

Equality, diversity and inclusion

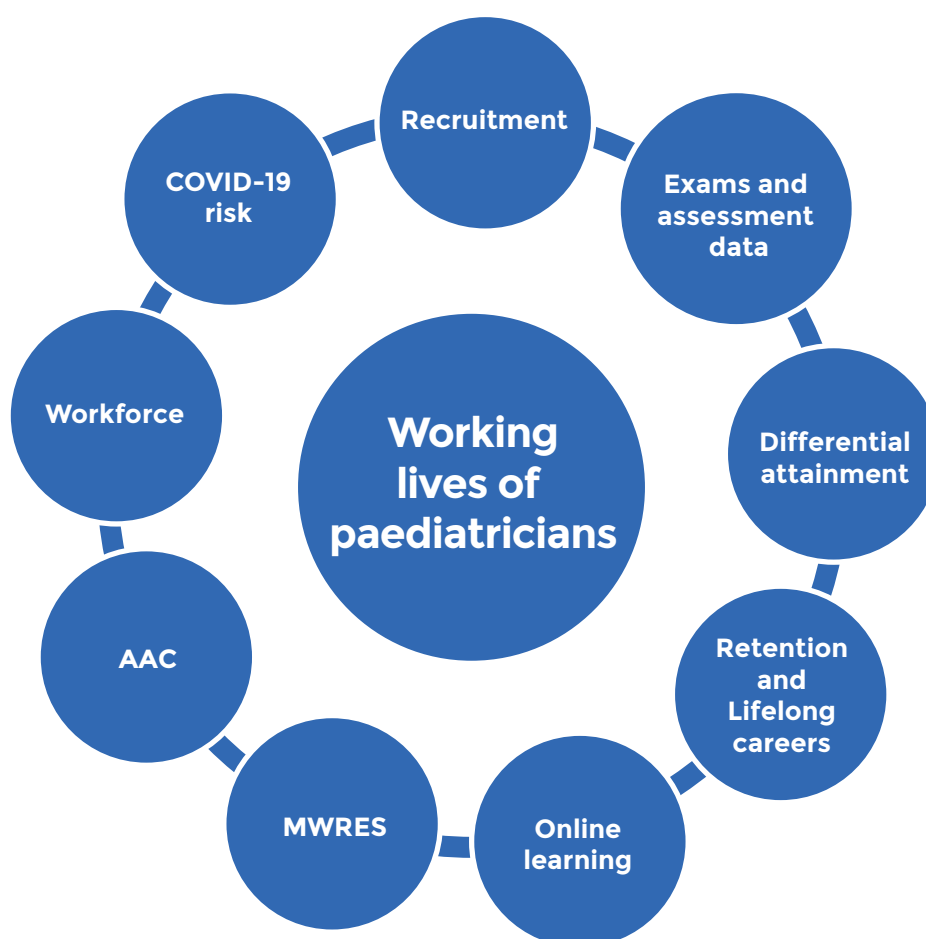
Working lives of paediatricians



Introduction

In recent times, the devastating impact of discrimination and racism in society have come to the forefront of our national consciousness. Events have held a mirror to issues that remain prevalent and deep-rooted within communities today. The paediatrics community, like all parts of society, must also respond to the challenges being seen in equality, diversity, and inclusion (EDI).

Those working in paediatrics and child health represent hugely diverse groups and societies. In this report, we review the EDI work currently taking place at the College that focus on the working lives of paediatricians. This covers the full breadth of the career journey from recruitment and retention, to education and training, to examinations and professional development. It also looks at the workforce as a whole and current systems of career progression, reflecting the breadth of diversity in the working lives of paediatricians and setting out recommendations to ensure equity and accessibility across the whole paediatrics community. The topics included in **Working lives of paediatricians** can be seen in the diagram below.



