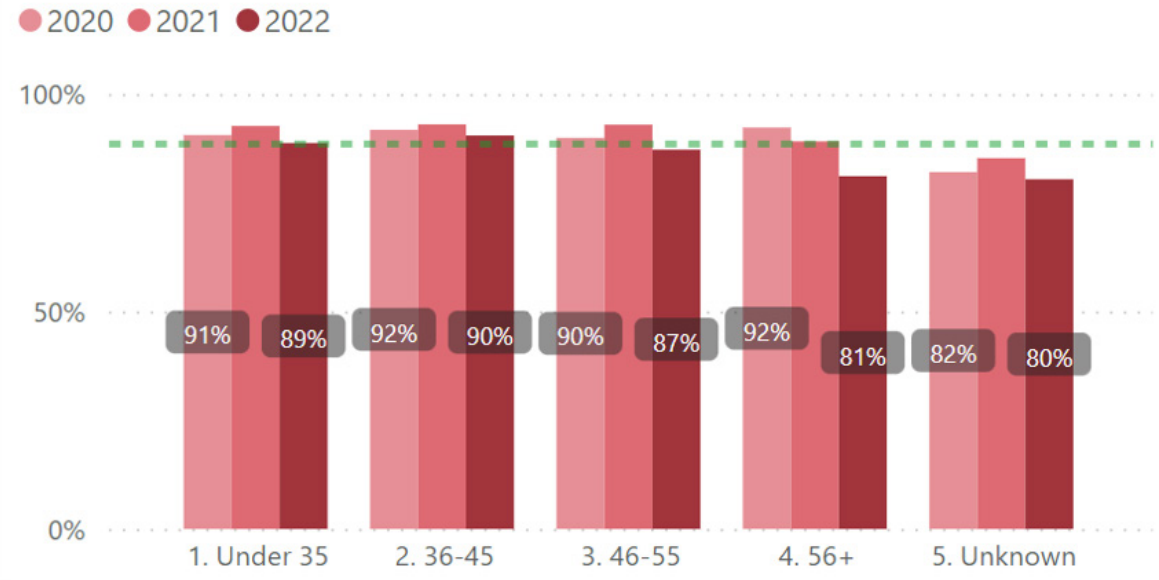


Figure 13: Quality of supervision overall by age



Ratings for supervision can be seen to decrease slightly with age. The 'unknown learner' factors described above is clear in this chart too.

Figure 14: Quality of supervision overall by gender

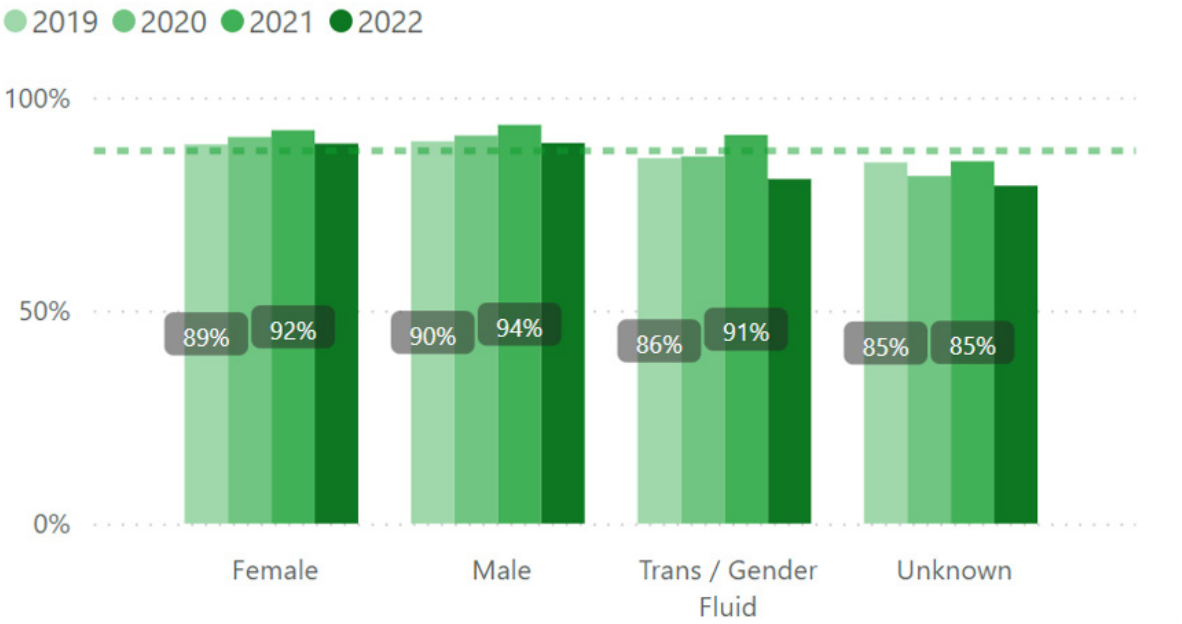


Figure 15: Quality of supervision overall by ethnicity

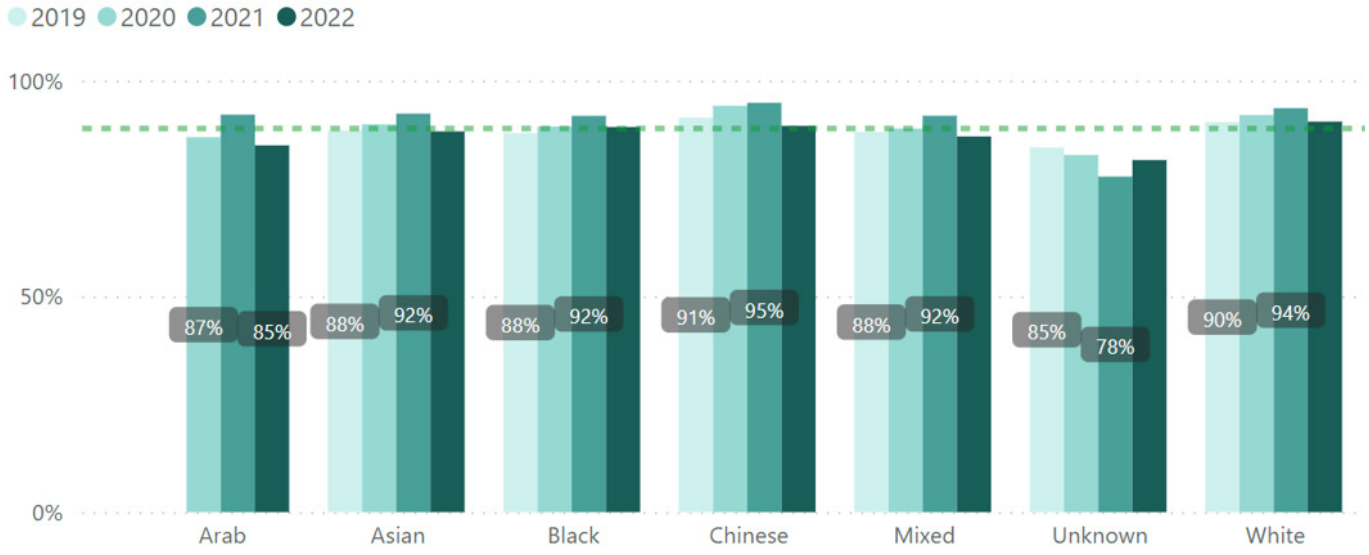
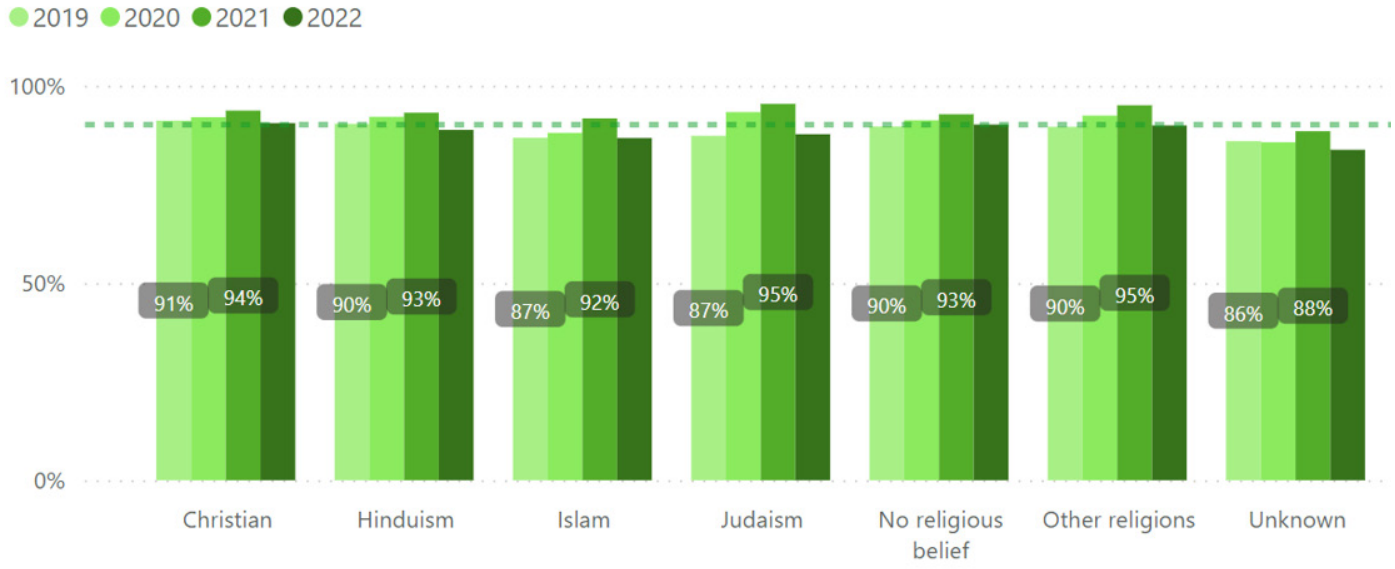


Figure 16: Quality of supervision overall by religion



Figures 10-16: *Quality of Supervision Overall.*

(%age responding "Outstanding", "Good" or "Satisfactory") Dotted green line shows the national average, over all years. [NETS 2019-2022 data, all England]

Are Colleagues Supportive?

In this section, the charts focus on the responses to the question: **"How often were staff welcoming, supportive and friendly throughout the placement?"**

The charts show the percentage responding with "Always", "Often" or "Sometimes".

The results in this section are very high compared to others: most learners find their working colleagues supportive and friendly. This is true across the demographic groups – all of the different groups by disability, sexuality, gender, ethnicity and religion benefit equally from the support of their colleagues.

The exception may be age, as learners seem to rate the support they get less highly the older they are.

Despite the differing experiences of supervision, bullying and discrimination, our learners feel good support from staff in general, whoever they are. Learning environments should take pride in this and organisations should celebrate and support their friendliest, most welcoming departments.

