How to support successful training for black, and minority ethnic doctors:

Actions and case studies for medical royal colleges and faculties

Foreword

The events of 2020 have brought into sharp focus the different experiences of ethnic groups. This is reflected in postgraduate medical education where for some years it has been evident that outcomes for black and minority ethnic (BME) doctors differ; we see this across all medical specialties and in almost all postgraduate assessment settings.

Increasingly it is becoming apparent that these outcomes arise from a differential experience throughout training. The environments in which we work and train play a significant role in the attainment gap.

We cannot continue to put this issue in the 'too difficult' tray. Now is the time for all of us to take a more deliberate, purposeful and proactive approach to finding solutions to level up the opportunity for our black and minority ethnic colleagues.

This report draws on insights and perceptions from interviews with BME doctors in training and we are grateful for their honesty and candour in describing how it feels for them. We have used these reflections to highlight some great examples of activities being undertaken across the medical education sector which it is hoped will improve the experiences of BME learners and from which we must all learn. Thank you to the medical royal colleges and faculties who have shared their case studies with us for this report.

No single organisation or education body can solve this alone, but by collaborating and sharing successful interventions we can make greater and more rapid progress.

I commend this, not as a report, but as a call to further action.

Professor Colin Melville
Medical Director and Director, Education and Standards, GMC

Problems around differential attainment for black, Asian and minority ethnic (BAME) staff in medical education and training have been identified for many years.

We know that any one part of the health education system – medical schools, deans, colleges, employers – cannot solve the problems alone. Indeed, this is not an issue that healthcare itself can fully address – these are not challenges unique to healthcare and these problems are identified in many other sectors.

However, all of us involved in healthcare education have a responsibility to work together and do what we can to identify and then address why it is that so many of our BAME medical colleagues are deriving less value from their education and training which in turn results in poorer career progression and continued differential attainment.

This research commissioned by the GMC is a welcome and important contribution to our understanding. Focussing on the "success factors" is both insightful and of direct practical use.

Whilst the context and circumstances may differ across specialties, there are, as so often across medicine, common themes and issues. I am sure that all specialties will be able to learn from the excellent examples set out in the report.

I know that Colleges will be continuing their work to address these issues and the Academy in turn will support them in any ways we can.

My sincere thanks to all the Colleges involved for their participation in this important research and their excellent contributions and to the GMC for commissioning this research.

Now we must ensure that we all use these findings to tackle these issues of differential attainment which have blighted not only the individual careers of BAME doctors but medical education as a whole.

Professor Helen Stokes-Lampard
Chair Academy of Medical Royal Colleges (AoMRC)

Purpose of this report

Research into the persistent attainment gap suggests that the environment and systems within which doctors train do not support equality of opportunity for learning and career progression for black and minority ethnic (BME) doctors. This is true for UK trained doctors and for those joining the NHS from overseas (Woolf, 2016). It is imperative that medical education and training is flexible and inclusive to meet the needs of a diverse pool of learners.

Fairness is at the heart of our standards. They reflect that organisations responsible for designing education and training have due regard to eliminate discrimination, advance equality of opportunity and foster good relations between people who share a protected characteristic and those who don't.

We have published a range of equality, diversity and inclusion (ED&I) resources to guide postgraduate training organisations to meet our standards including 'Equality and diversity guidance for curricula and assessment systems'. Many organisations play a role in the design and delivery of medical education and training, and all can take action to address the factors identified in this research. In our work with medical royal colleges and faculties (referred to as 'colleges') they asked us for additional support to identify tangible actions they may take to address differential attainment within their specialty. This report therefore focuses on actions that colleges can take in the design of postgraduate curricula and assessments and in providing guidance and support for examiners and trainers which harnesses inclusive organisation values.

We want to thank the AoMRC and each individual college that contributed ideas to the development of this report. We have collated many examples of the practical steps each organisation is taking to address the ethnic attainment gap and hope this will inspire others.

We have included examples of interventions developed by other organisations which target different protected groups where they are relevant. The actions and case studies are not intended to be an exhaustive list. Those given are exemplars of the type of support which BME doctors described in our 2019 research 'What supported your success in training?' as being important.