Recruitment of paediatricians

There are two areas of paediatric recruitment related to training that the College is involved with – Specialty Training (ST) recruitment – which recruits onto the paediatric training programme – and sub-specialty recruitment – which is available to trainees in the latter part of their training who wish to sub-specialise. The former is managed across all four UK nations by Health Education England (HEE) and in which the College's only involvement is to provide the scenarios used for the specialty interviews and therefore HEE are the data owners for all ST recruitment. We are currently in discussions with HEE about a data sharing agreement which would allow both organisations to share various trainee data for mutual benefit.

For sub-specialty recruitment, the College manages the entire process and already collect some data on protected characteristics for sub-specialty trainees (gender, age and via deferrals maternity and, although not a protected characteristic, we also have data on whether trainees are less than full time). This is published in the annual Grid report. At present those clinicians on College Specialty Advisory Committees (CSACs) who carry out the sub-specialty interviews are not required to have undertaken the College eLearning on equality and diversity although many will have received training from their trusts and the lay chair checks before each round of interviews that panel members have up to date training, but this is not formally logged by the Education & Training (E&T) Division and is something that could be implemented going forward. Each interview day also involves the use of an independent chair and is someone who is not involved directly with the CSAC but is a clinician and familiar with the way that sub-specialty recruitment works and in some cases is the Officer or Assistant Officer for Recruitment.

In the first half of 2020 the College appointed a clinical lead for sub-specialty recruitment who will be supporting these improvements and the aforementioned lay chair provides externality and impartiality to the whole process.

The questions used for both ST recruitment and sub-specialty recruitment are not formally reviewed to ensure that the language used is suitable and can be recognised by International Medical Graduates (IMGs) who may not be familiar with the workings of the NHS.

A blueprinting spreadsheet is used to manage the selection process for each round of interviews and work is under way to transfer all ST recruitment questions into an item banking system which will help with this process. As the process evolves and the number of scenarios in the bank increases, it will be easier to ensure an appropriate mix/balance of subject areas.

The College is also involved in the interview panels for Consultant appointments (see section on AAC).

Exams and assessment data

When analysing exams data after an exam has taken place, the psychometric team assure themselves of the fundamental questions of psychometrics:

- Are the assessments reliable?
- Are they valid?
- Are they cost-effective?
- Is an assessment and an assessment strategy defensible – the key point being: a question or assessment should not disadvantage anyone regardless of whether they share a protected characteristic.

Data collection on ethnicity has been carried out since 2011 though it has not been reported on due to candidates and members not providing us with sufficient data to allow meaningful analysis.

The General Medical Council (GMC) recommends but does not mandate that royal colleges collect protected characteristics data. Categorisation by the GMC is broadly: (1) White control group trainees with primary medical qualification (PMQ) in the UK, (2) Black, Asian and Minority Ethnic (BAME) trainees with PMQ in the UK, (3) trainees with PMQ overseas. The College does not use these categories though they have some breakdown by PMQ UK and trainees who graduated overseas. They do not currently split UK PMQ but we would like to move towards this if we had good quality and consistent data to draw from.

The team relies on GMC reporting which has limited scope, for example with the Foundation of Practice (FOP) exam there is differential attainment between BAME and White candidates but nothing further. If they could rely on our own data, they can look at the specifics of their own questions and look to identify any disadvantages to ensure EDI for those taking our examinations. This would also help to provide evidence if challenged.

Currently, the RCPCH Exams Executive Committee has confirmed the exams team can collect ethnicity data but with an option to say 'I do not wish to disclose'. Implementation of this data collection and reporting has been delayed due to COVID-19 but could be looked at in relation to the overall review of equal opportunities data collection as long as this data collection can be linked to those taking our examinations and assessments.

Interestingly ethnicity self-declaration was rising from 2014 but has since dropped since 2018 (diet 3) which does seem to coincide with the new GDPR regulations.