Figure 17: Supportive colleagues by geography

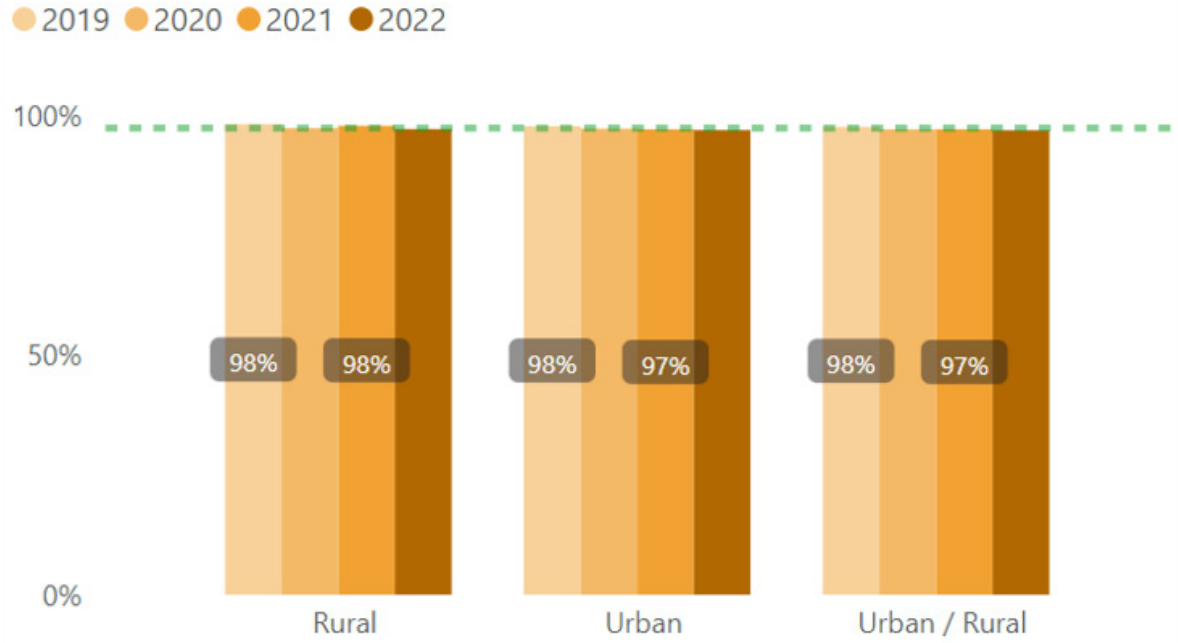


Figure 18: Supportive colleagues by disability

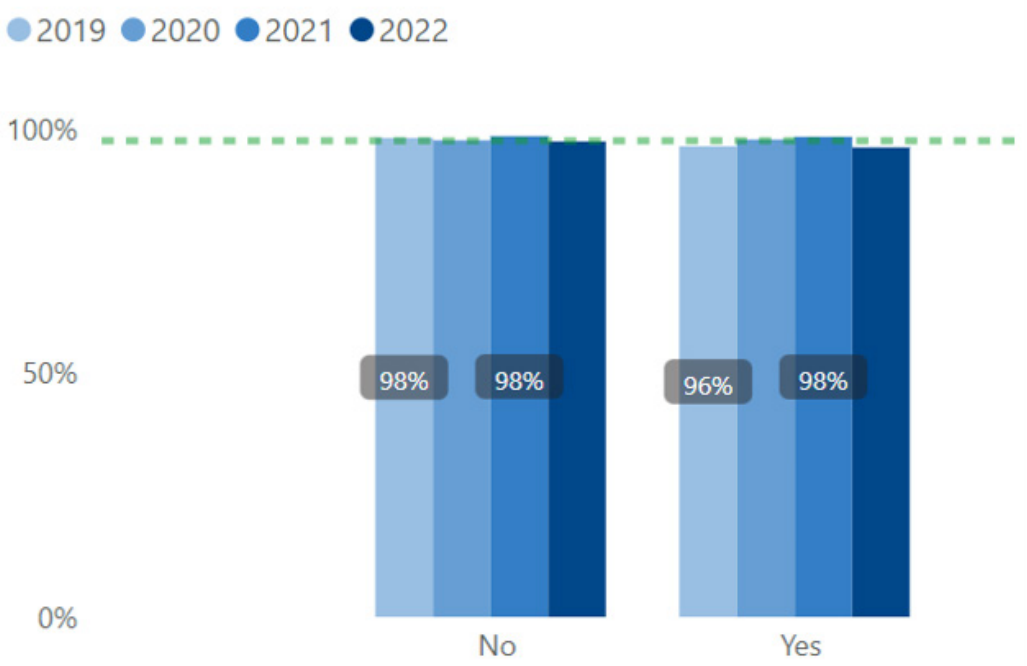


Figure 19: Supportive colleagues by sexuality

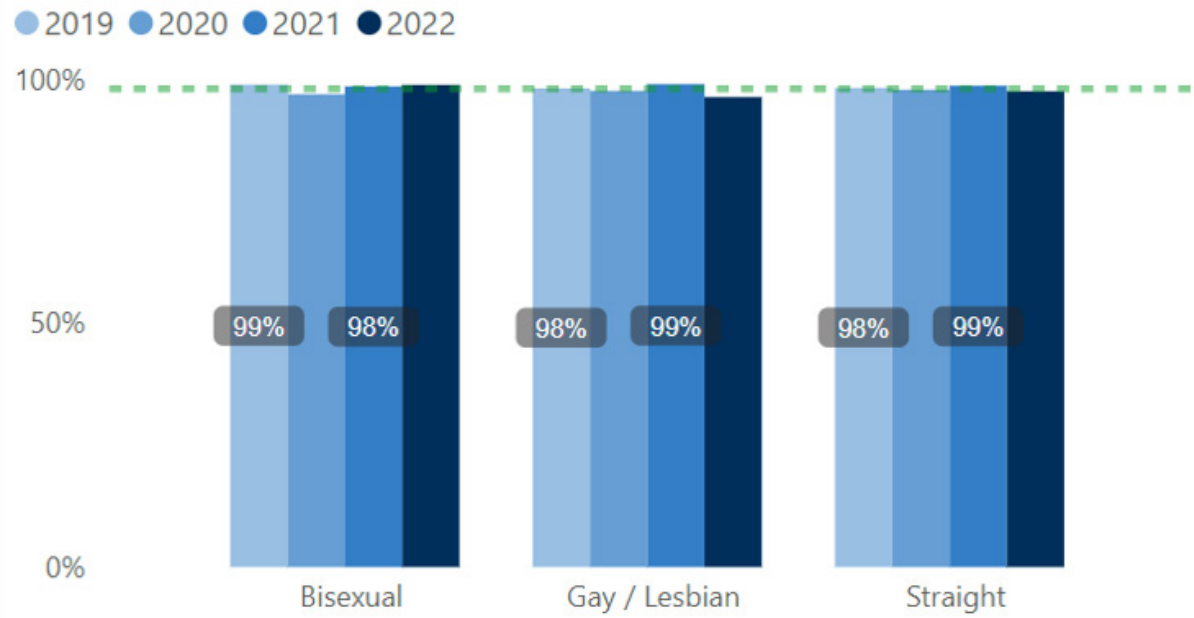


Figure 20: Supportive colleagues by age

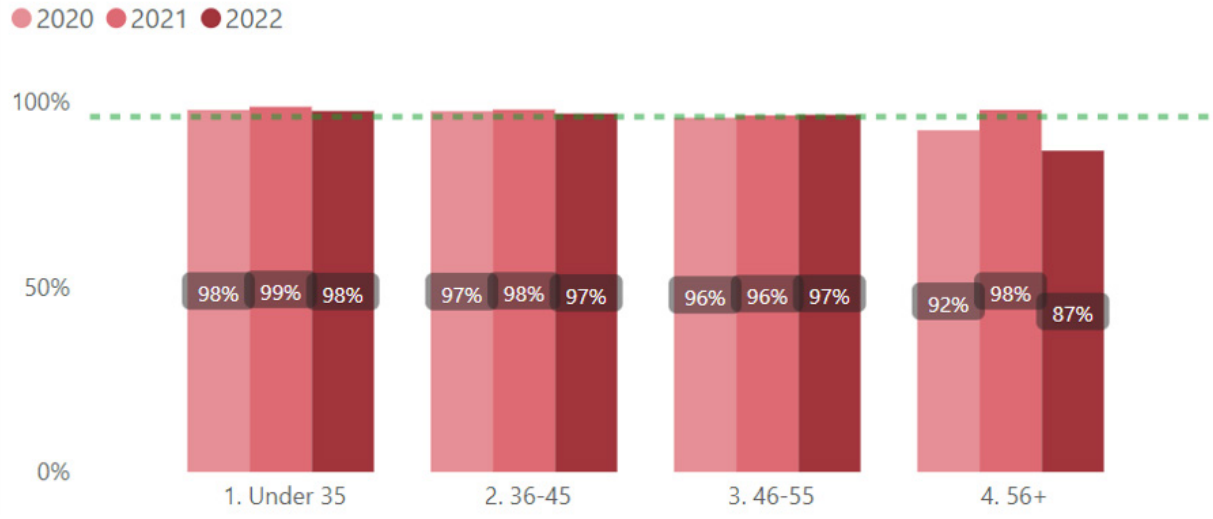


Figure 21: Supportive colleagues by gender

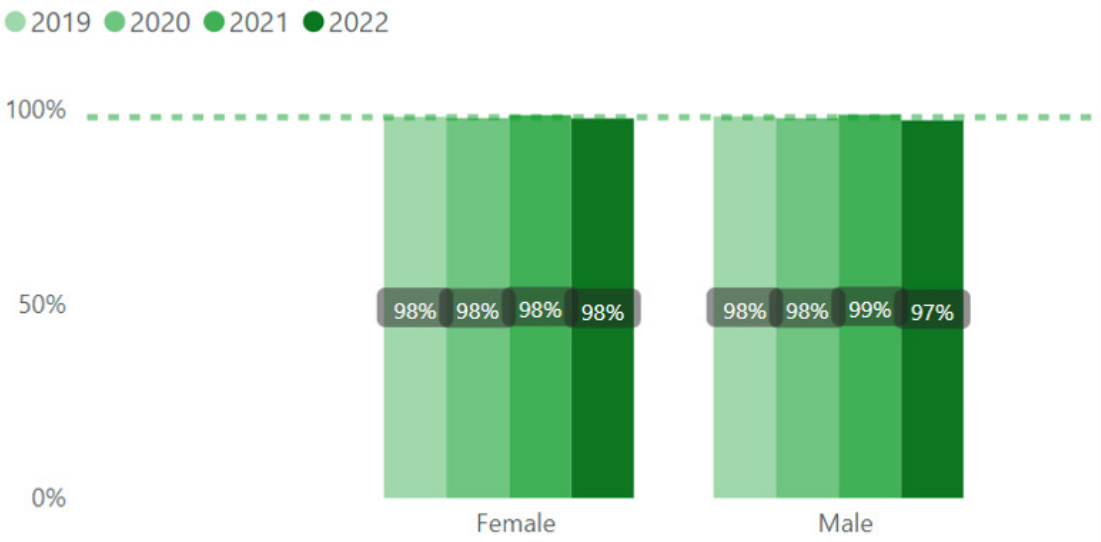


Figure 22: Supportive colleagues by ethnicity

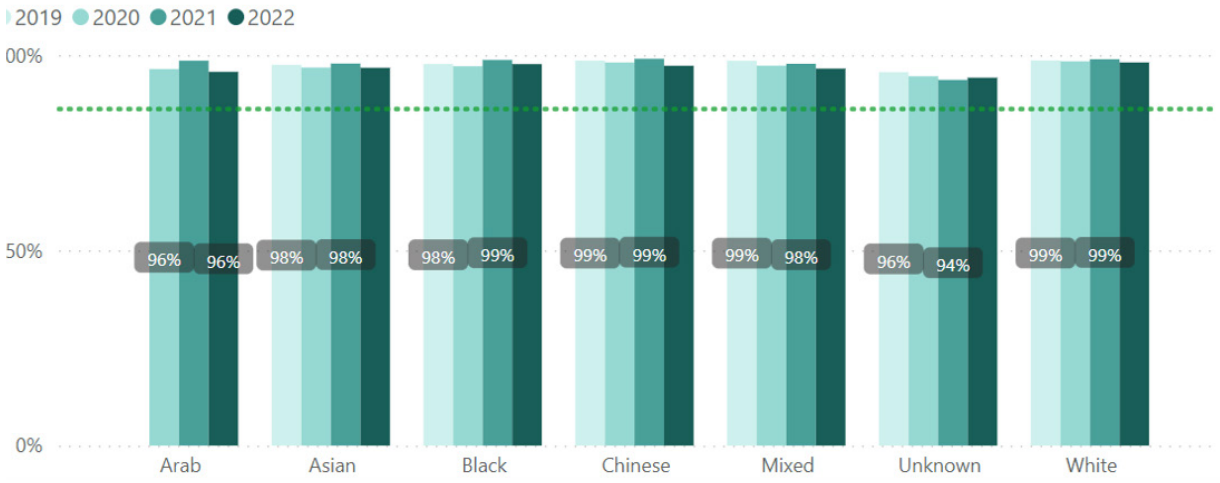
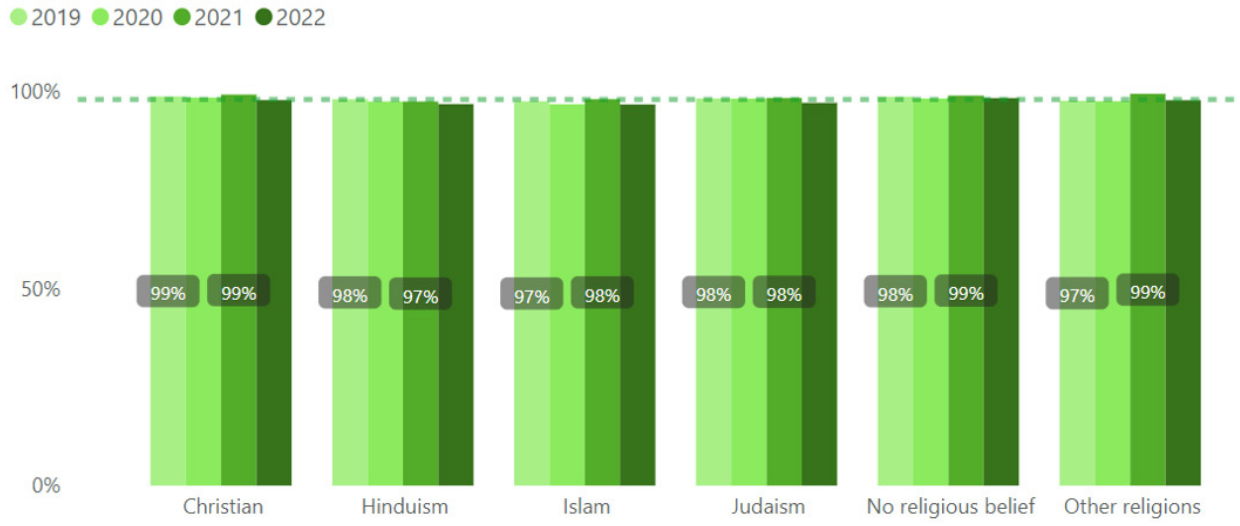


Figure 23: Supportive colleagues by religion



Figures 17-23: *Are Colleagues Supportive?*

(%age responding "Always", "Often" or "Sometimes") Dotted green lines show the national average for 2022. [NETS 2019-2022 data, all England]

Have You Experienced Discrimination By Patients?