We hope that organisations will build on the ideas in this report to develop action plans tailored to the needs of trainees in each specialty. It is recommended that colleges evaluate interventions to understand whether they have the intended impact, and, share findings with others to build our collective understanding about what makes a real difference to the experience and outcomes of BME doctors in training**.** Guidance on evaluating interventions is available on our website.

Overview of the underpinning research

The case studies and actions described in this document are framed around the interventions that BME trainees told us had made the most difference to their training.

In 2019 we commissioned the Work Psychology Group (WPG) to interview BME doctors belonging to one of a small number of training programmes where there isn't an ethnic attainment gap. The researchers asked, '*What supported your success in training*?', and [the final report highlighted factors including: an inclusive workplace, having a supportive trainer or supervisor and support to pass exams, or deal with exam failure](). The study concluded that any specialty or training programme had the ability to meaningfully reduce the ethnic attainment gap by ensuring greater accessibility of these factors for their BME trainees. None of the factors identified are unique to any one specialty or training programme.

The factors identified will help all learners to achieve success, the research concluded that BME trainees face systematic barriers which affect their access to this valuable support. As a result, while the BME doctors interviewed preferred interventions which responded to individual needs, they also recognised that there may be a case for targeting support at demographic groups as a means of levelling the playing field and improving access.

Navigation through the report

This report is split into three sections mirroring the three broad categories of support identified by the 2019 'what supported your success in training?' research. Each section contains a high-level summary of the research findings most relevant to colleges followed by examples of actions and case studies shared by colleges and other organisations.

Ten individual success factors, divided into three broad categories, were identified by the research and are listed in [Annex A]().

You can click on the headings below to take you to each of the three sections:

- [The working and learning environment]()
- [Who supports learning?]()
- [What supports learning?]()

The working and learning environment

The WPG interviews identified the importance of environments where diversity is both visible and valued.

The presence of visible BME leaders was seen as reassurance of an inclusive culture and inspired BME learners to aim higher. BME trainees working in less diverse areas, and who may have been separated from their personal support network, can feel isolated. Strong role-models or representation at higher levels can act as a protective factor in feeling less isolated and more 'seen' (Elton, 2018). Visible role models may represent national, regional or local organisations.

The WPG research team cite earlier work from Verdonk and Janczukowicz (2018) which found that a lack of diversity in the workplace can create a majority-based learning culture, where minority groups are expected to adapt to the norms of the dominant groups. BME trainees taking part in the study felt that one way to combat this would be to embed teaching and learning on cultural competence within postgraduate curricula. Specific teaching on this area would lead to more inclusive environments with benefits for both BME patients and staff.

A second key theme identified in the research was the importance of being treated and valued as an individual. Understanding each individual's personal experience, strengths, capabilities and circumstances at the start of training is essential and would help target learning and any additional support needs. Conversations should cover any external factors which may be affecting individuals personal motivation and the ability to learn, this was felt to be particularly important in helping BME learners overcome challenges, such as working in a second language or working in a new location and perhaps away from family and friends reducing the support available outside work.

Access to practical pastoral support was valued by the BME trainees who took part in the study, as was empathy and reassurance from colleagues who had overcome similar experiences in their own career. Recognition from trainers that trainees '*are only human, like everyone else*' and their performance may be affected by external factors was helpful in overcoming setbacks.

Support targeted to individuals learning needs were preferred to avoid the risk of further stereotyping certain demographic groups. However, initiatives developed to 'level the playing field' would be welcome if developed and offered in a respectful, collaborative and inclusive way.

Actions and case studies related to *'The working and learning environment'*

1, Valuing diversity and visible representation in college leadership and governance	Colleges can take action to: ▪ Encourage diversity within college roles including examiners and college tutors who may act as visible, inspirational role-models and improve BME trainees' sense of belonging within a specialty. ▪ Recognise the range of barriers BME doctors may face throughout training and the impact this may have on progression. ▪ Celebrate examples of colleagues who have overcome barriers to achieve success and the value diversity of experience and background brings to the specialty. ▪ Monitor and develop actions to respond to the ethnic attainment gap. ▪ Raise awareness of the ethnic attainment gap and the factors which contribute and can help overcome it at national events and training courses for trainers and trainees.