Analysis and evaluation of data validation frameworks

This work is planned by the College's psychometric team for all assessment tools. This is currently being looked at for multi-source feedback (MSF). It is known that different people comment in different ways therefore to ensure trainees are not disadvantaged, a validation framework is being applied to identify if any trainers are being prejudicial and any constructs or bias that needs addressing and this might include for example looking at characteristics of the trainer and trainee. There is no current timeline to look at the exams within the validation framework.

For the START Assessment, similarly the team would be happy to apply a validation framework though it would need to be over two-three diets and the same assessors to ensure there is a big enough cohort to provide meaningful data to report on. The E&T division currently has a GMC data sharing agreement in place and certain data relating to exams and ARCPs is received from, and shared with, the GMC. Some of this could be pushed into the College's central database (CARE) if there is the permission to do so and as such country of PMQ could be looked at and this will be further explored. An analysis of gender, Less Than Full Time (LTFT) and age for GRID recruitment was carried out on the 2017 GRID cohort. No significant differences in recruitment were identified for these different groups.

The division are also exploring a data sharing agreement with HEE although this is very unlikely to include equal opportunities data as this cannot be shared unless for legal reasons. The College should consider using the data it does hold in ePortfolio to highlight areas of good practice, for example by sharing performance by region.

Insufficient data

As mentioned there is reason to use trainee data shared with the College instead of relying on limited GMC data to help identify areas of assessments disadvantaging BAME trainees. Improving the data collection as much as possible may lead to more meaningful reporting specific to questions within an assessment.

Systems issues and being part of the conversation

Psychometrics are not always involved in scope of work discussions so do not have pre-agreed access in a way that facilitates easy data extraction which means relying on third parties to deliver its data in a format for meaningful data reporting. Exploration is needed with suppliers although it is acknowledged that with the need to move quickly to a new platform in light of COVID-19, this will have been a secondary consideration.

Data access via our membership database works well, but using data from ePortfolio requires additional Information Governance requests to ensure we meet requirements. Reports currently used for data monitoring are a combination of data sources and the team will explore areas for improvement of this process.

Exams questions and assessment scenarios

Questions and scenarios used in RCPCH exams and assessments are written and reviewed by College members who are recruited to these roles although there is no formal application process or minimum experience required, however there should be an interest in assessment, and training is given.

Question writing can be a time intensive task, and as an unpaid volunteer role, recruitment can be challenging. More recently the College have advertised in their London office to visiting members using posters to attract new writers but often they are recruited on the recommendation of a reviewer or via word of mouth. Trainees have also been encouraged to question write once they have completed the exam.

Question writing groups are locally organised and led by the Principal Regional Examiner and some regions have a very good turnout whereas some regions have difficulty in engaging and sometimes this is down to large geographical areas. The move towards remote and online working may see a change in improved attendance as we have seen across other areas of College work.

To become a Principal Regional Examiner there is a formal process via the College nominations process and a minimum of 80 hours' exam work in a calendar year is a pre-requisite. Training on EDI is given to question writers and reviewers via the College online learning system Compass. However, unconscious bias is currently not part of the training.

Differential Attainment

Differential attainment (DA) is an area that many organisations involved in providing postgraduate medical education and training are aware exists and is something that can only be addressed by recognising it and for those organisations to work together to reduce this differential so that it no longer exists. It is recognised that it is not an easy problem to solve and for the College it has a role to mitigate against this for the areas of work that it controls in relation to training but it also has a responsibility to draw attention to areas where DA might exist for those areas managed by other organisations such as the Annual Review of Competence Progression (ARCP) process and the Advisory Appointment Committee too.

The GMC has done a lot of work in this area and the RCPCH contributed to the initial [research work](#) undertaken in 2016/17 by Dr Katherine Woolf which looked at challenges faced by Black and minority ethnic doctors and international medical graduates.

In November 2020 the GMC published an up to date report which looks at the role Colleges and Faculties have in reducing the attainment gap for BAME doctors.

We know that this is an area that is important to all of our members and especially those involved in this EDI work and so as part of this ongoing process we will commit to working with the GMC in trying to meet the requirements set out by them but also as we improve our equal opportunities data collection ensure that we report on any differential attainment and reduce it where we can for doctors who share other protected characteristics.

