

Equality and Diversity Report
Yorkshire and the Humber
2014-15

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Introduction

This report sets out data and findings in relation to trainee medical and dental workforce numbers across Yorkshire and the Humber for 2014-15. In producing this report we are fulfilling part of our legal requirement to meet the general duties of the Equality Act 2010 whilst aligning ourselves with the GMC Equality & Diversity Strategy 2014-2017

Legislation

Since the 2013-14 report was produced there have been no changes in legislation which have required any modifications to our processes. Legally, we must continue to ensure that our processes and work practices do not discriminate against any trainee, member of faculty or member of staff.

The Equality Act 2010 highlights nine protected characteristics that should not be used to treat people unfairly:

- ☐ Age
- ☐ Disability
- ☐ Gender reassignment
- ☐ Marriage and civil partnership
- ☐ Pregnancy and maternity
- ☐ Race
- ☐ Religion or belief
- ☐ Gender
- ☐ Sexual orientation

The act recognises that unlawful discrimination can occur because of one or a combination of protected characteristics. The Act defines unlawful discrimination in the following ways:

- ☐ **Direct Discrimination:** when someone is treated less favourably because of a protected characteristic
- ☐ **Associative Discrimination:** discrimination against a person because they have an association with someone with a particular protected characteristic
- ☐ **Perceptive Discrimination:** discrimination against a person because the discriminator thinks the person possesses a characteristic, even when they do not
- ☐ **Indirect Discrimination:** when a condition, policy or practice particularly disadvantages people with a protected characteristic
- ☐ **Harassment:** an unwanted conduct relating to a relevant protected characteristic, which has the purpose or effect of violating an individual's dignity or creating intimidating, hostile, degrading, humiliating or offensive environment for that individual
- ☐ **Victimisation:** when someone is treated less favourably because they have made or supported a complaint or raised a grievance under the Equality Act

On 6 April 2011, the 'Positive Action' provision became law. This allows for positive action when barriers are removed that might prevent certain people being employed or progressing. The Act allows employers to favour a candidate from an under-represented minority in cases where two candidates for a job or for promotion are equally well qualified. It is not a requirement to apply this positive action when faced with two equal applicants, but action is allowed.

Equality & Diversity Strategy

Equality & Diversity is a key strategic deliverable for HEE and within Yorkshire and the Humber we continue to expect that all staff, faculty and trainees abide by the requirements of the HEE Equality and Diversity Policy and our local guidance which includes specific detail on the requirements for medical and dental staff.

Following a visit to Yorkshire and the Humber in 2014 the GMC feedback on our approach to Equality and Diversity was extremely positive and their report noted that there had been significant developments in this area since the previous visit by PMETB in 2009.

There are two key strands to our work on Equality & Diversity:

1. Training for medical and dental faculty

Within Yorkshire and the Humber we are committed to providing equality of opportunity in employment, delivery of services and when engaging with the public as part of our day to day business. Our aim is to ensure that our trainees do not experience any form of discrimination in accordance with the Equality Act (2010) in the areas of:

- ☐ ARCP outcomes
- ☐ Access to Specialty Training
- ☐ Successful completion of Foundation and Specialty Training
- ☐ Educational and performance management and support

In order to do this, we offer bespoke Equality & Diversity training across the organisation. Training and guidance is tailored to individual staff groups in relation to their remit within HEE:

- ☐ Postgraduate Dean
- ☐ Associate Postgraduate Deans
- ☐ Heads of Postgraduate Schools
- ☐ Training Programme Directors (Medical/Dental & GP)
- ☐ Directors of Medical Education
- ☐ Educational Supervisors/Mentors
- ☐ All members of ARCP/RITA panels
- ☐ All members of recruitment panels
- ☐ Trainees working within LEPs
- ☐ Lay representatives

Appendix 1 sets out:

- ☐ The level of training available to each staff group dependent on their job role
- ☐ How each training package is accessed
- ☐ How we will monitor compliance for each level of training

2. Equality Impact Assessments

Our aim is ensure that no protocol, guideline or procedure in place within Yorkshire and the Humber allows potential unlawful treatment of trainees with a protected characteristic. In accordance with ACAS guidelines, Equality Impact Assessments are undertaken for all protocols, guidelines and procedures where people may be affected due to a protected characteristic.

Evidence of good practice

During 2014-15 all applications for less than full time training were approved. In cases where trainees required extra support, supernumerary posts were made available to them whenever possible.

The implementation of the latest version of Intrepid (v10) means that all trainee data is well managed, stored consistently and is accessible to staff. Data can be shared amongst Local Education Providers (LEPs) quickly and efficiently.