The **Royal College of Surgeons of England (RCS Eng)** have started an independent review of the diversity of their professional leadership and published a statement on challenging racism and championing diversity. The college recognises its responsibility to lead the way in eradicating all forms of discrimination and inequality within surgery and the wider healthcare system. Activities include:

- Reviewing diversity across their professional leadership, identifying and addressing barriers to access.
- Establishing a 'diversity in surgery' working group to undertake policy and advocacy work.
- Engaging with and consulting membership on the topics of equality, diversity and inclusion.
- Reviewing their internal policies and procedures.

In 2013, **North East London NHS Foundation Trust's** senior leadership team committed to make the trust a fair and equitable place and enable staff to reach their full potential, regardless of their background. Since introducing the ethnic minority network (EMN) strategy, and the stronger together strategy in 2020 which included actions that focus on operational interventions, cultural transformation, measurable targets and leadership engagement, the trust has seen improvements across several ED&I measures. Further details of their strategy and ideas for other organisations can be found here.

The **Faculty of Public Health** have established an Equality and Diversity task and finish group, to monitor progress on meeting its equality and diversity commitments. Responsibility for ensuring that the faculty achieves its ED&I vision is devolved from its board to the Equality and Diversity Committee chair.

The **Royal College of Obstetrics and Gynaecology (RCOG)** have appointed an educational supervisor champion and a differential attainment advisor, both roles are clinical honorary positions. The college are currently setting objectives with the incumbents for their first year. The educational supervision champion will develop mechanisms to support educational supervisors to meet the greater expectation on them. The lead

will look at RCOG resources to support educators, promote the role of supervisors in national workforce discussions and work with deaneries to develop and implement good educational supervision for all trainees, in line with the RCOG's quality criteria.

The **Royal College of General Practitioners (RCGP)** and **Faculty of Intensive Care Medicine (FICM)** are both taking action to diversify the examiner pool and committee membership. They're using targeted recruitment campaigns and are reviewing job descriptions to ensure that roles advertised are inclusive and open to all. It is hoped that this will attract more BME and IMG representation, and a broader age and gender mix.

The **RCGP**, in conjunction with the **Committee of General Practice Education Directors** (**COGPED**), held a conference on differential attainment in 2018 with the aim of raising awareness of the issues, providing a platform for senior BME doctors to share their own story of overcoming barriers and exploring potential solutions.

2, Inclusive programmes of learning and assessments	Colleges can take action to:
	▪ Access a diverse range of views when developing and evaluating curricula and assessments to identify any barriers to protected groups.
	▪ Develop curricula, assessments and supplementary materials that reflect the diversity of learners and patients, promote cultural competence and avoid stereotyping or unnecessary cultural bias
	▪ Undertake research and analysis to deepen understanding of the relationship between differential attainment and assessment and which may improve the design of assessments or support for learners to prepare. For example:
	   ▪ analysis of workplace-based assessment (WPBA) outcomes by demographics
	   ▪ analysis of the frequency or quality of formative feedback by demographics
	   ▪ identification of common areas of challenge within high-stakes exams by demographics
	   ▪ evaluating whether early formative assessments identify knowledge or skills gaps and lead to effective remediation prior to high-stakes assessment
	   ▪ examining if different forms of assessment give rise to different outcomes for BME doctors when testing the same skills (e.g. simulated or work-based environments)

In 2020 the **Federation of the Royal Colleges of Physicians** hosted an equality and diversity workshop as part of their wider consultation into their curricula changes. The workshop involved 50 participants with representation from all protected groups. The aim was to determine how changes to the specialty curricula may impact trainees with protected characteristics and look at ways in which negative impacts could be mitigated. In addition, the **Membership of Royal College of Physicians of the United Kingdom (MRCP(UK))** involve BME and IMG stakeholders in an annual review of standards and processes underpinning the exams.

The **Intercollegiate Committee on Basic Surgical Examinations (ICBSE)** have undertaken a linguistic review of the MRCS part A (MCQ) question bank to identify and remove any language that might have a cultural bias and there are plans to review the MRCS Part B (OSCE) question bank.