We need to better understand whether our assessments are causing DA or only recording it. It is likely that any DA will be caused from medical school onwards and therefore any impact we might have on improving outcomes may be limited.

Retention and Lifelong Careers

As part of the College's recent Careers Campaigns there has been an equal focus on retention and a recognition that as well as improving recruitment into paediatrics more is needed to ensure that we keep our doctors in paediatrics. In recognition of the importance of this area of work the College introduced a new Officer for Retention role who has been recruited and is tasked with developing this area of work to build on what the College has already achieved through its '[Survive and Thrive](#)' web resources. The introduction of a new training programme as part of its Shape of Training work will see an increase in flexibility and improved opportunities for trainees to work less than full time and take breaks in training.

To begin with, as is a common theme throughout, there is a recognition of the need for better data on members to ensure we understand the reasons why they might leave paediatrics and where possible have intervention strategies in place to reduce or mitigate against those who might be considering leaving whilst recognising and accepting that leaving might also be the right thing for an individual's career. To this end a successful bid to the Dinwoodie Charity Company will assist us in our project work to better improve the working lives of paediatricians. This first phase of a three-phase project is due to be completed in six months. A subsequent bid to Dinwoodie will be made to support phases 2 and 3.

Online learning

The College's online learning system is due to be replaced following a recent external review of its current system – Compass. The extensive review sought feedback from members and College staff and recommended a number of options including the development of a new system. This project is currently underway and as part of this work there will be an opportunity to ensure EDI is considered as part of the development of the system and latterly in terms of the content that is offered to members.

Medical Workforce Race Equality Standard (WRES)

The [WRES](#) is a mandated requirement of NHS providers, established by NHS England. Trusts are expected to demonstrate progress towards racial equality in their staffing and leadership. It forms an important part of the [NHS People Plan](#). The RCPCH provided data about our membership ethnicity and that of our Council to the WRES via an Academy of Medical Royal Colleges request. The data shared can be viewed below (NB WRES defined Royal College members and/or Fellows as excluding retired, honorary and trainee members and/or Fellows and members/Fellows by distinction).

Description	31-Mar-19			31-Mar-20		
	BME*	White	Unknown Not declared	BME	White	Unknown Not declared
Royal College members and/or Fellows:	4326	3180	2867	4962	3391	3255
of which members and/or Fellows living and working in the UK:	2591	2894	1452	2972	3079	1573
of which international members and/or Fellows:	1735	286	1415	1990	302	1682
Council members:	6	14	1	6	14	1

*BME is used in the table above to replicate WRES nomenclature

Advisory Appointments Committees (AAC)

The College participates (as do other medical Royal Colleges) in the Advisory Appointments Committee process. Under this process, external College-appointed assessors sit on interview panels appointing consultant paediatricians in NHS trusts across England, Wales, and Northern Ireland (Scotland follows a different process). The RCPCH supports about 400 of these panels per year.

Colleges' participation in the AAC process is mandated by law, and RCPCH sees AAC work as an important part of its quality improvement agenda. Data on appointments processes (including EDI data) is captured as part of AAC work and is fed back to RCPCH. All RCPCH AAC assessors must have received training in EDI issues (normally via their NHS employer). However, RCPCH recognises that this training is not always recent or directly relevant to AAC work.

Workforce

We regularly collect information about the paediatric and child health workforce, via a number of [data collection projects](#). The largest of these is the biennial [workforce census](#). In the census, we collect detailed information about the consultant and SAS workforce and aggregate information

about other paediatric staff groups, such as Advanced Clinical Practitioners, Physician Associates and trainees. This gives us some data, such as gender and place of primary medical qualification (PMQ).

[Our findings](#) from the census show an increasing proportion of women in both the trainee and consultant workforce. We also find an upward trend in the proportion of staff working less than full time, across both men and women. We interpret this as a positive finding, reflecting that paediatrics can be a flexible speciality.