Trainees undertaking our Leadership Programme have pioneered the development of the Sheffield Women in Medicine initiative. This culminated in a conference on 21 October 2014 which attracted nationally renowned speakers and further meetings have been planned. This initiative champions the role of women in medicine, their achievements and how best they can be supported to deliver as effectively as possible.

Online training for Educational Supervisors means that electronic programmes are accessible across the region to all our trainers, supplemented by a program of face to face training sessions spread across the region to consolidate learning in a group format using contextualised examples. With this training we are supporting the current GMC initiative to identify approved trainers who have the appropriate training and skills to supervise postgraduate medical trainees in the workplace.

There is a dyslexic screening programme available within the region which gives trainees access to dyslexia screening software. Referrals to Dyslexia Action are supported when a probability of dyslexia is found. In practice, dyslexic candidates are supported during our recruitment process and are allocated extra time to complete documentation and exam papers.

Purpose and aims of this report

The purpose of this report is to monitor whether there is any evidence of discrimination towards trainees with protected characteristics in Yorkshire and the Humber. The data that has been analysed and reported on includes:

- ☐ Equality and Diversity data for trainees in post on 1 April 2014
- ☐ Trainee leaver data held between 1 January 2014 – 31 December 2014
- ☐ ARCP outcome data based on records held for the year 2014-15

Overarching findings and observations

Equality & Diversity Data

It must be noted that significant numbers of trainees choose not to provide full data for Equality and Diversity characteristics which makes interpretation of the available data uncertain.

Gender

In keeping with the increasing number of female medical graduates in the UK, a large proportion of our trainee workforce is female.

Of 5528 trainees in post on 1 April 2014:

- ☐ 44.5% (2459) were male
- ☐ 54.7% (3025) were female
- ☐ 0.8% (44) declined to declare their gender

This represents a slight shift in the workforce from the previous year when 45.6% of trainees were male and 53.9% were female.

The speciality schools in our region broadly reflect this bias towards a higher proportion of female trainees. The School of Surgery is the only notable outlier with only 28% female trainees; this is not significantly different from last year (23% female) although marginally improved towards the overall pattern.

Outliers in the opposite direction are Obstetrics & Gynaecology and Paediatrics which were 74% and 72% female respectively and were not significantly different from last year (73 and 71% female respectively).

School	Male	Female	Not disclosed	% Female
<i>Anaesthetics</i>	206	163	0	44
<i>Clinical Radiology</i>	80	55	0	41
<i>Dental</i>	119	185	43	53
<i>Emergency Medicine</i>	67	61	0	48
<i>Foundation</i>	531	718	0	57
<i>General Practice</i>	284	590	0	68
<i>Medicine</i>	455	463	0	50
<i>O&G</i>	50	139	0	74
<i>Ophthalmology</i>	33	22	0	40
<i>Paediatrics</i>	101	260	1	72
<i>Pathology</i>	27	40	0	60
<i>Psychiatry</i>	108	156	0	59
<i>Public Health</i>	12	20	0	63
<i>Surgery</i>	386	153	0	28

Table 1: Gender mix by school

Ethnicity

The most prevalent ethnic group working within Yorkshire and the Humber after White is Asian/Asian British which at 22.9% of the trainee cohort represents a significantly higher proportion than for the population of Yorkshire and the Humber as a whole and that of England and Wales. Table 2 shows how these figures compare.

	White	Asian / Asian British	Black/African/ Caribbean/Black British	Mixed / Multiple / Other Ethnic Groups	Not Stated
<i>Yorkshire & Humber trainees</i>	52.1%	22.9%	3%	6.5%	15.5%
<i>Yorkshire & Humber population</i>	88.8%	7.3%	1.5%	2.4%	n/a
<i>England & Wales population</i>	86%	7.5%	3.3%	3.2%	n/a

Table 2: Comparison of ethnicity data by number of trainees and population

*Population data taken from "Ethnicity and National Identity in England and Wales 2011" Office for National Statistics

There is a notable reduction in trainees declaring Multiple/Mixed Ethnicity overall within Yorkshire and the Humber compared to the 2013-14 data (23.6%), but there are associated increases in the percentages for White and Indian groups. However there would appear to be no significant change in the overall distribution of trainees amongst ethnic groups in the region.

Reflecting the overall changes between ethnic groups in Yorkshire and the Humber, there have been several increases in percentages for the Asian group associated with reductions for the mixed / other groups. Overall this may reflect the pattern associated with a higher recruitment from UK medical schools with no indication of other significant changes.