The **RCGP** evaluate the quality of educational supervisor reports and collaborate with postgraduate (PG) deans to review the themes within the feedback and to use this information to upskill educators and improve the quality of support offered to all learners.

The **British Medical Association (BMA)** charter for medical schools to prevent and address racial harassment recommends: working with BME students and staff to: review policies, practices and the curriculum from a ethnicity equality perspective, engaging with BME networks to help counter stereotypes, exclusion or undermining within training, and provide valuable insight and feedback on creating an inclusive learning culture. They also recommend ED&I training is incorporated into curricula to equip learners and educators to deal confidently with teaching, studying, working and caring for people of diverse backgrounds. Communication skills teaching should include the impact of stereotyping and unconscious bias on medical consultation and can be used to support trainees to challenge racism in the workplace in a professional manner.

St George's medical school student, Malone Mukwende, in partnership with university staff, has created a handbook of clinical signs in black and brown skin. The aim of this booklet is to educate students and allied health care professionals on the importance of recognising certain signs on black and brown skins in order to ensure optimum care for a diverse patient group. In addition, **St George's medical school** have undertaken an audit of teaching materials and scenarios. This led them to increasing the number of diverse names and identities, particularly of the health-care professionals represented. They have also reduced stigmatising narratives in the content.

A range of research and analysis to deepen understanding of the factors which contribute to differential attainment has been undertaken and is being used by postgraduate deans and others to develop interventions to support supervisors and candidates. For example:

- Analysis of the predictive validity of selection tests and early multi-source feedback outcomes and RCGP exam outcomes. These early predictors are used in some deaneries as part of a learning needs analysis tool to identify and support trainees at the start of training.
- The FICM are undertaking a thorough analysis of their recruitment data to see if there are any demographic differences and if so, what can be done to support these groups.
- MRCP(UK) have undertaken a range of research into outcomes by demographic characteristics including the effects of English language ability on performance in examinations, themes in PACES examiner feedback, and progression through training. They have also explored whether there is any correlation between examiner and candidate demographics and scores. Further information about MRCP(UK)'s previous activities can be found on their website.
- Multi-factorial analysis of the Royal College of Psychiatrists (RCPsych) exam pass rates concluded that ethnicity and primary medical qualification (PMQ) independently predicts outcomes when accounting for a range of other factors. It suggests that this does not result from BME candidates taking exams earlier.

Who supports learning?

All trainees benefit from the positive influence of colleagues in their day-to-day work, and the BME trainees who were interviewed in our 2019 research identified three groups that have been instrumental to their success:

- inspirational senior colleagues
- supportive trainers and supervisors
- supportive peers

> One learner said "…always having had supportive supervisors in my current training programme has been really, really helpful. I've struggled a lot, actually, in the last two to three years with exams, and without their support, understanding and patience, there's no way I would have been able to continue to the point that I'm at."

The WPG research noted that access to these relationships is 'not meritocratic' but influenced by factors such as gender and ethnicity, making BME learners systematically less able to access them without interventions designed to overcome barriers.

Sponsorship or mentoring from a senior colleague who is not acting in a formal supervisory role was frequently mentioned in interviews. Trainees felt that these colleagues were able to provide support and feedback without any conflict of interest or agenda. They were seen as individuals who 'expect a lot', and who build confidence and autonomy in learners.

The research team noted work by Thomas and Lankau (2009) which outlines the benefits of a nonsupervisory mentor, in addition to a formal supervisor, in lowering 'role ambiguity', enhancing an individual's expectation about their career, and supporting higher levels of job satisfaction and commitment to an organisation. In addition, Ragins and Cotton (1999) suggest that this type of mentoring contributes to career development (coaching and increased visibility of mentee) and enhances mentee's self-efficacy.

Mentoring can meet different needs at different times and learners can have multiple relationships serving different purposes. Often these relationships arise informally and were fostered through having a personal connection such as similar working styles or personal experiences. WPG highlighted that Ragins and Cotton (1999) found high-quality mentoring relationships to be underpinned by a strong belief in the mentees capability and interpersonal comfort between mentor and mentee. Formal schemes can provide specific support relating to challenges experienced by underrepresented groups but may not deliver all the benefits that informal mentoring relationships can.