This section considers responses to the NETS question **"Have you experienced discrimination by patients?"** and the charts show the percentage of respondents who said "no discrimination".

Every demographic group included experienced some level of discrimination by patients.

As we haven't asked "Was the discrimination you experienced directed towards you", we can't be certain whether different demographic groups are more likely to personally experience discrimination, or whether they are more likely to witness it.

In either case more discrimination was reported by learners with a disability, who are female, bisexual, gay or lesbian, or of a specific ethnicity or religion.

Figure 24: Experience of discrimination by geography

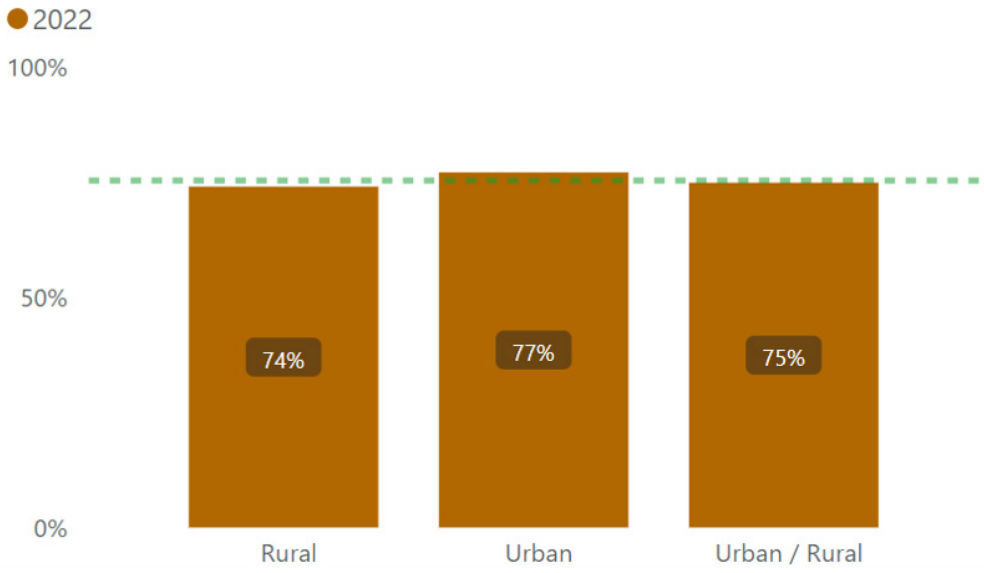
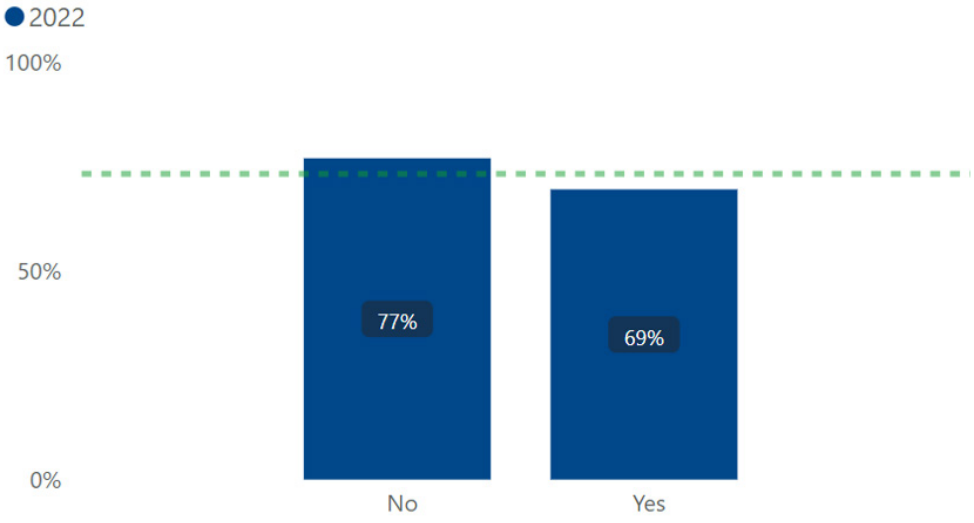


Figure 25: Experience of discrimination by disability



The NHS offers guidance to nursing leaders on patients discrimination: **https://www.england.nhs.uk/publication/combatting-racial-discrimination-against-minority-ethnic-nurses-midwives-and-nursing-associates/**

The BMA provides similar guidance for doctors: **https://www.bma.org.uk/media/5144/bma-guidance-on-how-to-deal-with-discrimination-from-patients-march-2022.pdf**

Figure 26: Experience of discrimination by age

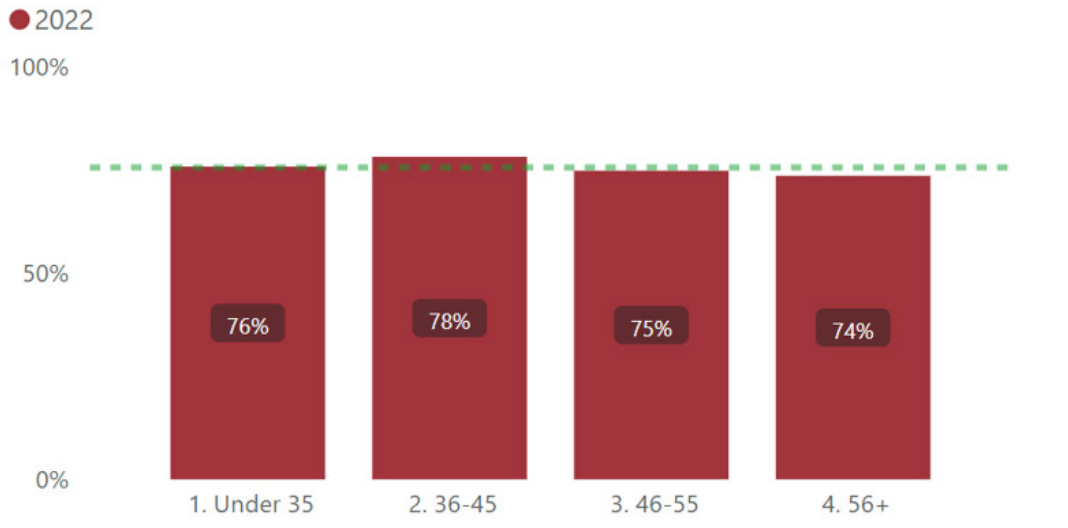


Figure 27: Experience of discrimination by gender

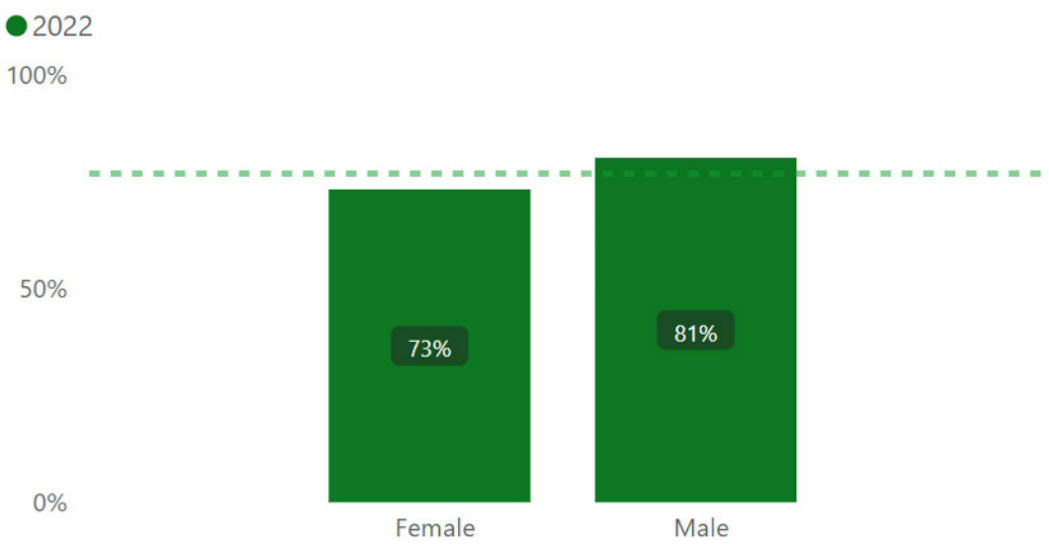


Figure 28: Experience of discrimination by ethnicity

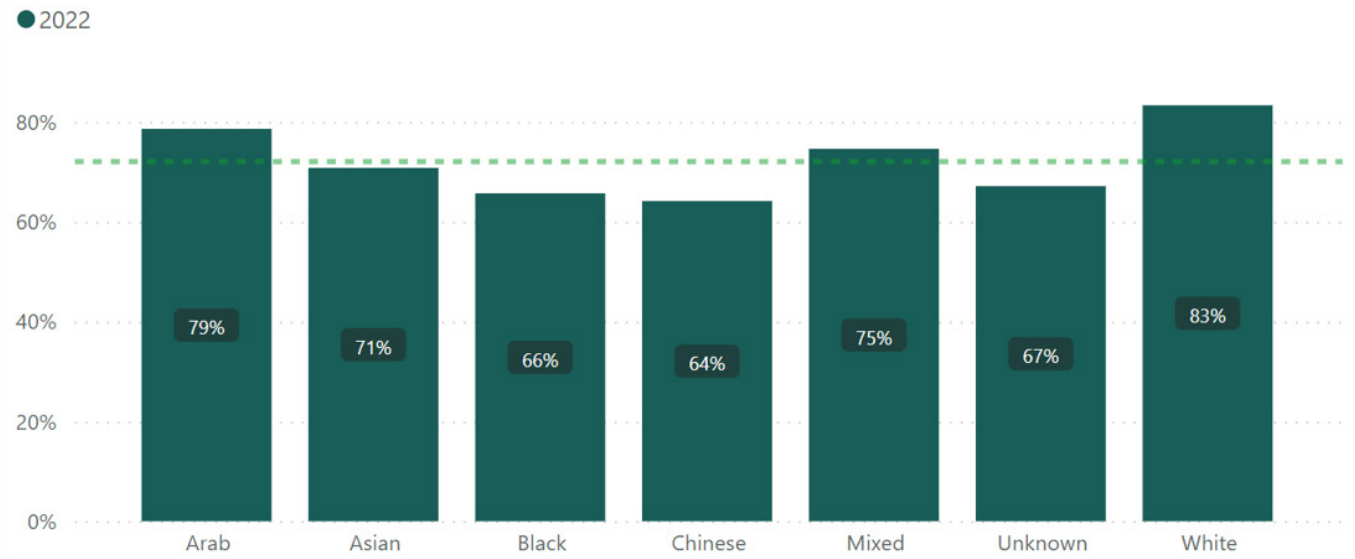
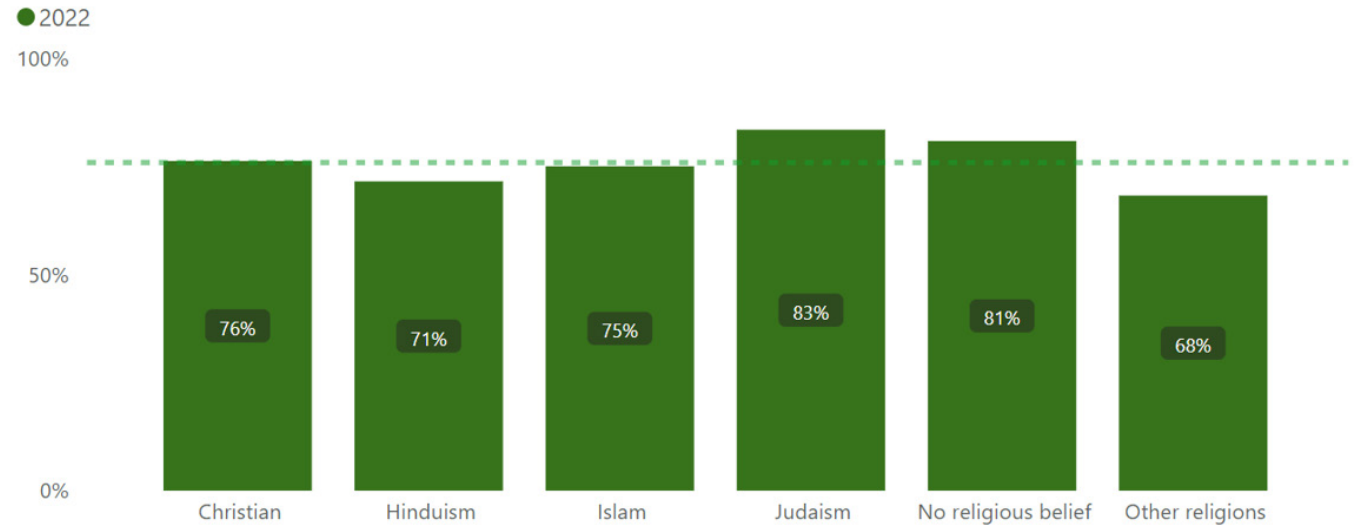


Figure 29: Experience of discrimination by religion



Figures 24-29: *Have you experienced discrimination by patients?*

(%age responding "No") Dotted green lines show the national average for 2022.
This is a new question for 2022, so only that year is shown [NETS 2022 data, all England]

Have You Experienced Bullying?