School	White %		Asian/Asian British %		Black/African/ Caribbean/Black British %		Mixed / Multiple / Other Ethnic Groups %		Not Stated %	
	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15	2013-14	2014-15
<i>Anaesthetics</i>	56.3	62.1	15.1	17.9	1.0	0.8	14.4	5.2	13.2	14.1
<i>Clinical Radiology</i>	30.8	34.1	25.6	35.6	0.8	1.5	31.5	9.6	11.3	19.3
<i>Dental</i>	26.7	30.6	8.9	25.9	0.4	1.2	15.0	4.0	49.0	38.3
<i>Emergency Medicine</i>	57.4	68.8	9.6	7.8	2.9	3.1	17.6	3.9	12.5	16.4
<i>Foundation</i>	54.1	62.4	6.6	17.1	1.0	2.2	21.2	8.0	17.1	10.3
<i>General Practice</i>	52.0	59.2	9.5	24.7	2.9	2.9	24.7	4.4	10.9	8.9
<i>Medicine</i>	37.6	43.7	16.3	26.7	3.8	5.0	27.8	7.2	14.5	17.4
<i>O&G</i>	37.6	49.7	19.6	22.8	6.3	9.5	24.9	4.8	11.6	13.2
<i>Ophthalmology</i>	23.6	34.6	18.2	25.5	1.8	3.6	41.9	12.7	14.5	23.6
<i>Paediatrics</i>	42.3	52.2	19.9	24.6	2.2	3.0	17.6	3.6	18.0	16.6
<i>Pathology</i>	28.9	55.2	20.0	19.4	2.2	1.5	31.1	7.5	17.8	16.4
<i>Psychiatry</i>	27.7	37.1	24.1	38.6	3.6	5.3	31.5	6.8	13.1	12.1
<i>Public Health</i>	73.5	75.0	0.0	0.0	0.0	0.0	5.9	6.3	20.6	18.8
<i>Surgery</i>	37.5	47.1	15.6	21.5	2.1	1.9	28.3	9.1	16.5	20.4

Table 3. Ethnicity by specialty for 2013-14 and 2014-15

Disability

Overall the proportion of individuals with a declared disability remains low within Yorkshire and the Humber. 47 trainees declared a disability and, of these, 23 work in either General Practice (27%) or Psychiatry (21%). The specialities with the least number of trainees with a declared disability are Paediatrics, Clinical Radiology, Pathology and Dentistry (Table 4). These findings represent no change to the position in 2013-14.

Analysis of the number of individuals with reported disability who applied to Yorkshire and the Humber through devolved national recruitment would indicate that there was no evidence of unfair discrimination (2 candidates applied but withdrew and 3 offers were accepted).

School	Total number of trainees in the school	No of trainees with a reported disability	Percentage
Anaesthetics	369	3	0.81%
Clinical Radiology	135	0	0.00%
Dental	347	0	0.00%
Emergency Medicine	128	1	0.78%
Foundation	1249	6	0.48%
General Practice	874	13	1.49%
Medicine	918	7	0.76%
O & G	189	1	0.53%
Ophthalmology	55	1	1.82%
Paediatrics	362	0	0.00%
Pathology	67	0	0.00%
Psychiatry	264	10	3.79%
Public Health	32	2	6.25%
Surgery	539	3	0.57%
Total for Yorkshire and the Humber	5528	47	0.85%

Table 4: Trainees with reported disability by school

Sexuality

Data on sexual orientation is recorded for 53% of the trainee workforce. Of those trainees declaring their sexual orientation, 39 are gay/lesbian, 12 are bi-sexual and 2852 are heterosexual.

Leavers

1323 trainees left their training programmes between 1 January and 31 December 2014. The majority of trainees (74.2%) left due to completion of training which included core training (7.3%) or end of foundation training (26.5%) but some left their training programme for other reasons such as:

- ☐ Resignation (11.4%)
- ☐ Exited/dismissed from the programme (5.2%)

The chart below shows a breakdown by ethnicity of the total number of trainees to either resign or be dismissed in each school. The pattern of information varies significantly between schools, for example all of the dental school leavers failed to declare which ethnic group they belonged to. This would suggest a systems failure rather than lack of information from individuals.