The important role of those in formal positions, such as tutors and supervisors were also emphasised. BME learners who were interviewed highlighted the value of open and honest relationships with educators promoting timely and honest feedback on clinical and

professional skills which, when rooted in observations of clinical practice, linked to future exam or assessment performance.

Insight into the challenges and personal experiences overcome by trainers helped develop trust and rapport and made learners feel better about their own setbacks and more willing to share their feelings and be open about issues they are facing. Supervisors who are seen primarily as acting on behalf of the programme, rather than an advocate for the learner, may reduce the learner's desire to share in an open and honest way.

Other benefits included support and encouragement to:

- overcome or reframe setbacks such as exam failure
- build confidence to raise concerns without being viewed as 'trouble-making'
- set challenging goals
- prepare for the challenges of transition to new rotations, recruitment and selection or high-stakes assessment

Supervisors and trainers may benefit from support to respond to the differing needs of individual learners. Reverse mentoring schemes, where mentors are given the opportunity to experience the challenges faced by their mentees, were found to give important insights into the support that BME learners may require.

Peer support was also identified as critical to success with exam preparation, opportunities to debrief and validate challenges at work, in signposting to resources and to familiarisation with a new environment. A diverse network of peers is valuable. However, interviewees also highlighted the benefits of connecting with peers from a similar background who understood their experiences and circumstances.

BME learners suggested peer support became more difficult to access in postgraduate training as they moved around and had less chance to work with peers. Access to peer support was often the by-product of another initiative, such as exam preparation courses or training days which allow learners to spend more time working alongside their peers, rather than in isolation.

Initiatives designed to support BME learners to develop networks and build valuable social capital may be effective in levelling the playing field and reducing the attainment gap.

Actions and case studies related to 'Who supports learning?'

1, Mentoring, sponsorship and career coaching	Colleges may take action to: ▪ Develop mentoring or sponsorship programmes which enhance opportunities for BME doctors to access broader social networks, receive support tailored to their individual needs and providing guidance on career development. ▪ Encourage the development of informal mentoring relationships through networking opportunities at national college events, participation in regular college activities or targeted events for BME trainees and supervisors, college representatives and peers. ▪ Establish reverse mentoring programmes or other opportunities to build understanding between BME trainees and senior college leaders through individual relationships or events, where BME learners and colleagues are invited to share their experiences of facing and overcoming barriers to progress in their career.
The University of Southampton Medical School has launched a pilot reverse mentoring scheme allowing students from minority backgrounds to mentor senior faculty staff about their backgrounds and difficulties they face. The scheme aims to create a more inclusive learning and working environment and to help reduce the attainment gap for students from minority groups. Initial feedback suggests it has facilitated challenging conversations around discrimination and bias, whilst also raised awareness of the different experiences and perceptions of the faculty. Mentees reported feeling inspired, enlightened and having enjoyed the experience, mentors said they found the experience positive, empowering, insightful and informative.	
The **FICM** have introduced a Women in Intensive Care Medicine (WICM) group, specifically targeted at increasing and supporting women in the specialty, and an emerging leadership scheme for women. WICM will also be introducing a mentoring programme open to all new ICM consultants within the first five years of their post. This will be accompanied by a 'Consultant in Transition' course that will benefit all doctors training in Intensive Care Medicine. A similar approach may benefit BME trainees also.	
2, Support for trainers and early learning needs analysis	Colleges may support and empower trainers to support BME learners through: ▪ Building awareness of the complex factors which lead to the ethnic attainment gap. ▪ Challenging the 'deficit model' which attributes performance only to individual capability or motivation by recognising the impact of external factors on learning. ▪ Recognising the positive influence trainers can have when they have high expectations of BME learners, set challenging goals and give regular and honest feedback which can be turned into learning opportunities. ▪ Including unconscious bias, active bystander techniques and cultural competence training in courses targeting supervisors, or at national trainer days. ▪ Enabling trainers to share and support each other to build confidence in supporting learners from diverse cultural backgrounds who may experience challenges such as relocation and exam failure. ▪ Guiding trainers to offer targeted and effective preparation for high stakes exams by highlighting common areas of challenge.

