

# HEE Deans EDI Committee Annual Report



Summary of our work over the past 12 months

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### Executive summary

The murder of George Floyd on 25 May 2020 in Minneapolis, Minnesota caused a global outcry and triggered worldwide protests.

In the context of the COVID-19 pandemic, and the poorer outcomes for black and Asian ethnic individuals as well as the historic issues of differential attainment within Postgraduate Medical Education and training it was time to act.

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

HEE Deans are responsible for quality of learning for all professional groups within the clinical environment. They are committed to multi-professional education and training and will work with other professional groups and their leaders to ensure that EDI experiences and learnings are shared, and multi-professional approaches can be taken where possible.

As Postgraduate Medical Education and Training is a specific delivery responsibility, specific attention is being given here.

We wrote to and invited feedback from our trainees and learners to understand better their experience. Many respondents commented that the NHS workforce did not represent the diversity of the UK population. A lack of diversity was reported in Educational Supervisors, ARCP panels and both HEE and Royal College senior faculty.

On 26 May 2021, just after the anniversary of George Floyd's death, we held our inaugural EDI Learner Assembly, designed for trainees to meet, discuss and work with HEE nationally to raise and address concerns around equality and inclusion. We heard a range of experiences and personal stories which gave an opportunity to learn and reflect. The EDI Learner Assembly will continue to provide a platform for trainees and educators to be heard directly at HEE National, ensuring the values of EDI remain integral to our policy and quality.

We have also undertaken work to deliver a toolkit style resource, the 'Find Your Way Guide' aimed at all learners. The resource will support disabled learners and those living with long-term conditions, including the long-term effects of COVID-19 navigate help and support as they transition from learning into work. This includes information on Student Disability Finance, accessing the Access to Work scheme and other ways of being enabled in the workplace.

Using our information from all data sources including the Medical Workforce Race Equality Standard (MWRES) report we are beginning to understand what we do well, what we have yet to do and have a plan that we will do our utmost to deliver.

Differential Attainment is one aspect of this complex issue, and we will work on improving outcomes. We will also try and understand the impact of gender and race on pay and consider intersectionality as a real and distinct problem.

We will report on our progress annually.





patronage continues to thrive in the NHS. Many doctors from a BAME background were unfamiliar with the educational processes used within PGMDE (workplace-based assessments, reflective diaries, formative and summative assessments, OSCE). In some instances, it is because International Medical Graduates (IMGs) are new to the NHS and UK and in others it relates to the transition from non-training grade posts. There are existing IMG induction packages within England which could be developed. The longstanding reported issue about differential attainment in college examinations was cited.

Reports of racism and microaggressions experienced by BAME doctors in training were widespread in the written testimonies. This was from colleagues, trainers, other NHS staff, managers and members of the public. The doctors in training frequently felt unsupported by other members of NHS staff and did not feel empowered to speak out. Often no clear plan of escalation was known by doctors in training and no reporting mechanism was explicit within the employing organisations. The lack of cultural awareness which causes microaggressions could also be encountered as bias in training, often unintentional. There is a desire for non-BAME doctors to understand these issues in more detail and be actively anti-racist.

The effect of race and ethnicity on certain health outcomes was reported, particularly with reference to COVID-19. It was frequently commented that medical curricula are built around the paradigm of a white adult male, both in the undergraduate and postgraduate setting.



### What we will do

There is a desire from trainees to know that HEE is addressing their concerns and the actions are reported, with the formation of a national assembly.

## HEE Dean's EDI Committee

### Remit and Terms of Reference

We needed a way not only to recognise and discuss issues but act in a way that we could make positive changes in tackling all forms of discrimination.

### HEE Approach

#### What we did

HEE had committed to advance diversity and inclusion via 'Diversity and Inclusion - Our Strategic Framework 2018-2022'.<sup>1</sup> The Framework aimed to help HEE remain focused on what matters and better understand what it can and should do to support the diversity and inclusion agenda.

The Framework is aligned to our existing national and corporate objectives, priorities and values as well as the principles set out in the NHS Constitution.

The Framework is structured around the key themes of Our People, Our Business and Our Influence.

- Our People – HEE recognises the importance of valuing diversity and inclusion in the workplace and understands the benefits that can be achieved through building an inclusive and representative workforce.
- Our Business – Through the Framework we will work to achieve a cultural change that leads towards consistent consideration of inclusion in business and delivery of key functions.
- Our Influence – HEE has a crucial role to play, within the healthcare system, in supporting a world-class approach to education and training that creates ladders of opportunity for people in every setting and from every background. We will use our influence with stakeholders to further diversity and inclusion in the wider healthcare system and within medical and clinical education

#### What we will do

HEE Dean's (HEEDS) agreed to concentrate on the 2<sup>nd</sup> and 3<sup>rd</sup> aims to ensure that the business of PGMDE is delivered with a greater focus on EDI and attempt to ensure the longstanding issues known will be considered with greater visibility and communication of both actions and results. Full terms of reference can be found in Appendix A.

Our group has had support from the top of the organisation with attendance from Dr Navina Evans, CEO and her ongoing visible and public commitment to deal with discrimination and promote diversity and inclusion. The aims are to continue to raise awareness, make improvements that can be shared, reassess HEE's responsibility and action and play our part with partners.

<sup>1</sup> <https://www.hee.nhs.uk/our-work/diversity-inclusion/diversity-inclusion-our-strategic-framework-2018-2022>

## The first annual EDI Learner Assembly

### What we did

HEE held its inaugural Equality, Diversity and Inclusion National Learner Assembly, an important progression in our commitment to supporting our diverse learners. The Assembly brought together HEE senior leaders and front-line trainees who had initially responded to HEE's call for evidence following the Black Lives Matter movement in the Summer of 2020.

HEE's EDI Learner Assembly was designed for trainees to meet, discuss and work with HEE nationally to raise and address concerns around equality and inclusion. Chaired by learners, for learners, in collaboration with senior leaders at HEE to address these matters and implement changes.

Our inaugural event was held on 26 May 2021, just after the anniversary of George Floyd's death. It was attended by our chief executive, Dr Navina Evans, and the Co-Chair of Health Education England Deans, Prof. Namita Kumar, who both gave keynote speeches outlining their experiences of the importance of diverse leadership. These were followed by an interactive roundtable discussion with over 70 participants. Trainees' personal stories were actively heard and reflected upon. A range of themes emerged, including EDI in recruitment processes, clinical supervision and flexible training options. Some individuals shared experiences of differential attainment, systemic racism and undermining behaviours and more detailed dialogue has continued with those attendees to learn from their lived experiences.

### What we learnt

Importantly, examples of good practice and positive experiences were highlighted and this platform provided an ideal opportunity to share these. Overall, attendees from across the country were highly interactive and supportive of each other, exchanging the challenges they faced and how they may have overcome them, creating a sense of interpersonal camaraderie. We anticipate continuing to work together to make beneficial change through future Assemblies.