Highlight reports from the census, such as the [Focus on SAS doctors report](#), allow deeper exploration of the data. We find that SAS doctors are much more likely to be women and have a non-UK primary medical qualification. SAS doctors are often relied upon to do senior and supervisory work, but do not receive the same level of pay as consultants.

We do not collect information about other protected characteristics in the census, such as ethnicity or disability status, because we ask clinical leads to respond on behalf of their Trust or Health Board, rather than getting responses from individual staff members.

COVID-19 risk in the workforce

During the pandemic, it became clear that the [BAME workforce were at greater risk from COVID-19](#). Via our [Impact of COVID-19 on Child Health Services study](#), we picked up that paediatric clinical leads were concerned about the safety of their BAME colleagues. In response, we ensured that in our [guidance on planning staffing and rotas](#) we stated the need for risk assessments for all staff, and noted the greater challenges BAME staff may have in accessing PPE. We also issued a [statement of solidarity](#) with staff from BAME communities. We continue to collect data about how the pandemic affects paediatric staff across the 2020/21 winter period.

Similarly, there are members of the paediatric workforce with underlying health conditions who are also more at risk from COVID-19. As part of the College's continued work to look at the impact of COVID-19 on the workforce, there should be a focus on the impact for those with underlying health conditions and considering whether any specific guidance is needed for staff planning and rotas.

There should also be consideration given to the impact of COVID-19 on those with a disability such as hearing impairment and the issues that have arisen as a result of having to wear masks in the workplace. There has been good work undertaken by members on [social media](#) in this area in advocating for the use of transparent face masks in the workplace.

Case study: Survey reveals inequality for international medical graduates applying for consultant posts

We conduct a [yearly survey of newly qualified paediatricians](#), one year on from their completion of their CCT or CESR. The [latest report on the cohort of 2017](#) found that those who graduated from a non-UK medical school (i.e. international medical graduates, IMGs), had to make more applications before gaining a consultant post.

Following on from this, we conducted a deep dive of historic data in collaboration with a paediatric trainee on a leadership fellow year. We [published our findings](#) in the Archives of Disease in Childhood, which showed a consistent significant difference in the number of job applications made between UK and IMG respondents for every year surveyed (Figure 3).

In response to this finding, the RCPCH will be looking to expand EDI training for representatives sitting on consultant interview panels and collecting more detailed information during the consultant interview process (see AACs).

What we think is needed for the future

Clearly the biggest area for improvement is in the collection of equal opportunities data. If this can be improved centrally it will allow the College to report against it across all divisions and teams not only for those who perform voluntarily in College roles but also for those undertaking training.

International medical graduates (IMGs) make up a big proportion of the College's membership and more generally the paediatric workforce including those on the Medical Training Initiative (MTI) scheme and are often affected by lots of the issues raised throughout this report particularly differential attainment. Whilst reporting on the data of any such differentials in attainment should be a key focus, often what is required is better support structures and therefore an area the College should give due consideration to is looking at how it can better support its IMGs in the paediatric workforce. By doing so, it is likely to have a positive impact on other areas of work such as retention. It was reported by the member reference group that IMGs sometimes do not appreciate the benefit and distinction of the Special Interest Modules (SPIN) and this should make up part of the work to support them better.

This current report focuses largely internally on what the College can and should do in many areas for its members and the wider paediatric workforce but there may also be an opportunity to look at the wider experiences of our members in relation to EDI and further consideration should be given to this area.

It was also noted that the College has a vast network of clinicians at its disposal who support training such as Heads of School and College Tutors and it should utilise these groups as the EDI work of the College continues to be rolled out. This will be particularly important once the College has the data to report on, as these groups can support any changes that may need to be made.

The College has a very comprehensive reasonable adjustments policy which is easily accessible on its website but we should look to provide specific examples of the reasonable adjustments that have been given to provide more visibility about what might be possible and we could consider publication of some case studies.