	▪ Ensuring that formative assessments are designed to highlight development areas early and these are informed by research into common areas of challenge and consider behavioural, health or environmental factors which may affect learning.
	▪ Encouraging open conversations between supervisors and trainees prior to exam attempts and providing feedback on exam attempts to trainers and trainees so that they can develop personalised learning plans in response.

The **RCPsych** has developed support for supervisors allocated to medical training initiative (MTI) doctors who are new to UK practice. The training includes awareness of the external challenges which doctors will face in relocating to the UK and uses actor-simulated workshops to develop confidence in giving feedback which may feel like an uncomfortable conversation. Supervisors are mentored by an experienced colleague and given access to online resources focused on: effective feedback, supervision skills and knowledge of the MRCPsych exams. An early learning needs analysis helps supervisors to create an individualised learning plan for MTI doctors building on their prior experience.

The Royal College of Anaesthetists (RCoA) offer free online resources to train their examiners in unconscious bias. The three modules include sessions on ED&I concepts and legislation, how bias may occur in examinations and differential attainment.

A number of colleges, including the **Royal College of Pathologists, Royal College of Psychiatrists, Royal College of Anaesthetists and Royal College of Ophthalmologists,** encourage trainees to seek support from their educational supervisor or college tutor prior to an exam attempt to ensure that trainees are ready to sit a high-stakes assessment, and providing the opportunity to identify any additional support or preparation required.

The Royal College of Ophthalmologists (RCOphth) add exam outcomes to e-Portfolios, which alerts training programme directors (TPDs) to candidates who fail a second attempt, so that personalised support can be provided to trainees and their education supervisor supports further attempts being made.

What supports learning?

The BME trainees interviewed by the research team identified coaching for career planning and preparation for key milestones as instrumental in helping them successfully navigate through the training pathway including the hidden curriculum.

They said that this support enabled them to derive maximum value from learning opportunities (including seeing failure as a learning opportunity), encouraged them to set themselves stretching goals to develop confidence and independence more quickly, to pursue the right opportunities for learning, make decisions about specialty choice and to make them stand out and improve their chances for selection.

The WPG research highlights the link between the long-term impact of successful career choices and future success. Individuals with a better 'fit' to their job role will perform better, have higher levels of wellbeing, and be more satisfied with their jobs (Kristof-Brown and Guay, 2011).

BME doctors are far less likely than their white peers to take career breaks during training. This is likely to be for a variety of reasons, but our research highlights that BME trainees may be influenced by financial and family pressures and that breaks may feel 'indulgent' within some cultures. Breaks are becoming more common and appear to play a role in increasing certainty about a career choice as well as candidates' ability to build an attractive CV when applying to specialty training. BME trainees may benefit from being encouraged to consider the benefits of activities outside of the training pathway, and support from seniors may empower BME trainees to overcome resistance or to find alternative pathways to build experience.

As well as career support, exam preparation was identified by those interviewed as key to success. BME doctors identified the very real impact exams had on them at work and the psychological pressure of preparing for challenging exams on top of tiring and pressurised shifts which they felt was often unrecognised by trainers and supervisors.

BME learners may experience additional pressure when sitting exams because of knowledge that they are more 'statistically likely' to fail and that they may encounter unconscious bias within the exam and their learning environment. BME learners reported attempting exams early because they 'expect to fail at least once'.

> One learner said "the perceived difficulties I had [with the exam] were thought to be innate, rather than something that could be worked on. So, it was quite noticeable sometimes, it wasn't discriminating to me personally, but it was just as if the feeling was that I wasn't worth the time to train. And when the exams were all done and dusted, and people realise: 'oh, you've just passed your exams, you're here to stay', people then started thinking: 'oh, well, maybe it's worth investing in this fella after all!' It was quite a noticeable difference in interaction with people after the exams."

Learners interviewed highlighted a range of factors which helped them prepare for exams. They felt that diversity within the examiner pool could help to offset the perceived risk of unconscious bias in face to face exams.

While courses to practise good exam technique or to develop communication skills were considered helpful, financial and time pressure could make them difficult to access for some.