### Issues raised at the EDI Learner Assembly:

1. Clear guidance at induction on how to escalate concerns both within the employer and the local office so that Postgraduate Deans and their teams remain sighted.
2. That naming or investigating a concern under a 'Dignity at Work Policy' does not immediately reassure the individual that their complaint of bullying, undermining or discrimination will be recognised as such.
3. Timely investigation and communications.
4. Differences between Revalidation and ARCP processes made clear to doctors in training.
5. That visa sponsorship rules on salary thresholds may preclude some doctors training LTFT, which may be a form of indirect discrimination.



**What  
we  
will do**

The EDI Learner Assembly will continue to provide a platform for trainees and educators to be heard directly at HEE National, ensuring the values of EDI remain integral to our policy and quality.



# HEE Internal Call for Evidence on Existing Education and Training Materials

## Background

### What we did

We knew that we had to understand what we were already doing and where we needed to act to make the changes needed. An internal ‘Call for Evidence’ was therefore undertaken to find out where our good and not so good practice might be.

The aims of the call were to establish:

- what PGMDE teams are currently doing to support EDI
- to understand the features of a successful approach
- to identify exemplars / existing good practice
- to identify barriers to good practice
- to enable a gap analysis against trainee priorities
- to develop recommendations for the adoption, adaption and spread of effective, evidence-based approaches.

### What we learnt

The table below shows the summary of findings.

Local office	Respondent	Theme										
		EDI Committees, Forums, Workstreams		Trainee concerns		PGME Faculty				Holding LEPs to account	Leadership / role model initiatives	COVID adjustment
Y/N?	Senior buy-in / rep.	Effective channels	Communicating outcomes	Inclusive training environs.	Involving diverse learners	Educator guidance	Education packages					
North East	Quality Programme Manager	Yes	Yes	4	4	4	4	4	Yes	4	Yes	Yes
Yorkshire & the Humber	Deputy Dean	Yes	Yes	3	5	4	4	4	No	3	Yes	Yes
North West	Associate Postgraduate Dean	Yes	Yes	2	3	4	5	3	Yes	4	Yes	Yes
	Head of Professional Development	Yes	Yes	4	4	4	4	4	Yes	4	Yes	Yes
East Midlands	Professional Support and Wellbeing Service Manager	Yes	Yes	4	5	4	2	3	No	4	Yes	Yes
West Midlands	Primary Care Dean	No	No	4	5	3	2	4	No	4	Yes	No
East of England	Primary Care Dean	No	No	3	2	2	2	2	No	1	Yes	Yes
	No contact given	No	No	3	3	3	3	3	No	3	No	No
London & KSS	Head of GP School,	Yes	No	4	4	3	3	4	Yes	3	Yes	Yes
South West	Associate Dean	Yes	Yes	5	5	3	4	3	Yes	4	No	Yes
	APD Transformation SW & HoS Primary Care Severn	Yes	Yes	3	4	4	4	4	Yes	4	Yes	Yes
Thames Valley & Wessex	Associate Dean	Yes	Yes	3	4	3	4	5	Yes	3	Yes	Yes

We also conducted a desktop and literature review, to identify cross-sector guidance and exemplars of inclusive working and learning environments to inform a set of recommendations for PGMDE teams.

### What we will do

The themes that we took from this review and are going to develop into our action plan are as follows:

- We will explore ways to ringfence funding / administrative resource for EDI workstreams and committees.
- We will ensure that equality is embedded into existing quality management functions and reporting systems, and that colleagues learn from incidents.
- We will utilise resources to improve understanding and appreciation of Deans and faculties and taking a more intersectional approach to inclusive learning environments.
- We will provide better opportunities for trainees from underrepresented groups to contribute to learning environments.
- We will provide tailored career opportunities for underrepresented groups.

For each theme, we have recommended a set of actions for delivering the commitment, highlighted existing good practice across local PGME teams in England, and signposted resources that can be adapted for other teams' use. This will provide the basis of a toolkit, which will be accessible on our [web page](#).

### Best Practice Exemplar

#### Trainee EDI Network HEE NW

The Trainee EDI Network in the North West were finalists in the 2021 prestigious British Medical Journal's annual awards. The network was shortlisted from among 300 other teams and nominees in the Diversity and Inclusion category of the much-coveted BMJ Awards.

The BMJ Awards recognise and celebrate the extraordinary innovative work of healthcare teams across the UK. This year the awards were held virtually on Wednesday 29 September.

The network is a trainee-led initiative that promotes inclusion in the workplace through workstreams, including quality improvement, educator development, content creation and peer support.

More information can be found on the [BMJ website](#)

# Recruitment

## National Recruitment

### Medical and Dental Recruitment and Selection (MDRS)

#### What we learnt

Recruitment to all Postgraduate Medical and Dental training occurs for the UK via MDRS. MDRS commissioned a Specialty Recruitment Analysis Comparing Round 2 in 2019 and 2020.

#### Findings:

1. There is marginal evidence that the Asian British groupings fared better in 2020 than in 2019
2. There is no evidence of any differences between the odds ratios for an offer made for other protected characteristics
3. Finally, we observe that a smaller proportion of applicants have had an Offer Made this year compared to last.

## Academic Recruitment

#### What we learnt

The GMC has highlighted ongoing concerns about the demographics of medical and dental trainees in academic training pathways including the academic foundation programme and the Integrated Academic Training (IAT) pathways we co-deliver in partnership with National Institute for Health Research (NIHR).

They highlight low numbers of those with a primary medical qualification from outside of the UK, women and less than full time trainees. There is no significant variation from benchmarks by ethnicity in AFP – though at ACF level and beyond this the percentage from a BAME background decreases significantly.

We will seek further constructive dialogue with NIHR and other funders to address these issues further up the IAT pathway.

We will also be monitoring the impact via Medical Workforce Race Equality Standard (MWRES) data.

## Study Leave

### Background

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 responsibility for ensuring fairness of distribution and responding to any issues raised. It is currently looking at how ED&I impacts on study leave. This is alongside parallel work by HEE around differential attainment. That includes recent additional funding to support GP expansion weighted by non-UK PMQs to minimise differential attainment. GP training has more invested within its training programmes so individual study leave outside programmes is less and currently managed separately.

### Approach in West Midlands

#### Analysis of spend by protected characteristics

#### What we learnt

Study leave is recorded differently by different offices. HEE is transitioning from Intrepid to Trainee Information System (TIS) for recording trainee details but only some offices have access to Leave Manager to record study leave spend against characteristics. An analysis has been undertaken of East Midlands data which has Leave Manager and a high proportion of non-UK primary medical qualification (PMQ) trainees. It thus has well-developed strategies for IMGs which may be less well developed elsewhere. Data from 3 years (2018/19, 2019/20 & 2020/21) has been interrogated which covers study leave claims from 9,444 trainee years. This is still incomplete plus 11% of trainees do not have their origin of PMQ identified. It covers a total budget of over £4.6 million.

	18-19 No.	£/trainee	19-20 No.	£/trainee	20-21 No.	£/trainee
GP IMG	253	142	336	105	265	54
GP UK	352	160	337	107	216	92
Rest IMG	551	894	580	1,053	394	342
Rest UK	1,849	611	1,838	865	1,430	254

The conclusion from this initial study, which has some statistical uncertainty, is that IMG trainees receive at least as much study leave funding as UK graduates. This is also in the climate of significant disruption by COVID-19 in the third year.