The results in this section are from the NETS question **"Do you feel you have been bullied or harassed by other staff in this placement?"** and show the percentages responding "Never".

Learners with a disability, those who are bisexual, over 56 years old, and those following non-Christian religions report more frequent bullying and harassment than their peers.

Of the ethnic groups, Arab learners and those of unknown ethnicity report more frequent bullying and harassment. White learners are noticeably less affected by bullying, as are those who don't hold specific religious beliefs.

Bullying of any kind at work is unacceptable: the UK Government website includes advice from ACAS for employers on preventing or dealing with bullying and harassment.

https://www.gov.uk/workplace-bullying-and-harassment

Figure 30: Experience of bullying by geography

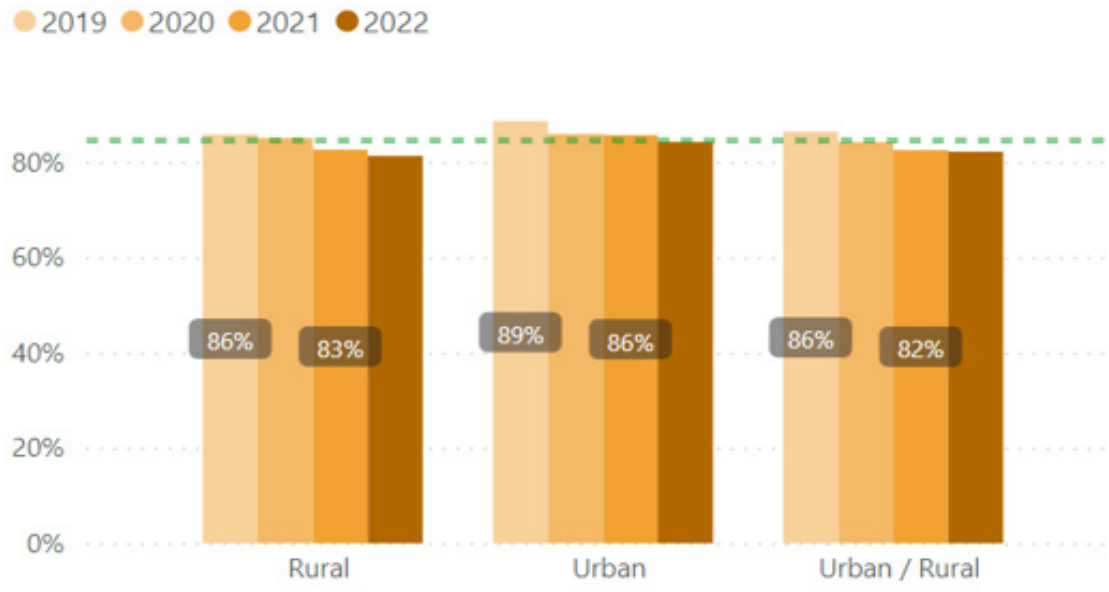


Figure 31: Experience of bullying by disability

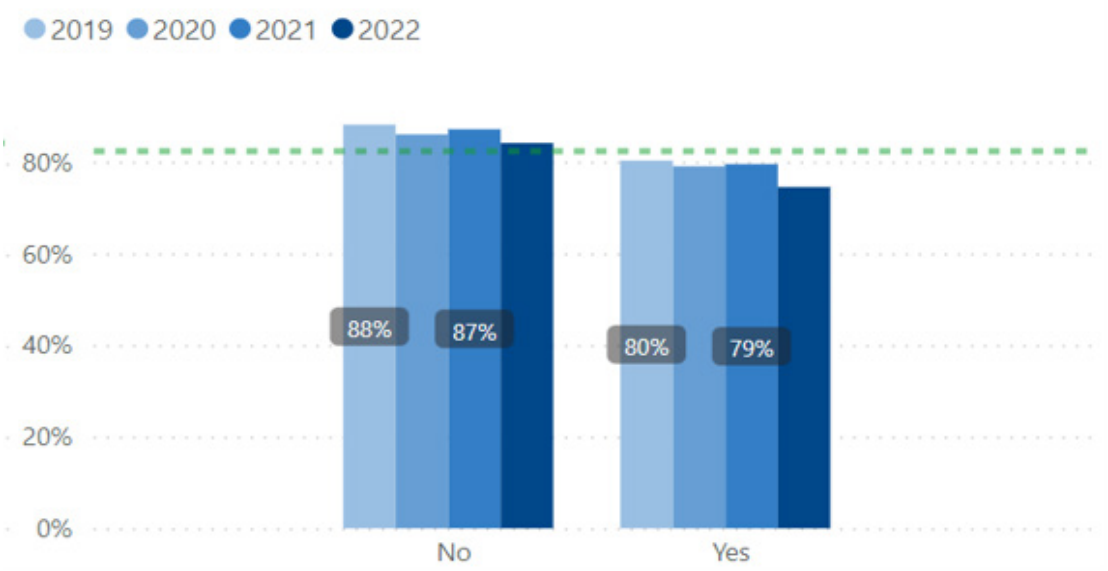


Figure 32: Experience of bullying by sexuality

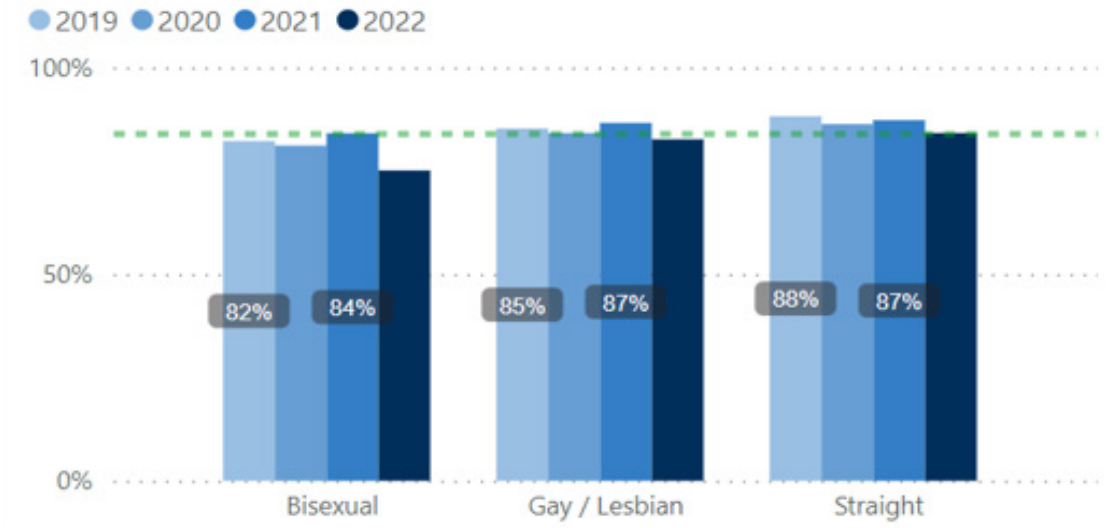


Figure 33: Experience of bullying by age

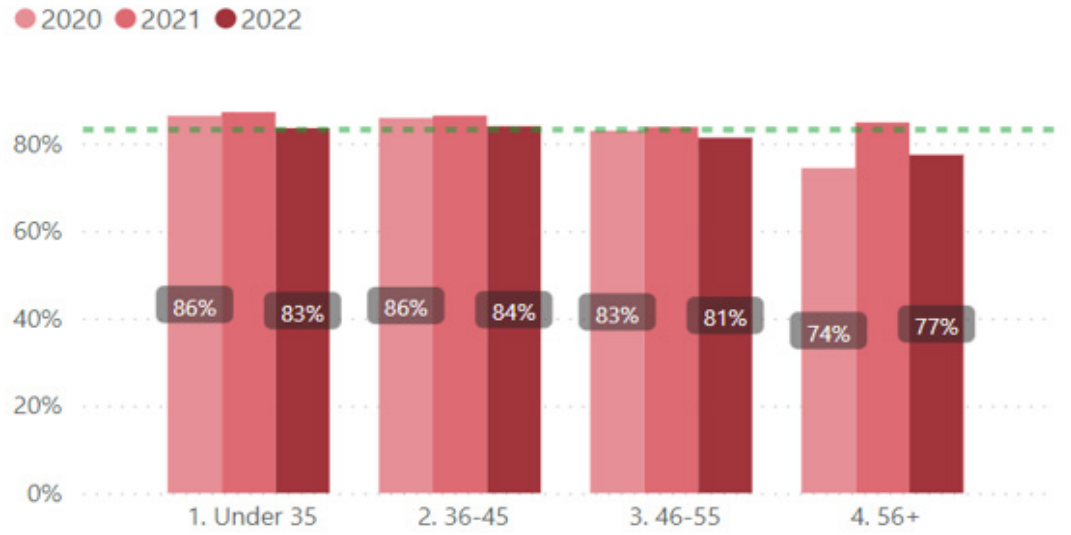


Figure 34: Experience of bullying by gender

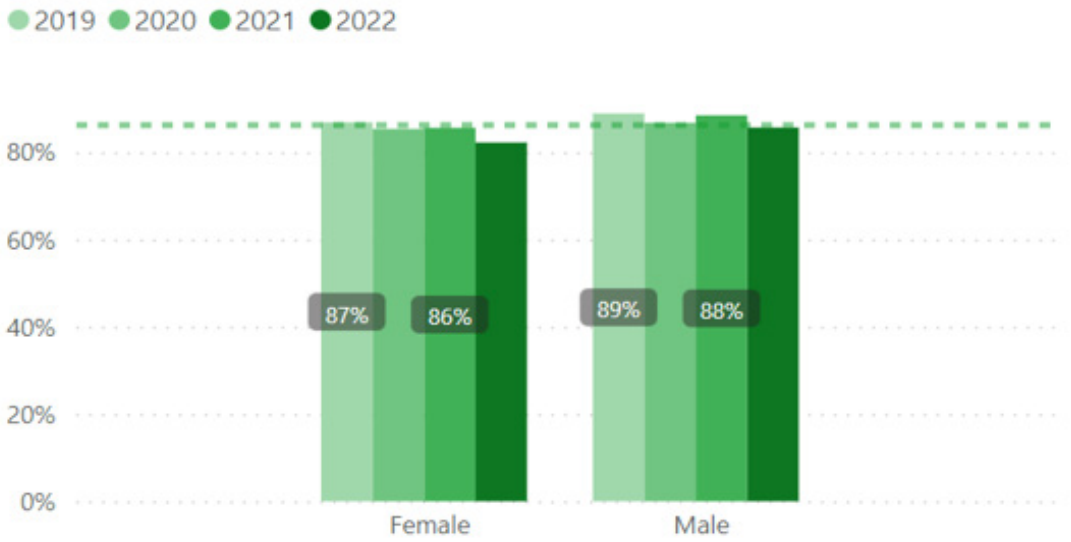


Figure 35: Experience of bullying by ethnicity

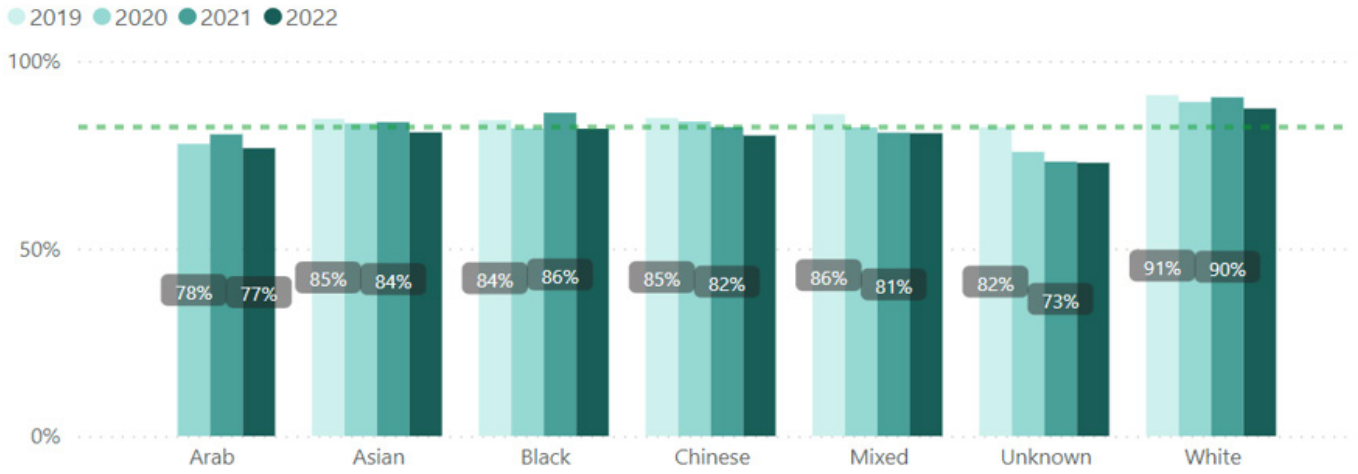
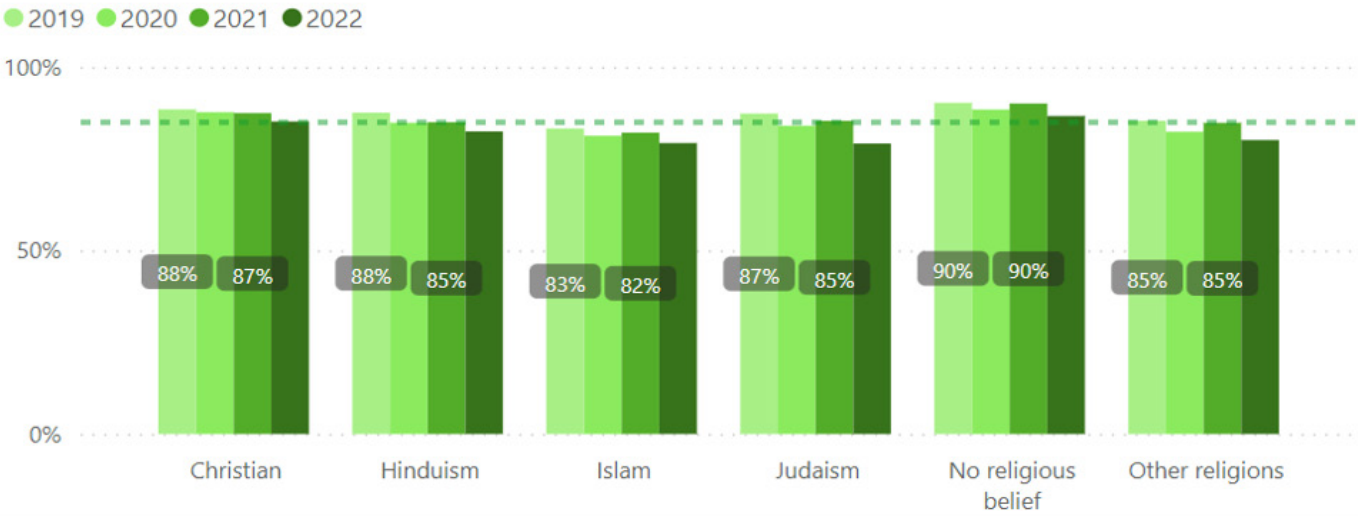


Figure 36: Experience of bullying by religion



Figures 30-36: *Have you experienced bullying?*

(%age responding "Never" Dotted green lines show the national average for all years.
[NETS 2019 – 2022 data, all England]

NETS Discussion

The NETS data displayed represents the views of all learners, although the majority (61.5%) of replies come from Postgraduate Doctors in Training.

The trend analysis does show that good training can be delivered in urban and rural settings.

This data shows high levels of good quality training and supervision for all ethnic groups. Although not statistically significant, the levels of satisfaction are higher in certain ethnicities. It is also reassuring to see that all ethnic groups feel colleagues are supportive.

Some of the data was collected during the COVID pandemic and it appears that those with a disability may have had a drop off in their educational experience in this time.

No learner should experience discrimination or bullying. This data does show that some groups with protected characteristics are more likely to face discrimination.

Further analysis of all the characteristics may reveal a group who may require targeted support and intervention.

Postgraduate Deans and their Quality teams will look at this data for their regions and their programmes and put in place relevant actions as part of their Quality Improvement Plans to ensure continuous improvement in EDI issues for all learners.

HEE Provider Self-Assessment

The NHS Education Contract requires all placement providers to provide regular and routine assurance to HEE confirming compliance with the contract and the HEE Quality Framework.

In 2022, we introduced the first multi-professional and nationally consistent provider self-assessment. The assessment questions are focused on the six HEE Quality Framework domains and NHS Education Contract key performance indicators.

As part of work to eliminate inequalities in education and training, we included six specific questions in the inaugural HEE Provider Self-Assessment:

The NETS also includes specific questions to measure the learner perspective of equality, diversity and inclusion in their placement organisation. The most recent NETS launched during the provider self-assessment window in October 2022 and closed on 30 November 2022.

When asked ***'Have you experienced discrimination by patients?'***, 15% of learners responded to confirm that they had experienced discrimination by patients in their current placement. Only 18% of learners reported this experience and just 14% felt that the organisation resolved their concern.

The provider self-assessment returns confirm that over 97% of providers have policies and processes in place to manage discriminatory behaviour from patients. Compared with just 18% of learners reporting their experience, this may suggest an area of improvement in how the relevant policies and processes are signposted to learners.

Consideration may be required to ensure that doctors and dentists moving into training posts in new organisations are aware of how to raise a concern.

Whilst the existence of a policy is important, it doesn't always ensure delivery and effectiveness. We will, next year consider in more detail the impact of policies relating to EDI those listed in our self-assessment and their impact on outcomes.