Support to recover from the shock of failure in exams was extremely important. This was often the first experience doctors had of failure, and learners ability to bounce back may be affected by different cultural perceptions of failure such as tendencies to attribute failure to personal rather than external factors. The research team suggested that the impact of failure may be exacerbated for BME doctors who may place more emphasis on passing exams as an objective indication of competence that provides protection against potential bias or assumptions based on stereotypes. In the interviews, learners talked about how exam failures often 'spilled over' into confidence at work, even if they felt they had been working effectively before taking the exam.

The researchers observed that BME trainees seemed to be unable to 'make sense' of exam failures during their conversations, and so may find it challenging to remediate and improve performance. In contrast they were able to suggest clear reasons for failure at recruitment and selection.

Reassurance and good quality feedback to help work through why a learner had failed, and recognising the role of any external factors, were seen as key to recovery and valuable in rebuilding confidence.

Trainers interviewed by the research team were often reliant on learners informing them of exam attempts, which restricted their ability to react and intervene early to offer support for individuals.

Feedback on reasons for exam failure was helpful for trainers and those within statutory education bodies to support learners individually or as groups. Some postgraduate training organisations have developed proactive exam support in response to common reasons for failing particular exams, such as anatomy or communications skills and these have improved their overall pass rates.

More detailed feedback on individual's exam failure as well as broader aspects of common areas of challenge were seen to help postgraduate training organisations to develop more effective learning support.

Actions and case studies related to '*What supports learning?*'

1, Career planning to maximise learning opportunities within the specialty	Colleges can take action to: ▪ Provide targeted career guidance to BME trainees who want to pursue a career in the specialty. ▪ Supporting equality of access to career enhancing activities. ▪ Review recruitment and selection processes and requirements to ensure inclusivity and remove unnecessary barriers which may disadvantage protected groups.

[Melanin Medics](#) is a charitable organisation which focuses on promoting diversity in medicine, widening aspirations and aiding career progression for Black African and Caribbean medical students and doctors through mentorship, educational activities, ED&I training and resources. They offer a platform where doctors and medical students can share knowledge and support to further their careers in medicine.

*The **FICM** have an IMG lead focused on careers, recruitment and workforce. They have plans to enhance the visibility of IMG doctors within ICM and establish a support network for IMG doctors by having champions in each region that can advise and help them with their career plans while also providing advice for clinical leads on how best to support IMGs in the workplace.*

2, Support for exam preparation and recovery from failed exam attempts	Colleges can support BME doctors to prepare for high stakes exams or to recover from a failed exam attempt. Interventions may include: ▪ Offering opportunities for BME candidates to become more familiar with exam structure and techniques and to overcome the additional anxiety they may experience as a result of perceived bias. ▪ Ensuring good quality, informative feedback following a failed attempt which direct potential areas for development before further attempts, including examiners where appropriate to support trainers and trainees to develop personalised development plans. ▪ Researching common areas of challenge identified through research may help postgraduate deans and trainers to focus learning well in advance of exam attempts.

***Norwich Medical School** facilitates final year medical students or recent graduates to develop and run mock OSCEs for students and provide feedback. This offers a learning opportunity to both those designing and setting the mock OSCE and to candidates.*

***RCGP** membership examiners in **HEE North West** have developed a learning needs analysis toolkit based on the clinical skills assessment (CSA) component of the MRCGP exam, to support candidates prepare for a third or fourth attempt. Central to the success of the [CSA support on extension (SOX) programme](#) is the role of an independent SOX educator who works with the trainer and trainee to address knowledge gaps. Over 70% of those who have been through the SOX programme pass their next attempt compared to national pass rates of third or fourth attempt of*

43%. The diagnostic toolkit includes clinical stations similar to the CSA as well as tools to explore environmental and psychosocial factors to produce a personalised development plan agreed between a trained GP examiner, the trainee and their trainer.

In 2015, the **AoMRC** published guidance on standards for candidate feedback following exams. The guidance supports:

- Increased sharing of examination outcomes and feedback between colleges and deaneries to provide more support for trainees who either intend to attempt an exam or have failed an exam.
- The provision of additional support to trainers to assist candidates who fail an exam, such as advice around which additional support may benefit. Or including trainers in feedback sessions which support the candidate and trainer to develop a personalised development plan and can use this as a learning opportunity.
- The provision of good quality, targeted feedback for exam fails and detailed breakdowns of exam marksheets with comments.