#### What we will do

Thus with improved recording, robust data against characteristic could be obtained for more detailed analysis. A request has been made to the TIS team to roll out Leave Manager or an equivalent to all offices to assist with this. There may be issues with some employers who have bespoke programmes that could limit this option. This is currently in a 'discovery phase' and could be funding dependent but is supported by the Study Leave Working Group

## Analysis of GMC Study Leave Data



**What  
we  
learnt**

The biggest consistent variable affecting trainee perceived support for Study leave is Seniority (Training Grade). Gender has no impact.

There is an effect of Deanery and Specialty that is difficult to interpret but may be as significant as PMQ/ethnicity effect.

PMQ/Ethnicity does have some effect in some situations that is not consistent. There are examples of IMG BME perceiving poorer support and UK White better support. Care is needed interpreting this as not consistent. This will promote ongoing discussion and review where it is identified.



# Quality

## Quality Strategy and Framework Refresh

In 2016, HEE published its first Quality Strategy and Quality Framework. The Quality Strategy is underpinned by the HEE Quality Framework, which makes clear the quality standards expected of clinical learning environments, safeguarded through the NHS Education Contract.

### HEE's refreshed Quality Framework 2021

#### What we did

The HEE Quality Framework underpins our Quality Strategy and provides an overarching set of multi-professional quality standards for the clinical learning environment, organised around six core domains. It applies to the quality of all healthcare education and training, across all clinical learning environments within which learners are placed, including an increasing variety of settings in the primary, secondary, community and independent sector.

As the quality schedule of the NHS Education Contract, the Quality Framework is applied to assess the quality of delivery of the education and training that HEE funds and it also reflects HEE's statutory obligation for the safety and protection of trainees, students and patients.

Our refreshed Quality Framework has taken account of what we have heard from our stakeholders:

- It gives greater clarity and focus to equality, diversity and inclusion
- It promotes learner wellbeing and the wellbeing of those who support them
- It emphasises our key role in improving quality as well as our commitment to the future workforce development

#### Key points to note:

##### **Domain 1. Learning environment and culture**

Our expectations:

The learning environment is multi-professional, with a culture that is fair, promotes equality, diversity and inclusion, and values and facilitates learning opportunities and support for all learner groups.

Policies and processes are in place to promote equality, diversity and inclusion (and challenge exclusion) within the learning environment and ensure impartiality. Relationships between diverse groups are fostered.

##### **Domain 2: Educational governance and commitment to quality**

Our expectations:

The governance arrangements promote and support the development and sharing of equality, diversity and inclusion good practice in education and training and there are named senior leaders with responsibility and accountability for equality, diversity and inclusion in education and training.

### Domain 3: Developing and supporting learners

Our expectations:

Learners receive appropriate supervision and support, clinically and educationally, to enable them to gain the knowledge, skills and behaviour required by their curriculum / programme. It also requires providers to promote and support equality, diversity and inclusion.

Strategies are in place to reduce the potential for differential attainment (based on protected characteristics) through excellent and inclusive education and training, including:

- tailored training resources that help respond to local EDI issues
- enhanced induction for international learners and those new to the NHS
- enhanced supervision to identify support needs early coordinated enhanced support, including resources/ training in communication, portfolios and exam preparation awareness building and promotion of local networks, buddying/mentoring schemes and equality, diversity and inclusion champions
- supervisor development/training to support equality, diversity and inclusion themes and the response to differences in attainment.

### NETS survey

#### What we did

HEE uses a variety of tools and channels to listen to and respond to the voice learners and to gather intelligence on the quality of learning environments. One tool that is used is the National Education and Training Survey (NETS). The NETS is the only national survey open to all undergraduate and postgraduate students and trainees undertaking a practice placement or training post in healthcare as The NETS asks 32 questions covering the main aspects of student experience in the placement learning environment, including induction, clinical supervision, facilities, learning opportunities and teamwork. It also collects data that will help to ensure that we can make better sense of where quality is with regards to equality, diversity and inclusion and the gaps that we need to address to ensure that learning environments are equal and inclusive.

### The National Education and Training Survey (NETS) Data

#### What we learnt

The last National Education and Training Survey (NETS) was live from 22 June to 23 July 2021 and there was a total of 19,815 responses across healthcare professions. The survey asks a series of optional demographic questions which have been analysed to provide an insight into the reported experience of learners with respect to Equality, Diversity and Inclusion.

Six key questions from the NETS survey were analysed to evaluate whether there was a correlation between certain demographics and learners' likelihood to rate their experience poorly. The questions the analysis was conducted on related to:

1. Induction
2. Clinical Supervision
3. Overall Educational Experience
4. Completing Unsupervised Tasks that Trainees were not Prepared or Trained for
5. Bullying and Harassment
6. Likelihood to Recommend Placement

## June 2021 EDI Analysis Results

The results below show the output by demographic group for each question. We have only included results where it was determined that there was a statistically significant correlation (p-value  $\leq 0.05$ ) between the independent (demographic) and dependent (survey response) variables.

### Induction

- Doctors in training were 49.2% more likely to rate their induction as unsatisfactory or in need of improvement than other learner groups
- Women were 14.4% more likely to rate their induction as unsatisfactory or in need of improvement than men
- Learners from minority religious groups were 15.0% more likely to rate their induction as unsatisfactory or in need of improvement than Christian/non-religious learners

### Clinical Supervision

- Doctors in training were 35.7% more likely to rate their clinical supervision as unsatisfactory or in need of improvement than other learner groups
- Women were 13.7% more likely to rate their clinical supervision as unsatisfactory or in need of improvement than men
- Non-White/Caucasian learners were 16.3% more likely to rate their clinical supervision as unsatisfactory or in need of improvement than White/Caucasian learners
- Learners who are not heterosexual were 19.9% more likely to rate their clinical supervision as unsatisfactory or in need of improvement than heterosexual learners
- Learners from minority religious groups were 10.0% more likely to rate their clinical supervision as unsatisfactory or in need of improvement than Christian/non-religious learners

### Overall Educational Experience

- Doctors in training were 57.3% more likely to rate their overall education experience was unsatisfactory or in need of improvement than other learner groups
- Women were 7.6% more likely to rate their overall education experience was unsatisfactory or in need of improvement than men
- Learners who are not heterosexual were 24.4% more likely to rate their overall education experience was unsatisfactory or in need of improvement than heterosexual learners
- Learners from minority religious groups were 15.8% more likely to rate their overall education experience was unsatisfactory or in need of improvement than Christian/non-religious learners

### Completing Unsupervised Tasks that Trainees were NOT Prepared or Trained for:

- Non-White/Caucasian learners were 25.9% more likely to rate their likelihood of completing unsupervised tasks as sometimes, often or always, than White/Caucasian learners
- Disabled learners were 31.3%% more likely to rate their likelihood of completing unsupervised tasks as sometimes, often or always, than learners with no reported disability
- Learners who are not heterosexual were 27.0% more likely to rate their likelihood of completing unsupervised tasks as sometimes, often or always, than heterosexual learners

- with every additional year of age learners were 2.1% more likely to rate their likelihood of completing unsupervised tasks as sometimes, often or always