Please confirm that the provider liaises with their Equality, Diversity and Inclusion Lead (or equivalent) to:	% Yes
Ensure reporting mechanisms and data collection take learners into account?	**90.50%**
Implement reasonable adjustments for disabled learners?	**97.29%**
Ensure policies and procedures do not negatively impact learners who may share protected characteristics?	**98.19%**
Analyse and promote awareness of outcome data (such as exam results, assessments, ARCP outcomes) by protected characteristic?	**51.13%**
Ensure International Medical Graduates (IMGs) receive a specific induction in your organisation?	**73.30%**
Ensure policies and processes are in place to manage with discriminatory behaviour from patients?	**97.29%**

Table 2.

Annual Review of Competency Progression and Fairer Training Cultures (Differential Attainment)

With further development of the tool, offices will be able to consider programme results and this will help inform local action plans already in place. The tool will improve live access and reporting abilities and help consider particular differences in data by programme.

Improved data presentation and access will become routine business. A national comparison already shows the gap in attainment and work is well underway to support and invest in initiatives to support trainees, some of which are described in the good practice section.

A Combined Committee of Postgraduate Medical Educators (CoPMed) and Academy of Medical Royal Colleges forum are working together and meeting in June 2023 to consider next steps. This is an example of the system working together to coordinate and support initiatives to ensure fair training cultures and strive to reduce attainment gaps.

ARCPs are a key assessment to enable career and pay progression. Not only will Postgraduate deans analyse data by protected characteristics, education providers will also be encouraged to do so, as only just over 50% currently report this occurs.

ARCP Differential Attainment – Equality, Diversity & Inclusion Summary

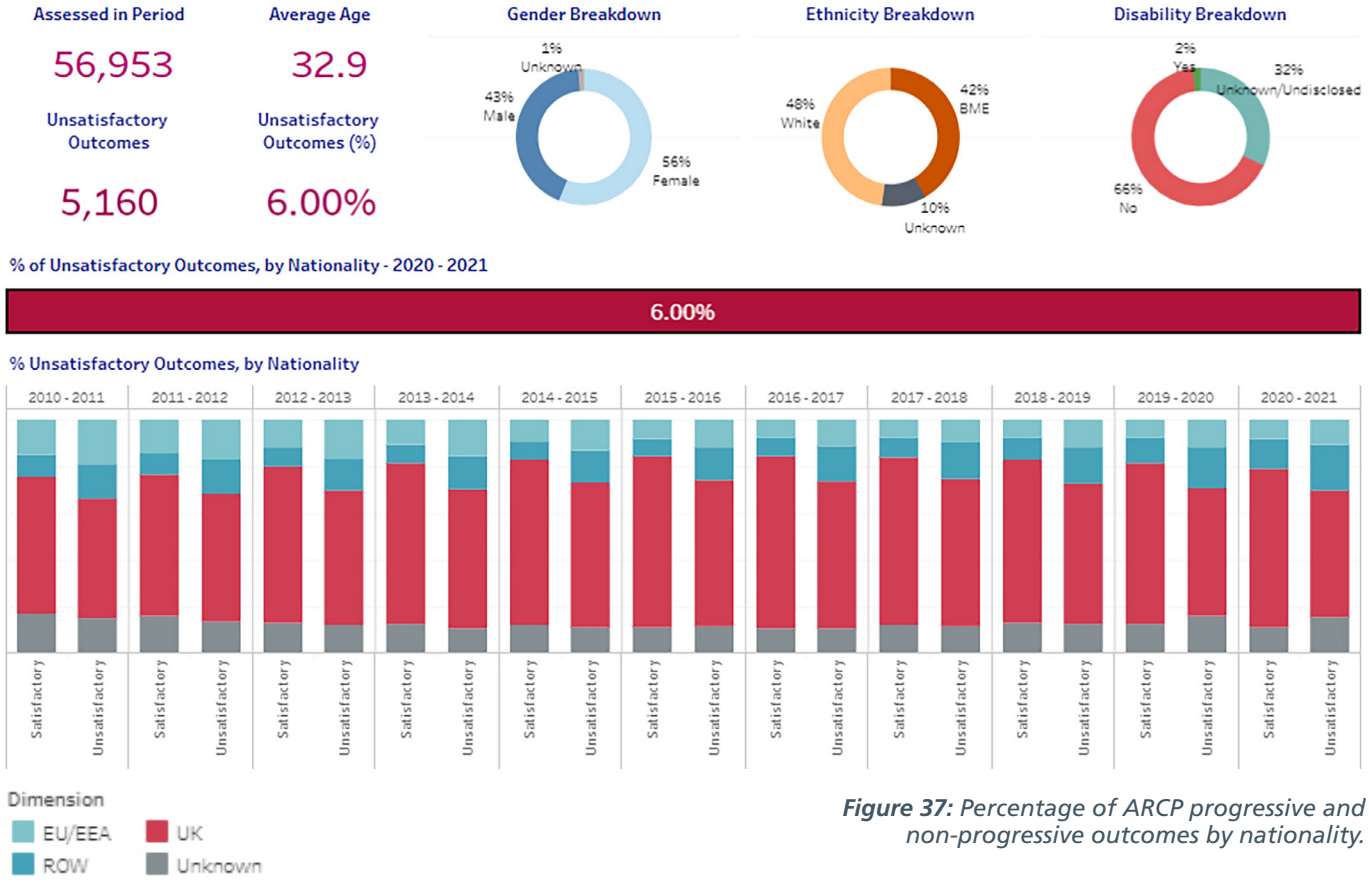


Figure 37: Percentage of ARCP progressive and non-progressive outcomes by nationality.

Differential Attainment in Primary Care

The Primary and Integrated Care team are in the second-year delivery of the Differential Attainment (DA) programme. This programme seeks to reduce the DA that currently exists, working with regions to adopt interventions that specifically support International Medical Graduates (IMG) during their training programme.

A programme of best practice has been developed and is being delivered across every local GP training location via regions with dedicated DA leads who are part of a community of practice. The interventions in place include:

- **Enhanced induction programme, gaining exposure to the NHS healthcare system**
- **Early identification of learning support needs through assessment of IMG applications and proactive screening**
- **Navigating additional support for doctors and dentists in training and their families to settle into new communities using resources such as social prescriber link workers**
- **1:1 support meetings creating personalised learning plans**
- **Focussed sessions on exam preparation and support**

- **Support with communication and consultation skills**
- **Faculty development, delivering workshops to educators to understand and use best practice to support this workforce**

The ongoing monitoring of this work is through a set of Key Performance Indicators (KPIs) which relate to ARCP outcomes and exam success. In addition to the KPIs, an evaluation has been commissioned to conduct an economic analysis of the programme. The aim is to define the added value of this work and the impact of the interventions in place.

The overall benefits of this programme may take many years to be realised therefore there is a plan to commission a longitudinal evaluation of the programme In addition, the long-term impact it has had on addressing DA and supporting our IMG workforce will be reviewed.

Differential Attainment in Secondary Care

In secondary care, we have been doing a programme of collaborative (HEE, General Medical Council, Royal Colleges) cross specialty research to address differential attainment. We have focused on core training programmes (medicine, psychiatry, surgery). Following focus group feedback, the aim is to provide earlier identification and targeted trainee and trainer interventions to develop and improve personalised support for doctors and dentists in training to improve outcomes and trainee experience.