Research into general practice recruitment and selection tests and the 6-month multi-source feedback were found to strongly correlate to MRCGP knowledge and clinical exams. A number of deaneries use these early performance indicators as part of an in-training assessment profiler (I-Tap) which identifies trainees who would benefit from tailored support early in training. Dr Nigel Scarborough, Primary Care Dean and Deputy Postgraduate Dean HEE East Midlands, said, that since the i-Tap was introduced, "Over the past couple of years our MRCGP exam results (both CSA and AKT) for East Midlands international medical graduate trainees have improved such that they are above average for all IMGs sitting the exams in the UK and were the best in England in 2019 (source GMC Progression Reports). Our extensions to training for IMGs in GP training are also below average".

A retrospective case-control study of North West Foundation School trainees' e-portfolios to investigate the value of early, formative assessments in predicting doctors in difficulty (DiD) showed that Team Assessment of Behaviour (TAB) and Educational Supervisor Reports were predictive of future 'doctor in difficulty' status. The researchers concluded that these early indicators could have been used to identify and put in place support much earlier in training.

Trainees who fail FRCA examinations may request a guidance interview with an examiner from the **RCoA**. A second guidance interview is available at the sixth attempt, if required.

Annex A - Ten Success Factors identified in 'What supported your success in training?' research

Working and learning environment
1, An inclusive workplace that values diversity - A working environment where diversity in all senses (background, culture, experience) is visible and valued.
2, Treating learners as individuals - Recognition that an individual's background and experiences in and outside of work will meaningfully impact progression through training, providing support where necessary.
Who supports learning?
3, Working with inspirational senior colleagues - Access to senior colleagues who act as informal role-models, mentors or career coaches to help learners access opportunities and develop.
4, The supportive trainer or supervisor -Trainers and supervisors who encourage and support learners in the workplace with their development.
5, Having the support and validation of peers -Accessing a network of peers who can improve learning, make sense of experiences and provide advice and guidance on the practicalities of training.
What supports learning?
6, Working arrangements that facilitate learning -Shifts, rotas and work structures that support learners to build meaningful relationships with team members and dedicate time to learning.
7. Maximising the value of learning - Ensuring learning at work and in training is valuable, holistic and helps inform career choices.
8, Gaining clarity, certainty and support for career choices - Accessing experiences, knowledge and learning and development opportunities that support informed decisions about career choices or next steps.
9, Support to pass exams or deal with exam failure (What supports learning) - Being prepared and supported to navigate the process of completing challenging professional exams.
10, Personal motivation and drive (What supports learning) - Drawing on personal commitment, drive and motivation to succeed in training.

Bibliography

Elton, C. (2018). *Also Human: The Inner Lives of Doctors.* London: William Heinemann.

Kristof-Brown, A., & Guay, R. P. (2011). Person–environment fit. *APA handbooks in psychology, 3*, 3-50.

Ragins, B., & Cotton, J. (1999). Mentor Functions and Outcomes: A Comparison of Men and Women in Formal and Informal Mentoring Relationships. *Journal of Applied Psychology, 84*(4), 529-550.

Roe, V., Patterson, F., Kerrin, M., & Edwards, H. (2019). *"What supported your success in training?" A qualitative exploration of the factors associated with an absence of an ethnic attainment gap in post-graduate specialty training.* Retrieved from General Medical Council: https://www.gmc-uk.org/-/media/documents/gmc-da-final-report-success-factors-in-training-211119_pdf-80914221.pdf

Thomas, C. H., & Lankau, M. (2009). Preventing burnout: the effects of LMX and mentoring on socialization, role stress and burnout. *ResearchGate*, 417-432.

Verdonk, P., & Janczukowicz, J. (2018). Diversity in Medical Education. Dundee: MedEdPublish Editorial.

Woolf, K., Rich, A., Viney, R., Rigby, M., Needleman, S., & Griffin, A. (2016). *Fair Training Pathways for All: Understanding Experiences of Progression.* Retrieved from General Medical Council: https://www.gmc-uk.org/-/media/documents/2016-04-28-fairpathwaysfinalreport_pdf-66939685_pdf-67089434_pdf-70345187.pdf