### **Bullying and Harassment:**

- Doctors in Training were 44.7% more likely to experience bullying and harassment than other healthcare learners.
- Women were 25.0% more likely to experience bullying and harassment than men
- Non-White/Caucasian learners were 94.9% more likely to experience bullying and harassment than White/Caucasian learners
- Disabled learners were 53.2% more likely to experience bullying and harassment than learners with no reported disability
- Learners who are not heterosexual were 60.6% more likely to experience bullying and harassment than heterosexual learners

### **Likelihood to Recommend Placement:**

- Learners who are not heterosexual were 22.5% more likely to be extremely unlikely or unlikely to recommend their placement than heterosexual learners
- Learners from minority religious groups were 12.5% more likely to be extremely unlikely or unlikely to recommend their placement than Christian/non-religious learners
- Age: 2.4% increase with every additional year of age
- With every additional year of age learners were 2.4% more likely to be extremely unlikely or unlikely to recommend their placement

### **EDI Analysis – June 2021 vs November 2020**

Headlines from the comparison of the results from June 2021 to the same analysis conducted after the November 2020 NETS:

- **Doctors in training** had increased rates of dissatisfaction and discrimination for every question analysed.
- **Women** were less likely to experience bullying/harassment and have dissatisfaction in their induction and educational experience in June but were more likely to have poor supervision.
- People who identified as **not white** were more likely to experience bullying and harassment and be asked to complete unsupervised tasks compared to last year. However, they were less likely to have a poor experience with their induction and supervision.
- **Disabled** individuals were more likely to be asked to complete unsupervised tasks, but they experienced less bullying & harassment compared to last year.
- People who did **not identify as heterosexual** had increased rates of dissatisfaction and discrimination for every question analysed except for induction.
- People who identified with **minority religions** had increased levels of dissatisfaction for their induction, supervision, educational experience and placement recommendation compared to November. However, for June there was no correlation between religion and completing unsupervised tasks and bullying/harassment.
- Individuals who were **older** were less likely to recommend their placement.

### Quality Intelligence Managers

#### What we did

HEE has invested in regional quality intelligence managers who will undertake intelligence gathering activities including triangulation of data from NETS with existing sources of data and intelligence e.g. GMC National Trainee Survey (NTS), National Students Survey (NSS), regional Quality team intelligence. A key area for analysis will be around Equality, Diversity, and Inclusion data. QIMs will undertake a review of local and regional EDI including (working collaboratively as required with other HEE teams).

Our new quality analysts and information managers will both measure and support quality teams in regions to develop local action plans for ongoing measurement of quality improvement. A national EDI Quality Improvement Plan has been developed that every Postgraduate Dean will oversee for their local office. This can be found in Appendix B.

### Equality, Diversity, and Inclusion Data

#### What we will do

HEE will undertake a review of local and regional EDI including

- To collate a baseline recruitment date from TIS: protected characteristics of those who enter training.
  - Look at full registration, CCT and ARCP progression each year to ensure that the numbers are in keeping with the original cohort
- 
- Triangulate these findings with learner survey data such as NETS and GMC data
  - Review GMC referrals as part of the revalidation function and look to see if we over refer a protected characteristic.
  - Input and help to monitor the regional / local action plan.



## Differential Attainment

### Addressing Differential Attainment in Primary Care

#### What we did

Over the past 6 months, we have developed a strategy in collaboration with HEE local offices to provide additional support to GP trainees, with the aim of reducing and eventually eliminating differential attainment (DA). The support focuses on GP trainees with non-UK qualifications as they acutely experience differential attainment but will also help UK graduate GP trainees from ethnic backgrounds as well as trainees with other protected characteristics.

The principles of the strategy are to provide equitable access to the curriculum for all trainees, to enhance their training experience, and to improve their outcomes. There have been 3,690 acceptances to HEE GP Specialty Training programmes for the August 2021 intake and over half (around 53%) of these trainees are International Medical Graduates who will directly benefit from this targeted support, along with IMG GP trainees who are already in training.

£4.5m of additional funding has been identified for this programme in 2021/22 through the Spending Review funding allocation process. This funding has been distributed to HEE local offices so they can deliver the support and tailor their offer to the needs of their local GP trainees. HEE local offices are using this funding to recruit extra educators and administrators to implement the additional support.

DA leads have been identified across all HEE local offices and a community of practice has been established to assess current processes and formulate best practice. Current best practice includes the early identification of additional support requirements, enhanced induction, personalised learning plans, support with e-portfolio and ARCP preparation, as well as additional exam and communication skills support.

Concurrently, a toolkit of resources has been produced and shared to support faculty development in HEE local offices. The toolkit is intentionally adaptable and versatile to provide a good level of materials for educators to use with all learners. This resource includes training on unconscious bias, bystander training, culturally sensitive conversations, diversity, inclusion and belonging, equity and fairness in training, feedback and difficult conversations, as well as raising awareness of racism and racial justice.

#### What we will do

This programme will be evaluated through a combination of quantitative and qualitative metrics. These include reporting on exam and ARCP outcomes, a breakdown of how the additional funds have been allocated, and a 'heat map' on how local offices have implemented the areas of best practice along with narrative statements. Success of the programme will be defined by these outcomes and hopefully reflected in national trainee satisfaction surveys. The one-year financial settlement for 2021/22 coupled with evidence from the evaluation will help support future Spending Review bids ensuring that funding to support GP trainees is available in future years and becomes incorporated into baseline budgets.