Formal evaluation of interventions has been done to measure impact and a strategic stepwise approach to support these doctors and dentists in training has been recommended and applied in different training programmes. The trainer interventions including educator masterclasses have shown change in practice of supervisors to support their doctors and dentists in training and provide more tailored support.

Doctors and dentists in training interventions including trainee masterclasses for specific exam support have showed significant improvement in the national examination outcomes in psychiatry. Work is currently underway in developing a specific learning needs analysis tool. This will aid structure of the initial evaluation of doctors and dentists in training and help towards planning the programme of bespoke support and then tracking progress.

We have done a lot of work on supporting the doctors and dentists in training entering through the Certificate of Readiness for Specialty Training (CREST) route with many large programmes (Medicine, GP, Psychiatry) having up to 40% of doctors and dentists in training from this route.

Enhanced induction, early access to portfolios, support for ARCPs, examinaion preparation and peer mentoring programmes have been shown to be of benefit to these doctors and dentists in training. These recommendations are being implemented through the regional offices and head of schools.

Further work needs to be done to reduce the variability of access of support across regions and improve the resources and support allocated for these doctors and dentists in training.

Levelling the Field

The Levelling the Field conference addresses the theme of 'Championing Ethnic Diversity in the NHS' and has run in 2020, 2021 and 2022 attracting over 4000 delegates from all corners of healthcare and around the globe.

We have addressed a wide range of issues in the past, including International Medical Graduate Induction, Bullying & Harassment, and the Disproportionate Impact of Covid in Ethnic Minorities.

Following feedback and requests, in 2022 we covered Empowering the International NHS workforce, and Differential Attainment. The programme discussed inclusive and compassionate leadership, workforce trends, sharing practice, personal stories, supervision, HEE Deans' EDI Committee Annual Report 2022/23, supporting colleagues, the importance of language, regulation, and the role of the quality framework.

You can access the recording of the conference via The Medics Academy.

Twitter: @LTFinNHS

A Line Website: **https://www.a-line.org.uk/events/levelling-the-field-2023-584/**

The conference is hosted by A-liNE, based in the North East and providing anaesthetic training and a hub of excellence.

Supported by Dr Jae Huh (Consultant Anaesthetist, Royal Victoria Infirmary) and Dr Kathryn Bell (Consultant Anaesthetist, Royal Victoria Infirmary),

Dr Sameer Ahmed (Consultant Anaesthetist, Royal Victoria Infirmary) continues to organise the conference programme and lead real world change in the NHS.

Senior Clinical Faculty Characteristics

This year we have piloted a survey of senior clinical faculty working within HEE, to gather detailed information about the demographics of this group.

We received 945 responses to our Senior Faculty EDI form. The results are shown in the NETS section **Characteristics of Senior Clinical Faculty** above.

This data provides insight at a local and national level to ensure we are attracting diversity in our senior educator roles and routinely monitoring this.

Below, is our data followed by conclusions, actions and examples of existing initiatives.

There are several initiatives to support diversity in senior educator roles including In the North East where applicants with one or more protected characteristic were encouraged to apply and were appointed to a senior role. This was part of a Postgraduate Dean led recruitment initiative and resulted in our senior educators with one or more protected characteristic increasing from 50% to 66%.

Similarly, In the North West there is an initiative to increase diversity in the senior educator group.

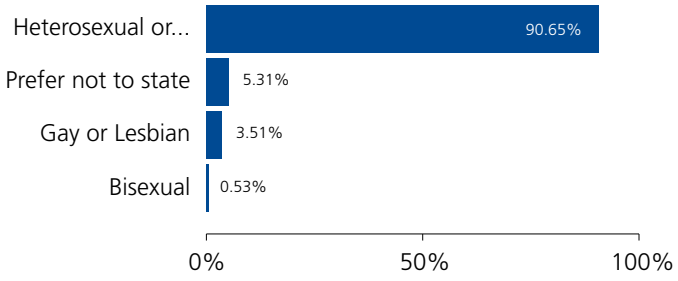
Characteristics of HEE Senior Clinical Faculty

This year we carried out a pilot survey to gather detailed information for the first time regarding the protected characteristics of our senior medical faculty. We saw brilliant levels of engagement in this from across England.

We can compare the data for Senior Faculty with the data for learners in general. For example, we noted above that 7.2% of learners are gay, lesbian or bisexual, whilst only 3.5% of senior faculty identified with this group (more in tune with the UK demographic, but not necessarily representative of the learner population).

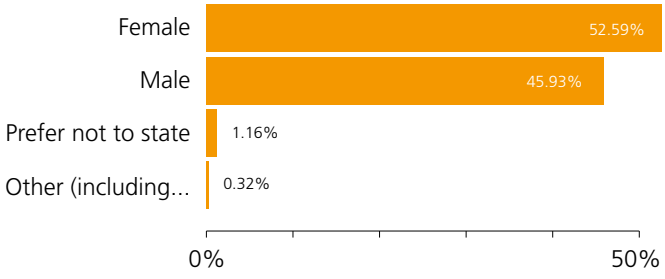
Sexuality

All England: (2021 Census)
Straight: 89.4%
Gay / Lesbian / Bisexual: 3.2%



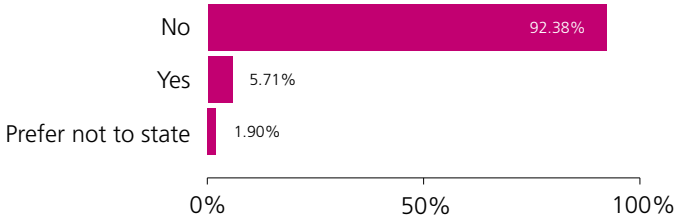
Gender

All England: (2011 Census)
Male: 49%
Female: 51%



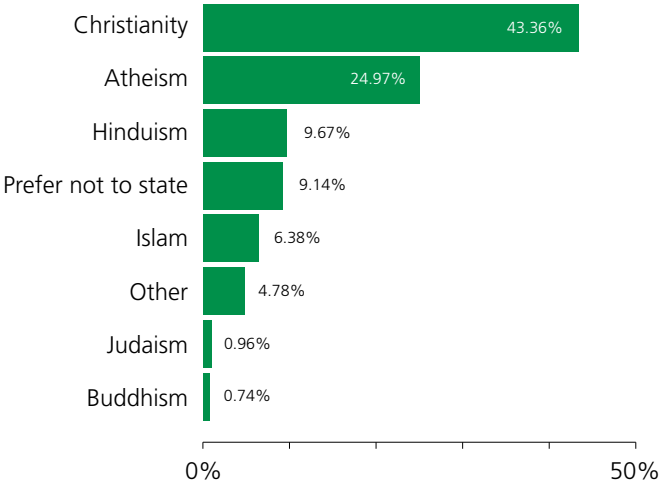
Disability

All England: (Family Resource Survey)
Disability: 22%
No disability: 78%



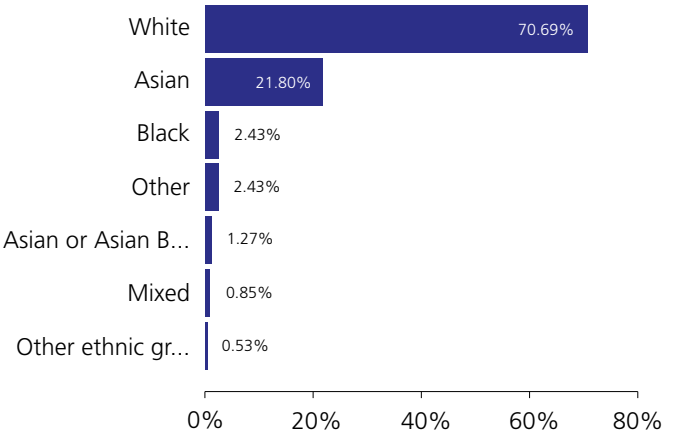
Religion

All England: (2021 Census)
Christianity: 46.2%
No religion: 37.2%
Islam: 6.5%
Hinduism: 1.7%
Judaism: 0.48%
Other religions: 2.45%



Ethnicity

All England: (2021 Census)
White: 81.7%
Asian: 9.3%
Black: 4.0%
Mixed: 2.9%
Other: 2.1%



Country of Qualification

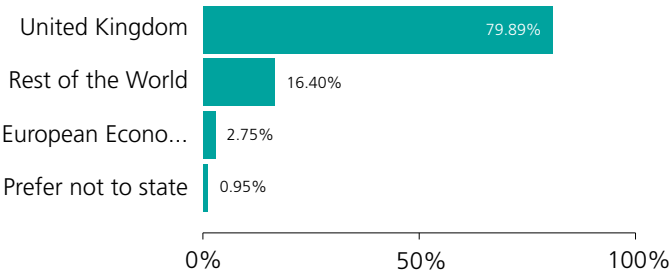


Figure 38: Characteristics of HEE Senior Clinical Faculty.

We are also able to compare the demographic data from our NETS survey with the data collected for the Medical Workforce Race Equality Standard.

	NETS Responses		MWRES Data (2020)	
	BME	White	BME	White
Doctors in postgraduate training	45.9%	45.1%	43.1%	44.6%

***Table 3:** MWRES Data (from **https://www.england.nhs.uk/wp-content/uploads/2021/07/MWRES-DIGITAL-2020_FINAL.pdf**)*

Indicator description		2019		2020	
		BME	White	BME	White
Percentage of BME and white staff in each medical and dental sub group in NHS trusts and Clinical commissioning groups. (NHS Digital data)	Medical directors	18.8%	76.5%	20.3%	73.6%
	Clinical directors (directors of clinical teams)	22.7%	71.8%	26.4%	68.6%
	Consultants	36.9%	57.1%	37.6%	56.2%
	Other doctor grades below the level of consultant	48.8%	42.1%	47.0%	42.9%
	Doctors in postgraduate training	41.1%	46.9%	43.1%	44.6%
	Student entrants to medicine	41.0%	59.0%		
	All doctors	39.5%	51.6%	41.9%	49.1%

***Table 4:** Ethnicity of medics and dentists in different roles / career stages.*

The data shows a global under-representation when you compare consultants grouped as Black Minority Ethnic (as taken from the summary WRES data – source 2020) to BME staff in senior faculty roles, for example.

There is a need to prioritise and improve upon diversity of those in senior educator roles. This will help ensure our senior faculty better represents the NHS medical workforce including doctors and dentists in training population.

Local data is sensitive because of lower numbers but this is shared and has been considered in each office to help inform local plans. Local office variation does exist with some closer to the WRES data shown above.

There are also several indicators where faculty have chosen not to declare, including sexuality. Whilst we see this across lots of data sets, and appreciate individuals should always have the option not to declare we also want people to feel able to declare their protected characteristics.

Under-representation has been identified as a priority area with an ambition to increase participation.

Actions to support this will include:

- **All Postgraduate Deans to consider their recruitment approaches as a result of this data (overall national and local data)**
- **A refresh of our approach to recruitment**
- **Showcasing how we use the data so that educators see value in them declaring their characteristics**
- **Whilst maintaining the option not to declare, encouraging a safe and supportive environment and system where individuals feel able to share should they wish to**
- **Continued review of the data**
- **Commitment to measure annually to observe any trends, changes and improvement in participation**

HEE North East

There are several initiatives to support diversity in senior educator roles.

In the North East an approach of positive action as opposed to positive discrimination was taken. Applicants with one or more protected characteristic were encouraged to apply and were appointed to a senior role on an interim basis. This made these individuals more prepared for application to the substantive role. This was part of a Postgraduate Dean led recruitment initiative and resulted in our senior educators with one or more protected characteristic increasing from 50% to 66% represented in the table below.

Role	No	1 or more protected characteristic pre approach	1 or more protected characteristic post approach	%
Pre 2021Associate deans	10	5		50%
Post 2021Associate Deans	15		10	66%

Table 5.

HEE North West (NW)

In the NW we wanted to diversify and strengthen our senior educational leadership team by appointing two Associate Dean roles. We wanted to broaden the skills and interests within our group and be inclusive for both protected and non-protected characteristics.

We had a stable group of senior educators who had a wealth of experience, however we wanted to attract early career educators who would hopefully bring further skills to the group.

We wanted to attract a wider group of potential applicants and as we considered that one of the blocks to early career educators applying was amount of time required away from clinical practice therefore, we created 2 sessions posts.

We also observed that historically successful candidates had often held senior roles such TPD/HoS/DME/FPD and we wanted to encourage those candidates who may not have seen themselves as potential candidates.

We wanted these roles to lead on key areas of EDI and trainee engagement and the job advert highlighted that we wanted lived experience and evidence of prior interest in these areas and stated:

This role will have a specific focus on developing the Equality, Diversity, and Inclusion portfolio, as well as setting up a new Trainee Engagement portfolio. It is considered important that the post-holder will have lived experience or subject matter expertise relating to EDI and evidence of allyship.

The post is aimed at early career educators, and therefore it is understood that a period of induction, shadowing and supervision will be required for some aspects of senior educational management.