The impacts of COVID-19 on the paediatric workforce is something that continues to be of interest to our members, and the following areas should be considered as we collect information on this topic for those who are vulnerable or shielding due to underlying health conditions:

- Doctors may have felt obliged to reveal health conditions/disabilities that were perhaps hidden in order to stay safe from COVID-19
- Finding out if there is adequate protection for doctors with disabilities/long term health conditions?
- Finding out how many doctors who are high risk from COVID-19 complications have been able to stay safe at work? Or work from home?
- Also, whether shielding trainees or those with disabilities are missing out on training opportunities? If so how will their training be impacted long term?

The actions we will take

Our next steps to support the working lives of paediatricians will be to deliver the actions below, and to ensure accountability we have also indicated the timeline for delivery and the key College teams involved in this work. This is not an exclusive list of the only action the College will take over the coming years in terms of our internal and operational activity, but hopefully this sets the scope of ambition for the College.

Action	Date for delivery	Work led by
The College should seek clarity with HEE on what their expectation is with regards to EDI when using clinicians in the recruitment process across all four nations	By March 2022	Recruitment & Careers team
Sub-specialty clinicians should have up to date EDI and unconscious bias training and this will need to be included as part of the process and logged	By July 2022	Recruitment & Careers team
An audit of written interview questions or an improved sign off process (to check for any terminology that might be more clearly explained) should be introduced to help ensure that candidates from outside of the UK can recognise any terms used	By July 2023	Recruitment & Careers team
It was recognised by the member reference group that the College does already provide some good EDI training for members in voluntary roles, however it should explore whether training on EDI should be centralised for all clinician volunteers and in E&T for all those involved in delivering exams and assessments and ensure that training is tracked and recorded. Whilst this training in and of itself will not directly solve issues relating to EDI it is good practice and will increase the understanding of how bias can creep in or how questions or scenarios used might be unintentionally unfair	By March 2023	Exams and Training Services team
There are question writing group categories in our membership database so consideration should be given as to what reporting can be done on them, what further data is needed and what if anything we could do to improve EDI across question writers and scenario reviewers	By March 2022	Exams and Training Services team
Continue to use the validation framework for other exams and assessments once the initial work has been completed on the MSF assessment	By March 2022	Quality & Standards team

Action	Date for delivery	Work led by
Ensure for any new systems projects that the Psychometrics team are involved at the beginning so that data and reporting is a key consideration for building any such system	By March 2022	All E&T teams (as appropriate)
Continue to explore whether College systems such as ePortfolio that contain data relating to training can be shared or streamlined to allow for better reporting	By July 2022	Training Services team
Once the College has improved its data collection it should commit to publishing this on an annual basis	By March 2022	CEO division
Continue to improve the collection of equal opportunities data to allow meaningful analysis of education and training data and highlighting any possible DA and then taking appropriate steps to mitigate if applicable. This should also include any analysis of possible regional and national variations	By March 2022	Education & Training Executive Committee
Improve the sharing of information with other stakeholders such as the GMC and HEE that allows for triangulation of data held and supports the drive to reduce possible DA	By March 2022	Education & Training Executive Committee
To ensure that EDI is given due consideration as the work on retention and lifelong careers is being formulated	By March 2022	Recruitment & Lifelong Careers Board
As the College has done through other systems projects, they should ensure through the user experience that accessibility is considered for members when developing the new online learning system	By March 2022	Education & Learning Board
To support initiatives such as the WRES, and other work on race equality, we aim to increase member reporting about EDI characteristics	By March 2022	Workforce team
Add a component on EDI/Unconscious Bias to syllabus for the 6-monthly AAC Training Days ensuring that it is applicable to the role of an AAC panel member	By March 2022	Governance team
Continue to look at new ways of collecting information that would allow protected characteristics to be captured that supports all areas of workforce data collection	By March 2022	Workforce team

RCPCH

Equality, diversity and inclusion. Working lives of paediatricians

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