## Addressing Differential Attainment in Secondary Care

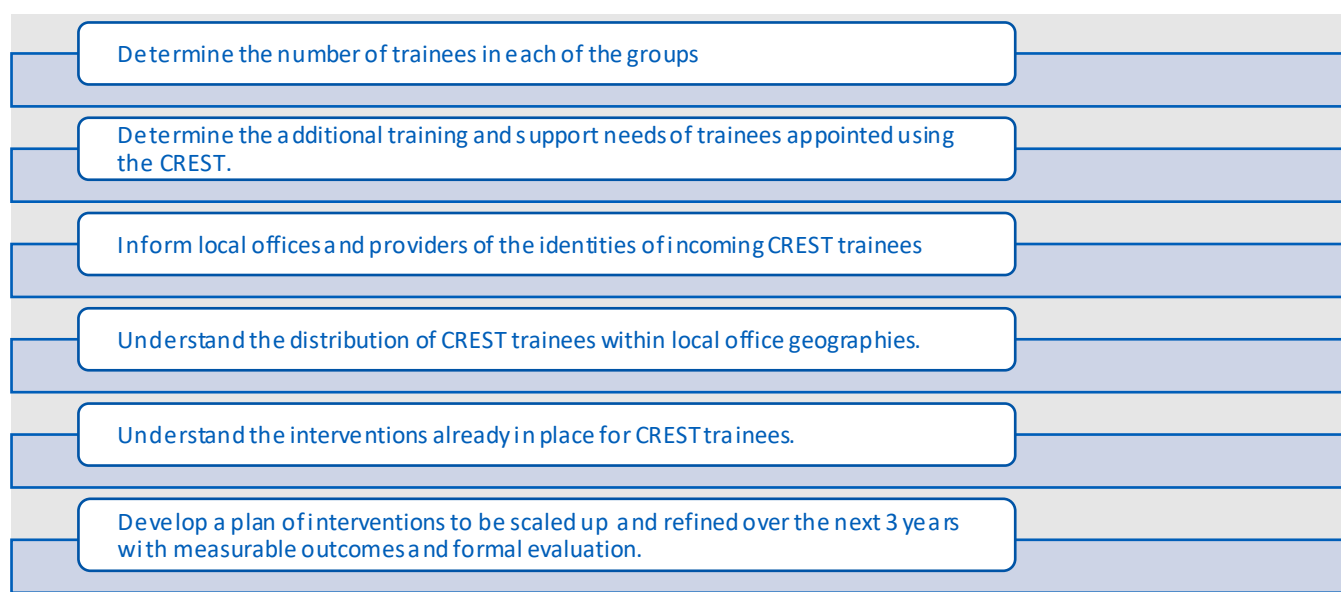
### What we did

Nationally HEE is seeking to explore how we can better support trainees who did not complete their Foundation Training Programme in the UK. The numbers of trainees entering UK training programmes using the CREST (Certificate of Readiness to Enter Specialist Training) has steadily increased over the last 5 years with significant variation by region. The percentage of trainees appointed into Internal Medicine Training Stage 1 (IMTS1) using the CREST route has gone up from 12% to 28% from 2016-2020 with over 40% in some regions.

These trainees are more likely to be from non-UK backgrounds as defined by their country of primary medical qualification (PMQ). CREST trainees are potentially at risk of differential attainment (DA) as they may struggle to engage with the programme. These trainees will need early targeted support based on their individual training needs.

Over the last 12 months, in IMT, there has been a programme of work to better integrate and support trainees entering through the CREST route. A stepped approach has been developed and the current workstreams are shown in Figure 1.

Figure 1: Current workstreams to support CREST trainees



A survey was conducted of IMTS1 trainees appointed through CREST towards the end of their first year in July 2020. The majority, 98.7% had not undertaken any postgraduate medical training post in the UK prior to taking up this post. The support the trainees felt which would have been helpful at the start of their IMTS1 training is shown in Figure 2. The recommendations based on this survey are shown in Figure 3.

Figure 2. Support which would have been helpful at the start of IMTS1 training.

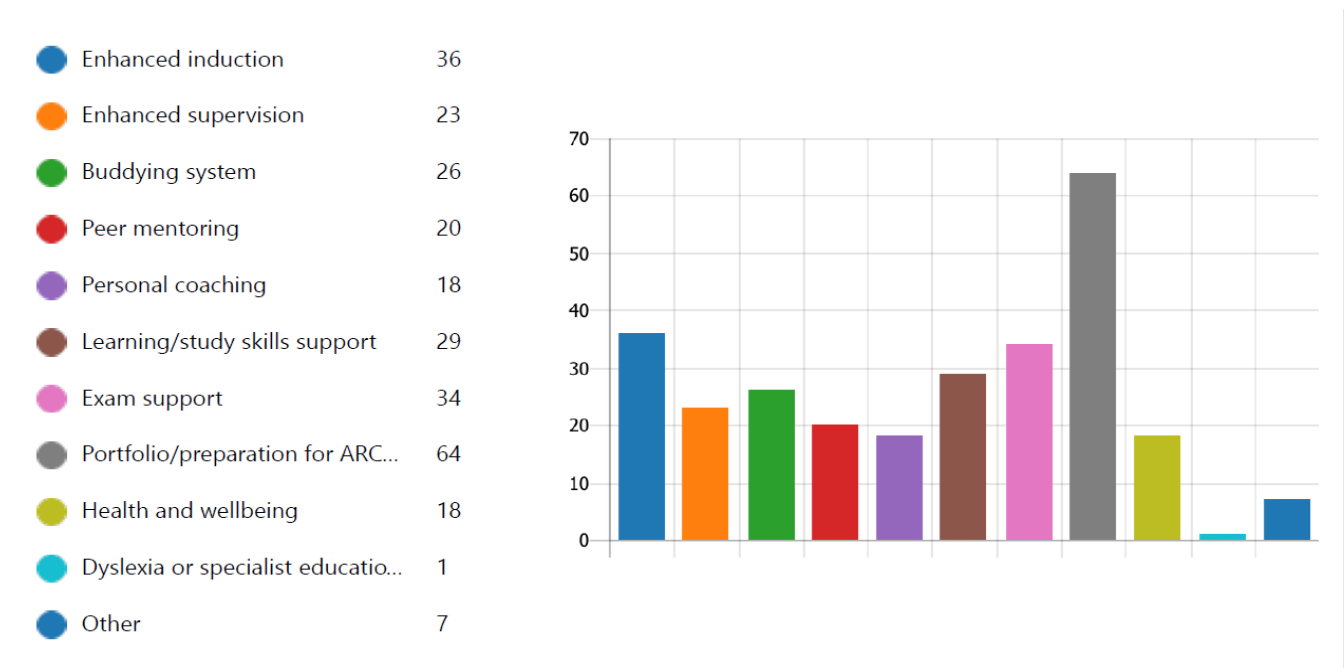
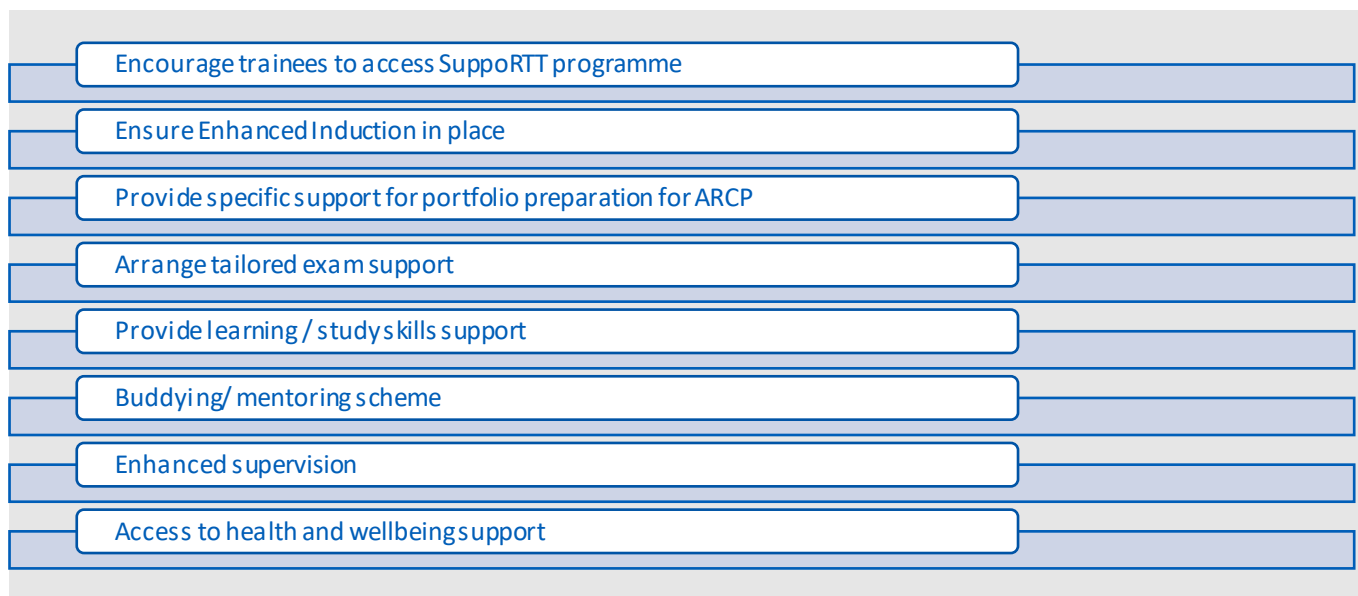