The post was advertised by email to DMEs/TPDs/HoS but also published widely through the local EDI network and senior educator meetings explaining that prior positional experience was not essential.

Before the interview interested candidates were invited to meet with a Deputy Dean and ten candidates were met individually to discuss the roles.

The short-listing process was via video presentation with candidates asked to present a 10 min video answering structured questions:

- **What has motivated you to apply for this post?**
- **Using an example from your own time in training, describe a time when either: You challenged someone in authority, or you felt unable to challenge someone in authority. Tell us about your views on barriers and enablers in these situations.**
- **How will your own lived experience during training support you in developing an EDI and trainee engagement strategy?**
- **These posts are developed with early career educators in mind. What benefits do you think these appointments are intended to bring to the associate dean team?**
- **How would your appointment support these aims?**

Thirteen candidates applied for the post with eleven submitted videos that were of an extremely high standard. Six highly appointable candidates were shortlisted and invited to interview.

The interview was face to face and the panel consisted of AD/DD/Regional head of function/Lay rep. The interview explored prior lived experience and interest in the key areas of EDI and trainee engagement asking:

- **Tell us about your consultant post, and what you have learned in it which might help in the role of associate dean?**
- **Can you think of a time when you had to work with someone you did not share a trusting relationship with?**
- **Part of the portfolio remit of these new posts is trainee engagement. What are your views on the benefits, limitations and risks of using trainee representatives? How could these be mitigated?**
- **Another part of the portfolio remit for these posts is EDI. In your video interview, we asked several questions relating to your own experience of training. Given that no one has experience of all protected and non-protected characteristics, how will you ensure that you are able to support doctors and dentists in training with characteristics and experiences which are different from your own?**
- **Have you had any project ideas relating to either doctor in training engagement or EDI that you might like to implement if appointed?**
- **As you know, these are pilot new-style associate dean posts, aimed at early career educators. What do you think the biggest challenges will be, and what strategies will you use to ensure you can deliver the role?**

The two candidates who scored most highly were offered the posts and we are excited to be welcoming them to our team within the next few months. The panel was extremely impressed by the skills and enthusiasm of all six shortlisted candidates.

The new ADs will be supported by a DD and will also be supported by Clare Inkster the AD who has led and developed the EDI portfolio in the NW. They will be working in their portfolio areas but also supporting a mental health trust each a patch AD and supporting a fellow AD within the schools of Medicine or Surgery.

Roisin Haslett – **roisin.haslett@hee.nhs.uk** and **Clare Inkster** – **clare.inkster@hee.nhs.uk** are happy to be contacted for further information.

Sudden Deaths of Doctors in Training

Protected Characteristics

Since the end of 2018 we have been notified of sudden deaths of current doctors in training. Data collected includes information about protected characteristics (age, gender, ethnicity, sexual orientation, religion, marital status, and pre-existing health problems) and whether the individual had a GMC referral or fitness to practice issues.

The small number of GMC referrals or fitness to practice issues means it is difficult to identify any patterns in relation to protected characteristics.

All those with GMC referrals were male and had pre-existing health problems however this should be treated with caution due to the small number.

In relation to protected characteristics it should be noted this information was not always provided. The highest number in each category is set out below:

- **Age – 44% were in their 30s**
- **Gender – 56% were male**
- **Ethnicity – 44% were white British**
- **Sexual orientation – this information was unknown for 79% of sudden deaths reported**
- **Religion – this information was unknown for 88% of sudden deaths reported**
- **Marital status – this information was unknown for 49% of sudden deaths reported**
- **Pre-existing mental and/or physical health problems – 53% none/not known/not answered**

Ethnicity

A breakdown of ethnicity is set out below:

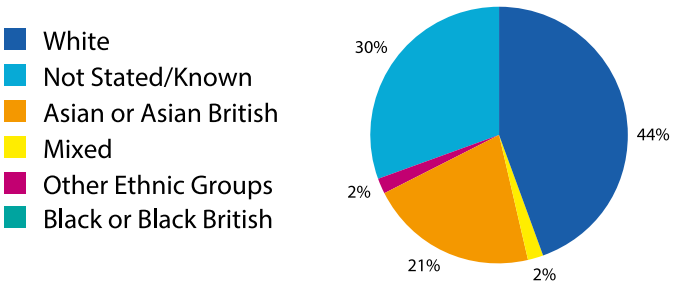


Figure 39: *Sudden deaths of current doctors in training by ethnicity.*

Follow Up Meetings

Four to six months after the sudden death of a doctor in training the Lead Dean will meet with the reporting Dean to discuss any learning. This meeting can also be used to address any missing data in relation to protected characteristics.

The protected characteristics of those who tragically die suddenly is not representative of the medical workforce overall. This workstream will look at emerging factors, and these will be considered as part of our overall EDI strategy.

Specialty and Associate Specialist Doctors

SAS doctor and EDI

Specialty and Associate Specialist (SAS) doctors are a vital part of the workforce, making up 20% of the medical staff in England. Feedback highlights they lack workplace support, find it hard to move between specialties, have limited access to training and some have reported bullying[1].

The GMC's latest workforce data show that numbers of SAS and Locally Employed doctors have grown at almost six times the rate of GPs in the past five years. If that trend continues, they will represent the largest group on the UK medical register by 2030[2].

EDI and SAS Doctors

1. **SAS doctors should be able to fulfil their full potential alongside other group of doctors as clinicians, educators, service development and other roles in academic fields.**
2. **SAS doctor role should be a career choice for doctors and those who would like to move to the new Specialist role.**
3. **Leadership opportunities should be available to SAS doctors within employing trusts, HEE roles, and wider NHS opportunities alongside Consultant colleagues.**
4. **SAS doctors who would like to re-enter training programmes should not face barriers in selection, recognition of previous training and HEE processes for selection should meet inclusive recruitment goals.**
5. **SAS development is everyone's responsibility including NHS Employers, HEE and Medical Royal Colleges.**
6. **Dignity and wellbeing in the workplace for SAS doctors is crucial and lessons from the pandemic and WRES standards should be actively encouraged.**

Some of the Additional Steps taken by HEE for SAS doctors

1. **SAS doctors as Approved Clinicians in Psychiatry (HEE sponsored training programme).**
2. **SAS doctor supervision of post graduate doctors in training – evaluation, sharing best practice evidence – encouraging those in rural, remote, coastal communities – learning from this pilot and model.**

Areas for development

1. **Strengthening the SAS tutor and SAS advocate role and recognising the SAS tutor role through education programme activities (EPA).**
2. **Working alongside the GMC and Academy of Royal Colleges to improve workplace conditions, value and support career progression of SAS doctors and Leadership opportunities and extended role for SAS doctors.**
3. **Strengthen CESR programmes and work alongside training programmes to facilitate SAS doctors' re-entry to training programme and flexible career and training opportunities.**
4. **Ensure that opportunities for consultants are also available to SAS doctors.**
5. **If SAS doctors work in general practice,[3] (GMC proposals) define training and support mechanism to enable this.**

References

[1] *https://www.hee.nhs.uk/our-work/supporting-sas-doctors https://www.hee.nhs.uk/sites/default/files/documents/SAS_Report_Web.pdf*

[2] *GMC. The state of medical education and practice in the UK: workforce report 2022. https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk/workforce-report-2022*

[3] *BMJ 2022; 379 doi: https://doi.org/10.1136/bmj.o2505 (Published 18 October 2022)*

Recruitment Data Analysis

Statistical Analysis In Recruitment

MDRS has procured a provider to conduct an external review and provide impartial analysis on digital selection methods that were introduced by HEE and the other nations during the COVID-19 pandemic.

Work is currently underway by the provider and will be critical in forming an evidence base that will inform and influence decisions with regards to the future of national recruitment and selection including the impact on those with protected characteristics.

The first draft report is expected in the summer.

Specialty Recruitment Complexity Review

Specialty recruitment and selection processes have developed over the years, with many using multiple ways of assessing applicants, together with complex methods for calculating the final selection score.

There is concern that some of the developments that have taken place may have contributed to human error in processing selection scores due to the complexity involved.

Having recently procured an external provider, work is currently being undertaken to develop a model that allows for specialty selection processes to be compared with each other and to attribute a RAG rating to each of the processes.

The first draft report and findings are expected in the summer.

Gender and Disability Pay Gap

Lead Employer Organisations Gender and Disability Pay Gap Information 2021/22

The Gender Pay Gap

Despite the growing number of female students starting medical school, and an increasing female Doctor workforce, there remains a significant gender pay gap within medicine. **The Independent Review into Gender Pay Gaps in Medicine in England** identified that the gender pay gap in medicine was large for a single professional group and that this has been further exacerbated by the new NHS contracts for Doctors and Dentists in training, where maternity leave increments are lost.

"The gender pay gap [is] the difference in average pay rates for men and women, as a percentage of men's earnings[1]."

Gender pay gap reporting is a statutory requirement[3] for all employers who employ 250 or more employees on a specific date (the "snapshot" date), and data must be reported and published within a year of this date. This data must be collected,

reported and published for each year where there are 250 or more employees within the organisation. Organisations with fewer than 250 employees on the snapshot date can still report gender pay gap information if they wish to. This year's snapshot date is 31 March.

Relevant employers must publish the following information[2], all of which is available via NHS' Electronic Staff Record (ESR):

- **Mean gender pay gap.**
- **Median gender pay gap.**
- **Mean bonus gender pay gap.**
- **Median bonus gender pay gap.**
- **Proportion of males receiving bonus payment.**
- **Proportion of females receiving bonus payment.**
- **Proportion of males and females in each quartile pay band**

In addition to this, any employers who are subject to the Equality Act 2010 (gender Pay Gap Information) Regulations 2017 need to include a written statement, authorised by an 'appropriate senior person;2, which confirms the accuracy of their calculations. As most NHS trusts fall into this category, they must therefore comply.

The Disability Pay Gap

There were fifty-one thousand disabled staff in the NHS in 2021, a number which had grown by nearly 6000 people in the space of a year, so can be expected to have grown further over the last 18 months. However, 128 NHS organisations had 5 or less disabled staff in senior manager jobs or those of pay band 8C and above[4] and, although an improvement from sixteen the previous year, there are still six organisations who do not involve disabled staff in their decision making[4]. This is further reflected in board representation where there are only 122 disabled board members and there are still 127 NHS organisations with no disabled board members at all.

"Disability status indicates whether the employee considers either himself or herself to be disabled, and it is classified through a categorical variable into "Yes", "No", and "Unknown/Not stated" categories"[1].

Considerations need to be made for the fact that disabled staff are generally much less likely to declare their disability than non-disabled colleagues and that this non-disclosure rate increases with the more senior roles and higher pay bands[5].

As part of the HEEDs EDI Committee, committed to advancing diversity and inclusion across our people, influence and business we are committed to considering the gender and disability pay gap for doctors in training at a national level. To find out more information, the group has reached out to all Lead employers in England for this pay gap information relating to the financial year 2021/22.

The results are summarised below.

Deanery	Lead Employer Organisation (LEO)	Number of PGDiT* employed by this LEO	Gender Pay Gap info available (2021/22)	Gender Pay Gap (Y/N)	Gender pay gap (%)	Disability Pay Gap info available (2021/22)	Disability Pay Gap (Y/N)	Disability Pay Gap (%)
South West: Peninsula	NHS Foundation Trust	350	Yes	No	-	No	-	-
East of England	Teaching Hospital NHS Trust	1596	No	-	-	No	-	-
North West	Teaching Hospital NHS Trust	6670	No	-	-	No	-	-
Thames Valley	Teaching Hospital NHS Trust	527	No	-	-	No	-	-
East Midlands	Teaching Hospital NHS Trust	1334	No	-	-	No	-	-
West Midlands	Teaching Hospital NHS Trust	1807	No	-	-	No	-	-
South London	Teaching Hospital NHS Trust	57**	No	-	-	No	-	-
North East	Healthcare NHS+A2:A19 Foundation Trust	3331	Yes	Yes***	51% female 49% male	No	-	-
North London	NHS Trust	1647	Yes	Yes	-0.36%	Yes	Yes	1.85%
Wessex	Foundation Trust	818	Yes	No	-	No	-	-
Yorkshire and Humber	Teaching Hospital NHS Trust	1073	No	-	-	No	-	-
Wessex	Hospitals University NHS Trust	80**	No	-	-	No	-	-

Table 6: **PGDiT= Post-Graduate Doctors in Training*

***Exempt from statutory requirement to report Gender Pay Gap Data*

****Data provided suggests information request misunderstood*

Conclusions

Analysis of this data is limited by the small volume of responses received; this may be due to a short timeframe for providing the information and/or due to a lack of readily available information within Lead Employer Organisations. (LEOs)

The gender pay gap in medicine for hospital doctors is 18.9%, 15.3% for GPs and 11.5% for clinical academics; the information provided from The Royal Free hospital suggests their gender pay gap is actually in favour of women, at -0.36%.