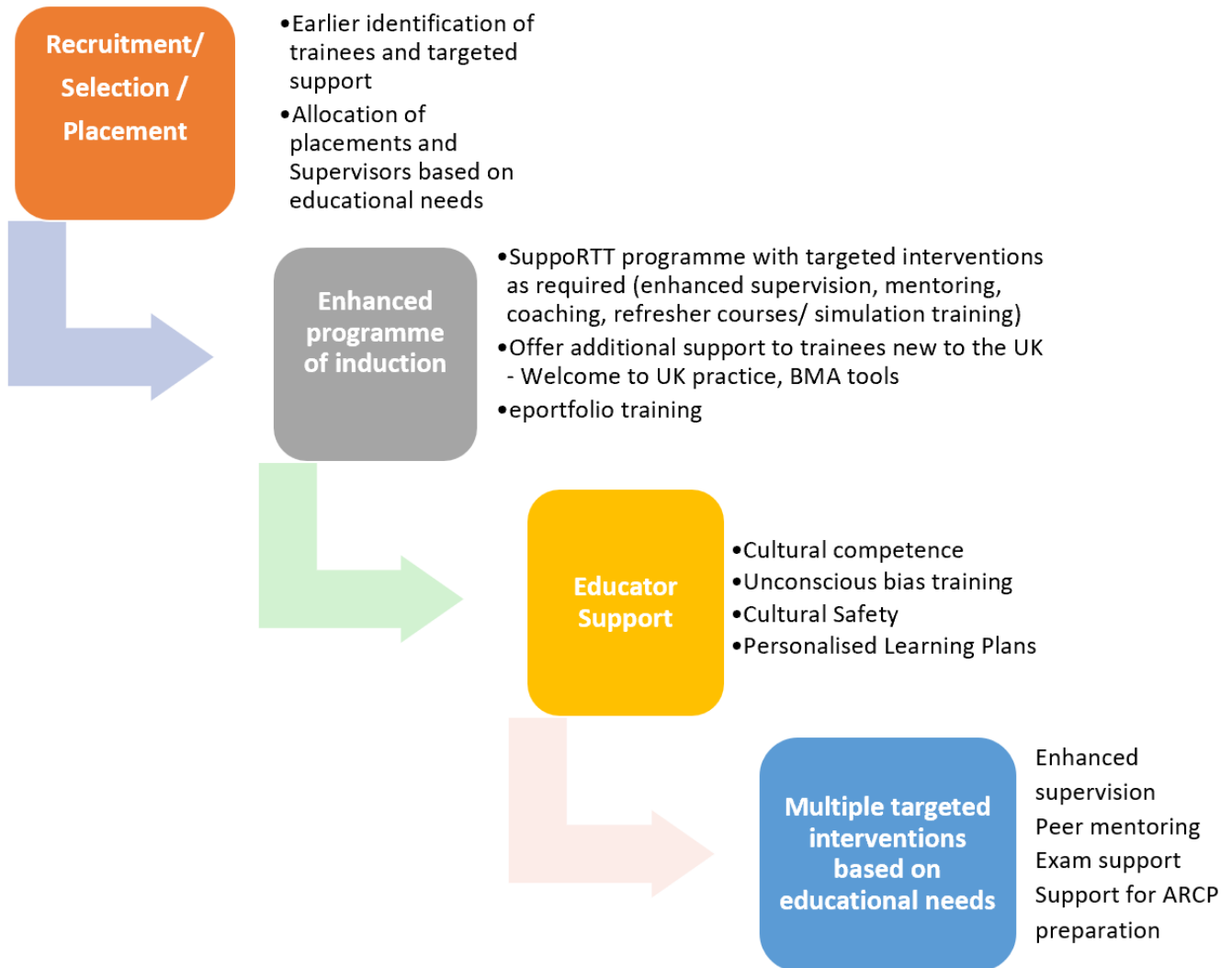
Figure 3. Recommendations for supporting CREST trainees



**What we will do**

Based on this and the wider programme of work, we have proposed a strategic framework to support CREST trainees. This framework is potentially transferable to all specialties and programmes and some aspects can be tailored as required. It is acknowledged that no single intervention can eliminate this risk and therefore a strategic multi-level approach is proposed (Figure 4).

Figure 4. Strategic multi-level approach to support CREST trainees



The specific recommendations made are from work within the IMT programme, but the recommendations and proposed framework for interventions are applicable to all specialties and training programmes.

## Multifaith Calendars

We have a diverse group of trainees who practice a number of different faiths. How can we be inclusive when rostering?



HEE NE realised this was an increasing concern as set about establishing support to rota co-ordinators. Our '2021 Multifaith Calendar', 'Year Planner' and accompanying 'Faith Summaries' have been created in collaboration with religious individuals. These resources are designed to support healthcare professionals to have conversations with their trainers, those in workforce scheduling and rota planning to increase awareness of important religious events and promote understanding of wider cultural and spiritual needs. Our ambition is to enable a workplace that understands, celebrates, and supports us all.

An example of a month from the Calendar can be seen below:

**April**

Religious	
2	Good Friday †
4	Easter Sunday †
4	Last Day of Pascover ☆
6	Easter Monday †
8	Yom Ha Shoah ☆
13	Ramadan Start ☾
27	Buddhist New Year ☸
30	Lag B'Omer ☆
Cultural	
22	Stephen Lawrence Day ★
23	St George's Day (England) ★

Mon	Tue	Wed	Thu	Fri	Sat	Sun
			1	2 †	3	4 † ☆
5 †	6	7	8 ☆	9	10	11
12	13 ☾	14	15	16	17	18
19	20	21	22 ★	23 ★	24	25
26	27 ☸	28	29	30 ☆		

**Multifaith Cultural Calendar**

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An example of a summary from the 'Faith and Cultural Summaries' can be seen below:


## UK Cultural Days

Summary


There are a number of important cultural days and months that are observed and celebrated in the UK. On the Multifaith calendar months have been denoted on the first day.

**Remembrance Day** and **Sunday** mark the Armistice at the end of the First World War. Now, this represents a time to reflect on those who have given and who continue give their lives for the benefit of others.





There are months and dates which celebrate cultural diversity in the UK and across the World, such as **Pride**, **Black History** and **Windrush Day**. **Stephen Lawrence Day** is a reminder of his families' fight for justice following his murder at 18 years old in 1993.




Other events include **Bonfire Night**, **Chinese New Year** and the individual **Saint's Day** for each of the four Nations of the UK which have become increasingly secular over time.

Key Dates

Festival Name	Description	Typical Date	Preferred Leave
Stephen Lawrence Day	Celebrating the life of Stephen Lawrence	22 <sup>nd</sup> April	None
Mother's Day	Celebration of Mothers' and family	Mar - May	None
Pride Month	Celebration of the LGBTQ+ community	June	None
Black History Month	Celebration of African and Carribean contributions	October	None
Father's Day	Celebration of Fathers'	3 <sup>rd</sup> Sunday of June	None
Guy Fawkes / Bonfire Night	The foiling of the gunpowder plot	5 <sup>th</sup> Nov	None
Remembrance Day	Remembering those that died serving others	11 <sup>th</sup> Nov and closest Sunday	2 minutes silence
UK Disability History Month	Awareness of needs of the less able	Nov - Dec	None

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This work has now been shared nationally as an example of good practice and is available on the MADEinHEENE website: <https://madeinheene.hee.nhs.uk/education2>

### Disability



#### What we did

HEE is undertaking work to deliver a toolkit style resource, the 'Find Your Way Guide'. The resource is being developed to support Disabled learners and those living with long-term conditions, including the long-term effects of COVID-19 navigate help and support as they transition from learning into work. This includes information on Student Disability Finance, accessing the Access to Work scheme (DWP) and other ways of being enabled in the workplace.

HEE has commissioned Diversity and Ability (D&A), to help support delivery of this project, further information on the [Diversity and Ability website](#). This project is being developed in two phases. Phase 1 involves delivering a 'medic focused' product by August 2021. Phase 2, subject to agile evaluation of phase 1, will focus on beginning the roll-out of this product to other disciplines by January 2022. The focus initially being on Nursing, Pharmacy and selected allied health professions.

Given our growing expertise and visibility the HEEDs EDI committee contributed also to the response to the Mental Health Act, round table discussions as well as supporting the development of the educational materials above.

## The Gender Pay Gap

### What we learnt

The *Independent review into gender pay gaps in medicine in England* was published by DHSC in Dec 2020. There is a significant and substantial gender pay gap in medicine. The review was commissioned to understand the basis for this gap and how the NHS can take a coordinated approach to address it. The review provides analysis of the causes of the gender pay gap in medicine and offers solutions. The review makes 47 recommendations under seven main themes addressing the structural and cultural barriers affecting the female medical workforce. The review recognises causes are multiple and complex, so will be challenging to resolve.

Following an initial pause due to the pandemic, the Department of Health and Social Care (DHSC) began work in July with key delivery partners on actions to address priority recommendations. HEE is named as a delivery partner in nine recommendations and is actively engaged in the Gender Pay Gap work programme by rolling out a range of initiatives. For example, opening flexible work opportunities for everyone and encouraging men as well as women to use them is one of the report's main recommendations. HEE aims to address this by increasing flexibility in postgraduate medical training to support men and women to work more equally. A key initiative is HEE's work to provide trainees across all specialties with the opportunity to undertake a period of Less Than Full Time training for personal choice (known as Category 3 Less Than Full Time Training).

### What we will do

HEE will build on its commitment in addressing the disparities in the Gender Pay Gap report by asking all HEE lead employers to report on ethnicity and gender pay gap, for doctors in training, on annual basis to give an English overview. This will also allow HEE to consider the impact of any intersectionality.

## Plans for the future



**What  
we  
will do**

### **We understand better what we must do:**

- We will host an annual EDI Learner Assembly
- We will monitor our training of Faculty
- We will use our Quality Improvement Plan to hold ourselves to account
- We will publish what we do and our progress in an annual report

## Membership of Key Groups

Association of Pakistani Physicians of Northern Europe  
British Indian Doctors Association  
British Indian Psychiatrists Association  
BME Medics  
Doctors Association of United Kingdom  
Medical Association of Nigerians Across Great Britain (MANSAG)  
Medical Women's Federation  
Melanin Medics  
Nepali Doctors Association  
Workforce Race Equality Standards Agency  
NHS Race and Health Observatory



## Appendix A - Terms of Reference

### HEEDs Equality, Diversity and Inclusion Committee Terms of Reference

#### Context

##### Current Position

HEEDs have always been committed to addressing EDI concerns with Postgraduate Medical and Dental training.

COVID 19 and the differential impact on BAME communities and staff, and the Black Lives Matter movement has focussed thinking to ensure that HEEDs prioritise this work within their work programme.

Although this was the trigger for the work the group is here for all EDI issues as outlined. There is also an explicit recognition of intersectionality and its impact.

##### HEE Approach

HEE has committed to advance Diversity and Inclusion via 'Diversity and Inclusion - Our Strategic Framework 2018-2022'.<sup>2</sup> The Framework will help HEE remain focused on what matters and better understand what it can, and should, do to support the diversity and inclusion agenda; whilst it delivers upon its prime role of workforce planning in the healthcare system.

The Framework is aligned to our existing national and corporate objectives, priorities and values as well as the principles set out in the NHS Constitution.

The Framework is structured around the key themes of Our People, Our Business and Our Influence.

- Our People – HEE recognises the importance of valuing diversity and inclusion in the workplace and understands the benefits that can be achieved through building an inclusive and representative workforce.
- Our Business – Through the Framework we will work to achieve a cultural change that leads towards consistent consideration of inclusion in business and delivery of key functions.
- Our Influence – HEE has a crucial role to play, within the healthcare system, in supporting a world-class approach to education and training that creates ladders of opportunity for people in every setting and from every background. We will use our influence with stakeholders to further diversity and inclusion in the wider healthcare system and within medical and clinical education.

HEEDs will concentrate on the 2<sup>nd</sup> and 3<sup>rd</sup> aims to ensure that the business of PGMDE is delivered with a greater focus on EDI and attempt to ensure the longstanding issues known will be considered with greater visibility and communication of both actions and results.

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<sup>2</sup> <https://www.hee.nhs.uk/our-work/diversity-inclusion/diversity-inclusion-our-strategic-framework-2018-2022>

The group will be able to provide strategic advice to the HEE Board, through the Director of Participation and DEQ, with regard to equality and diversity issues in postgraduate medical education and to provide leadership, operational approach and advice to English Deans

HEEDs will also ensure that EDI as required by the People plan will be part of the workstreams.

HEEDs are committed to multi - professional education and training and will work with other professional groups and their leaders to ensure that HEEDs lead by example

### Workstreams

These include but are not restricted to:

#### Our People

##### Regions

- To work with RDs and regional EDI leads to help support delivery of all and any aspects of the EDI in the HEE strategic framework.

##### Faculty

- Job descriptions and roles
- Support, recruitment, selection and career progression
- Ensuring delivery of appropriate EDI/training and upskilling

#### Our Business

##### EDI Monitoring

- Ensuring all requirements are met as required
- TIS Functionality
- Establish an approach to Equality Impact Assessments

##### Learners

###### Direct responsibility

###### Doctors in training

- Differential attainment
- Selection, recruitment (via MDRS)
- Distribution of posts
- Educational materials
- Communication

###### Dentists, scientists, pharmacists

##### Quality of training

- Use of the HEE Quality framework to drive EDI for all clinical learners
- Triangulate data to act on areas of concern (to be delivered via Quality work and teams)
- Resulting support to multi-professional learners

## Our Influence

### Educational Materials

- To consider an approach ensuring that materials are inclusive, and do not indirectly discriminate

### Responding to Legal Challenge

- As highlighted by the legal cases review

### System Leadership

- Advice to HEE board as needed
- To provide representation to work with the wider NHS  
WRES  
Delivery of the People Plan, as part of 'The People Promise'.