The median disability pay gap in the UK as of 2021 was 13.8%, having increased from 11.7% in 2014[6]. There is existing data to suggest NHS organisations are performing slightly better than this national average, with NHS Digital's median disability pay gap of 6.9%[5], however the published data in this remit is still very limited.

It is not possible to draw reliable conclusions on the disability pay gap for LEOs in England from the data provide above.

Another data collection exercise will be completed in 2023/24.

Recommendations

Supporting staff in the face of challenging behaviours and discrimination is an ongoing system challenge and we continue to think about how best to support our learners. Actions to support this will include:

- **All Postgraduate Deans to consider and share any existing initiatives as part of sharing good practice.**
- **Continued system engagement for plans and responses to the challenge of patient discrimination.**
- **Consideration of existing education tools and resources.**

General Pay Gap Reporting (applicable to both Gender and Disability pay gap reporting)

It is recommended that all LEOs should:

- **Undertake an equality analysis of the workforce profile and organisational leadership annually.**
- **Continue to develop and promote flexible working options (e.g., Less than full time training, Out of programme pause, flexible portfolio training) and workforce strategies to improve recruitment and retention of staff, including supporting staff to return to work following paternal or adoption leave (eg. SuppoRTT), and facilitating payment for workplace adjustments from central (rather than local) budget.**
- **Incorporate unconscious bias training into recruitment and selection training, and ensure this is delivered periodically throughout the year, in addition to the new-starter induction e-learning.**

Gender Pay Gap Reporting

In order to comply with statutory requirements, all LEOs who employ 250 or more employees on the "snapshot" date must:

- **Collect and submit the following information for Gender Pay gap return reporting.**
    - **Mean gender pay gap.**
    - **Median gender pay gap.**
    - **Mean bonus gender pay gap.**
    - **Median bonus gender pay gap.**
    - **Proportion of males receiving bonus payment.**
    - **Proportion of females receiving bonus payment.**

- **Proportion of males and females in each quartile pay band.**
- **If subject to the Equality Act 2010 (gender Pay Gap Information) Regulations 2017, also include a written statement, authorised by an 'appropriate senior person; confirming the accuracy of their calculations.**

It is recommended that all LEOs should:

- **Where a gender pay gap is identified, adopt a suitable gender pay gap action plan which can be published annually with gender pay gap reporting.**
  - **This can be via the involvement of EDI steering / working groups to help monitor actions.**
- **Support further development of female leaders through local / regional /national leadership development programmes.**

Disability Pay Gap Reporting

It is recommended that all LEOs should:

- **Ensure all staff understand how to report their disability on ESR.**
- **Explore ways to collect information on the barriers to declaring disability status.**
- **Dedicate a certain amount of money from the central budget specifically for workplace adjustments for staff living with a disability; ensure this is expanded not only to once they are employed, but also to the recruitment and interview process.**
- **Consider signing up to the Disability Confident Scheme[7] for further guidance on the standards that need to be met and how to follow them.**

References:

[1] *Mend the Gap: The Independent Review into Gender Pay Gaps in Medicine in England*

[2] *Humber Teaching NHS Foundation Trust – Gender Pay Gap Report 2021*

[3] *https://www.gov.uk/government/publications/gender-pay-gap-reporting-guidance-for-employers/who-needs-to-report*

[4] *A report on the Workforce Disability Equality Standard for NHS staff*

[5] *Our pay gaps – NHS Digital*

[6] *Disability pay gaps in the UK: 2021*

[7] *How to sign up to the Disability Confident employer scheme – GOV.UK*

Examples of Good Practice

The HEE Deans' Group regularly discuss and share initiatives. There has been a recent focus and a commitment to continue sharing good practice examples which have an EDI theme.

Each Postgraduate Dean and their teams have submitted a good practice item that others can learn from, reflect on and consider using or adapting for their region and for their learners.

EDI Good Practice items have been collated and uploaded to **our website**. Additional resources will continue to be added to this area of the website as a central repository for sharing initiatives we think are worthy of promoting and sharing.

All items have an EDI theme, and they respond to some of the challenges or aim to promote EDI action, discussion, improvement and achieve a tangible difference.

Good practice items have been themed as:

Induction and Support for International Medical Graduates

- **IMG Induction programme in Thames Valley and Wessex**
- **IMG Champions Network in Thames Valley and Wessex**
- **Enhanced Induction in The West Midlands**
- **eLearning for Health Module on Welcoming and Valuing International Medical Graduates: A guide to induction for IMGs recruited to the NHS developed by London and KSS**
- **Social prescribing for International Medical Graduates in Yorkshire and Humber**

Response and initiatives to tackle Differential Attainment (Fair Training Cultures)

- **Tackling Differential Attainment in Thames Valley**
- **Director of Medical Education Interviews in The West Midlands**
- **Differential Attainment Working Group East Midlands**

Governance and Representation including Faculty

- **Increasing Diversity in the senior educator group in the North West**
- **Responsible Officer Advisory Group case discussion with no protected characteristics provided – an Annual analysis of decisions by protected characteristic in The South West**

Forums and Support

- **Virtual Café in The West Midlands**
- **In Training Assessment of Performance (iTAP) in The West Midlands**

Training and Development

- **Enhanced Equality Diversity Inclusion Case Based Training in the North East**
- **HEE/NHSE EDI combined group, trainee survey to understand needs, bystander training East of England**
- **EDI workshops and an EDI Ambassador in KSS**
- **A cascaded Active Bystander Training the Trainer Programme – Step Forward in The North West**

Want to get involved? If you have innovative practice with an EDI theme you can get in touch via **quality@hee.nhs.uk** – we're especially keen to publish and promote items that exceed standards and that are new and have had a positive impact.

Study Leave

Study leave is an integral component of postgraduate medical training to assist in the achievement of the knowledge, skills and behaviours defined in curricular.

This is funded via a levy on Education Support money and administered by HEE local offices to be refunded via trainee's employers. HEE has a formal study leave policy and oversight from a national working group.

The working group has oversight for ensuring fairness of distribution and responding to any issues raised. Currently a standardise 'Leave Manager' programme is being rolled out through HEE's Local Offices.

This will allow much improved monitoring of study leave spending and an EDI analysis of that. All local offices run programmes to respond to the challenges of differential attainment which is linked to EDI.

Good practice in this area is being cascaded to ensure all postgraduate doctors in training have access to study leave aligned to their personal needs.

Conclusion and Actions

Looking back at last year's report

In 2022 we published our first HEEDs EDI Annual Report and committed to what we must do. This included:

- **We will host an annual EDI Learner Assembly.** We have now had three such learner assemblies, and this is embedded as core business. The findings and next steps are within this report.
- **We will monitor our training of Faculty.** Training of Faculty initiatives has been shared via Postgraduate Deans and HEE now monitor senior faculty EDI data. We now know the characteristics of our senior faculty, and show us what we suspected.

  We will work on our standard operating procedures and have a specific plan for faculty recruitment. Each Postgraduate Dean will need to have an inclusive recruitment plan to increase representation of senior faculty. This will also include monitoring training activity.

We will undertake annual monitoring and next year extend this to all clinical faculty

- **We will use our Quality Improvement Plan to hold ourselves to account.** EDI is now a core focus of the Quality Standards and Framework. The Quality Framework has reported on self-assessment (what we ask our providers) and data (National Education and Training Survey as well as ARCP data).
- **We will publish what we do and our progress in an annual report.** This year's report features a range of EDI activity and helps us see how EDI is being considered across workstreams and areas of education and training.

Conclusions and actions

We now have a much better picture of the landscape, and can target our actions to effect change for learners and our teams that education and train within the NHS in England.

We will continue to drive this work forward and plan to develop an EDI strategy for the whole of the medical workforce and career as part of the new NHSE.

We commit to working with all stakeholders and partners to deliver this important agenda to drive up the quality of training, ensure less discrimination with the aim of improving retention and morale so we can deliver our collective purpose to drive up care for patients.

This will be done by continuing the commitments from the two HEEDs EDI Annual Reports and make them business as usual:

1. **An Annual Learner Assembly**
2. **Monitoring Protected Characteristics of our Clinical Faculty**
3. **Ongoing use and development of a refreshed Quality Improvement Plan in line with our findings to date**
4. **Commitment to the Publication of a 2024 Report**

Development of EDI Plans as part of the Quality Framework based on local intelligence including:

- Using Self-Assessment from Providers to identify themes and actions, exploring the results from this year's data and considering as part of the Quality Framework the effectiveness of existing policies and processes for raising concerns and enhanced international graduate inductions
- Using Data from our NETs and Trainee Information Systems to identify themes and actions
- An ongoing commitment to making EDI data available from across our work meaningful and accessible
- Mapping Items and themes from the 2022 and 2023 HEEDs EDI reports to inform themes and actions.

Delivery and Monitoring all Actions and Next Steps within the Report

The National Learner Assembly will:

- **Continue to hold an annual National Learner Assembly.**
- **Use this as a collaborative platform for interested healthcare professionals.**
- **Keep making tangible progress in EDI by successfully using the existing HEE Quality Framework.**
- **Specifically encourage those of protected characteristics into positions of leadership.**
- **Improve awareness and pathways for raising concerns and feedback mechanisms where concerns have been raised.**

Further Quality Improvement Plan Actions for Year 3 (2023/2024)

- **Review the EDI metrics that have been collected in Year Two of the QIP implementation and agree what should be developed as strategic initiatives and business as usual.**
- **Ensure the relevant metrics are shared with Regional Teams so they can carry out further data analysis and triangulate with local initiatives and themes with an EDI theme and to agree actions based on their local requirements.**
- **Further actions for the QIP will be based on the conclusions and findings in this report. The QIP will be refreshed as an action for national and local offices to focus on themes and work streams related to EDI.**
- **Work with NHSE colleagues to incorporate relevant metrics in the EDI Workforce Plan.**

Annual Review of Competency Progression and Fairer Training Cultures (Differential Attainment)

- **Ongoing monitoring of data and local plans to reduce the attainment gap.**
- **Continued focus on access to support provided with a focus on reducing variability through local monitoring and sharing good practice.**
- **Improved enhanced induction and early support through local monitoring and sharing good practice.**

Characteristics of HEE Senior Clinical Faculty

Under-representation has been identified as a priority area with an ambition to increase participation of our faculty. Actions to support this will include:

- **All Postgraduate Deans to consider their recruitment approaches as a result of this data (overall national and local data).**
- **A refresh of our approach to recruitment.**
- **Showcasing how we use the data so that educators see value in them declaring their characteristics.**
- **Whilst maintaining the option not to declare, encouraging a safe and supportive environment and system where individuals feel able to share should they wish to.**
- **Continued review of the data.**
- **Commitment to measure annually to observe any trends, changes and improvement in participation.**

Sudden Deaths of Doctors in Training

- An annual publication of the protected characteristic data.
- Development of a plan to reduce data gaps.

Specialty and Associate Specialist Doctors Areas for development

- Strengthening the SAS tutor and SAS advocate role and recognising the SAS tutor role through education programme activities (EPA).
- Working alongside the GMC and AOMRC to improve workplace conditions, value and support career progression of SAS doctors and Leadership opportunities and extended role for SAS doctors.
- Strengthen CESR programmes and work alongside training programmes to facilitate SAS doctors' re-entry to training programme and flexible career and training opportunities.
- Ensure that opportunities for consultants are also available to SAS doctors. If SAS doctors work in general practice, (GMC proposals) define training and support mechanism to enable this.

Recruitment Data Analysis

- Publication and EDI interpretations of the commissioned Statistical Analysis In Recruitment.

Gender and Disability Pay Gap

- A repeat of data collection in 2023/24.

Examples of Good Practice

- Ongoing commitment to sharing EDI good practice initiatives, resources and strategies across the Postgraduate Dean network.
- Building a repository on the national website of good practice.

Study Leave

- An update from the working group on their oversight for ensuring fairness of distribution and an update on the standardised 'Leave Manager' programme which is being rolled out through HEE's Local Offices.

NETS

- We continue to work with NHE England colleagues towards joining up education quality data like NETS with quality data from other areas of the service.
- Within this report, we have drawn attention to the 'unknown' respondents who are unwilling to include details of their protected characteristics in their NETS responses. We need to explore ways to better understand and engage this group, encouraging survey completion and the raising of concerns so action can be taken.
- Further analysis of all the characteristics may reveal a group who may require targeted support and intervention.
- Relating to discrimination and bullying, Further analysis of all the characteristics may reveal a group who may require targeted support and intervention.
- Postgraduate Deans and their Quality teams will look at this data for their regions and their programmes and put in place relevant actions as part of their Quality Improvement Plans to ensure continuous improvement in EDI issues for all learners occurs.

Acknowledgements and Membership

Professor Namita Kumar, Regional Postgraduate Dean and Chair of the HEE Deans' EDI Committee

Professor Geeta Menon, Postgraduate Dean South London and EDI Committee Deputy Chair

Dr Navina Evans, Chief Executive, Health Education England

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