### Working with the wider system

- Academy of Medical Royal Colleges
- COPMeD
- Special interest organisations e.g. BAPIO

## Governance

- The group will be accountable to HEEDs and will report to DEQ SLT.
- The group will ensure regular reports are made to the Director of Participation.

## Approach to work

Development of an overarching strategy to deliver the agreed workstreams to agreed time scales.  
Establish as separate work programme for HEEDs  
To report on progress of the group annually to DEQ

## Meetings

The meetings will occur 2 monthly

## Secretariat

This will be provided by HEEDs programme manager.

### Membership

Chair

Deputy Chair

- Minimum of 6 medical members selected from regional Medical and Deputy Medical Directors, Postgraduate deans, local Postgraduate deans, Deputy and associate deans.
- Learner representation from national and regional teams
- Lay representation
- DEQ Colleagues

Director of Participation and other Executive members as required.

The group will co opt members as required for specific pieces of work.

## Appendix B - HEE Quality Improvement Plan addressing EDI concerns for PGMDE and MWRES - National and Local actions

### Background

This plan has been developed nationally in response to national concerns raised through:

1. HEE data reporting
2. Concerns raised by trainees
3. MWRES report
4. HEE Call for Evidence on best educational practice

### Approach

The [HEE Quality Framework](#) will be the structure used to monitor progress, and actions will be considered by HEE under the key domains

1. Learning Environment and Culture
2. Educational Governance and Leadership
3. Supporting and Empowering Learners
4. Supporting and Empowering Educators
5. Delivering Curricula and Assessments
6. Developing a Sustainable Workforce

The actions listed under each domain will be the core deliverables required.

Each PGD will may wish to add additional actions to their local plan.

Each PGD will be supported by their Quality Team and Quality Information manager to deliver the required actions.

The impact will be collated nationally and reported annually.

### HEE national actions:

There are some items that are best undertaken nationally or do not fall under the HEE Quality Framework, but HEE can facilitate action:

These should be considered at overarching national level and include:

1. To ask all lead Employers to report on ethnicity and gender pay gap on annual basis to give an English overview.
2. To take an overview of all doctor in training career opportunities and monitoring data by protected characteristic:
  - a. MDRS – England data
  - b. NIHR recruitment
  - c. National Medical Directors Fellowships schemes
  - d. HEE local and national fellowship schemes
3. To collate Revalidation and Fitness to Practice referral data via HEE's Responsible Officer.
4. Annual monitoring of complainants under HEE complaints policy by protected characteristic.
5. Consider nomenclature of internal policies e.g. Dignity at work as opposed to anti bullying

6. Consider interface between employer and educational functions to define responsibilities
7. Consider how HEE resources all 3 aspects of its strategy 'Our People, Our Business and Our Influence'.
8. Promoting our actions regionally and nationally with a minimum of an annual report.

### **National Core Action Plan to be delivered by each PGD:**

#### **HEE Quality Framework Domains:**

##### **Domain 1:**

##### **Learning Environment and Culture**

###### **LEP Based**

- Specific question to be asked in national SAR as per new HEE Quality Framework standards and develop national overview
- Discuss with LEPs of naming policies to clearly describe purpose eg Dignity at work as opposed to anti bullying

###### **Local Office/Region/System Based**

- High quality EDI training for learners and faculty
- Regional PGDs to collate regional position from SAR and raise at regional People Boards

###### **National**

- Collate regional variations and feed into national Paul such as Redistribution, remote and rural

##### **Domain 2:**

##### **Educational Governance and Leadership**

- LEPs report on complaints received by learners by protected characteristics and resulting action
- HEE Local office report on complaints received by learners by protected characteristics and resulting action
- Monitoring of protected characteristics of locally recruited fellowships
- Evidence of learning from incidents

##### **Domain 3:**

##### **Supporting and Empowering Learners**

- Access to IMG induction
- Access to careers advice
  - a. For those on commissioned programmes may be accessed via HEI
  - b. For provided programmes (doctors and dentists) may require provision from local office

##### **Domain 4:**

##### **Supporting and Empowering Educators**

- Enhanced EDI training
- Monitoring of protected characteristics of Faculty
- Action plan of improving participation and diversity

##### **Domain 5:**

##### **Delivering Curricula and Assessments**

- Each PGD to monitor annual ARCP progression data by all protected characteristics

- Each PGD to report on protected characteristics of each GMC referral
- Monitor revalidation recommendations by protected characteristics
- Monitor exam pass rates by protected characteristics

### **Domain 6:**

#### **Developing a Sustainable Workforce**

##### **LEP/System**

- If the local system/employer is considering recruiting overseas for any learner that EDI issues and training is available.



## Appendix C – HEEDs EDI Committee membership and report contributors

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<b>Project Support</b>	Claire Francis
<b>Communications</b>	Helen Barrett

### Membership and Contributors

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## Glossary

ACF	Academic Clinical Fellow
AFP	Academic Foundation Programme
ARCP	Annual Review of Competency Progression
BAME	Black and Minority Ethnic
BAPIO	British Association of Physicians of Indian Origin
BMJ	British Medical Journal
CCT	Certificate of Completion of Training
CEO	Chief Operating Officer
COPMeD	Conference of Postgraduate Medical Deans
CREST	Certificate of Readiness to Enter Specialty Training
DA	Differential Attainment
DEQ	Director of Education and Quality
DHSC	Department of Health and Social Security
EDI	Equality Diversity and Inclusion
GMC	General Medical Council
GP	General Practice
HEE	Health Education England
HEED's	Health Education English Deans
HEE EM	Health Education England working across the East Midlands
HEE EoE	Health Education England working across the East of England
HEE London	Health Education England working across London
HEE NE	Health Education England working across the North East
HEE NEY	Health Education England working across the North East and Yorkshire
HEE NW	Health Education England working across the North West
HEE SE	Health Education England working across the South East
HEE WM	Health Education England working across the West Midlands
HEE YH	Health Education England working across Yorkshire and the Humber
HEI	Health Education Institute
IAT	Integrated Academic Training
IMG	International Medical Graduate
IMT	Internal Medicine Training
IMTS1	Internal Medicine Training Stage 1
LEP	Local Education Provider
LTFT	Less Than Full-time Training
MDRS	Medical and Dental Recruitment Service
MWRES	Medical Workforce Race Equality Standard
NETS	National Education and Training Survey
NIHR	National Institute for Health Research
NHS	National Health Service
NSS	National Students Survey
OSCE	Objective Structured Clinical Examination
PGD	Postgraduate Dean
PGMDE	Postgraduate Medical and Dental Education
PMQ	Primary Medical Qualification
QIM	Quality Improvement Manager
SAR	Self Assessment Report
SLT	Senior Leadership Team

TIS	Trainee Information System
UK	United Kingdom
WRES	Workforce Race Equality Standards