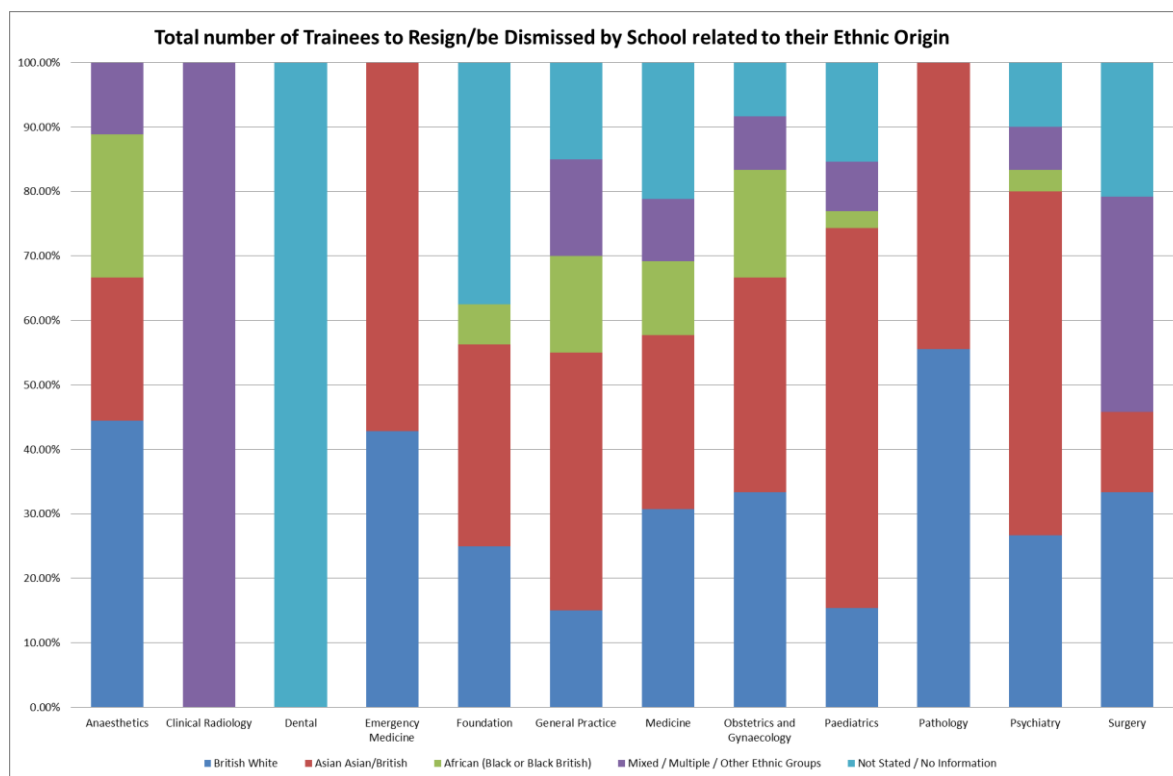


Chart 5: Total number of trainees to resign/be dismissed by School related to their ethnic origin:

Further comment and analysis of the trainees receiving an Outcome 4 (exit from training) is provided in the following section.

ARCP Outcomes Analysis

Progress of medical and dental training is assessed by the Annual Review of Competency Progression (ARCP). As part of our equality & diversity work, ARCP outcomes have been analysed annually since 2011-12. The following recurring themes continue to be identified:

- ☐ Female trainees tend to perform better at ARCP than male trainees
- ☐ Male trainees are still 10% more likely to receive an outcome 5 (insufficient evidence) than their female counterparts
- ☐ The number of satisfactory outcomes (1 and 6) in Primary Care remains proportionally higher than for Yorkshire and the Humber as a whole. This could be due to the comparably shorter training programme (3 years rather than 5).

<i>White</i>	3439	51.5
<i>Asian/Asian British</i>	1598	23.9
<i>Black/African/Caribbean/Black British</i>	232	3.5

<i>Mixed/Multiple/Other ethnic group</i>	441	6.6
<i>Not stated</i>	973	14.5
Total	6683	

Table 6: ARCP totals by ethnicity

ARCP Outcome 3

ARCP Outcome 3 is defined by the Postgraduate Specialty Training Guide (the Gold Guide) as inadequate progress where additional training time is required. In 2014-15 a total of 5.4% of trainees (316) received an Outcome 3. Table 7 below shows a breakdown of these by ethnic group.

15.5% of trainees given an Outcome 3 failed to indicate their ethnicity, therefore it is not possible to accurately state whether this characteristic is a relevant factor. However the data suggests that trainees with an Asian background are more likely to receive an Outcome 3 given that there are significantly more White British trainees (52.1%) than Asian (22.9%) trainees in training (Table 2).

	Outcome 3 (n)	Outcome 3 (%)	Total % of ARCPs
<i>White</i>	120	38.0	51.5
<i>Asian/Asian British</i>	97	30.7	23.9
<i>Black/African/Caribbean/Black British</i>	24	7.6	3.5
<i>Mixed/Multiple/Other ethnic group</i>	26	8.2	6.6
<i>Not stated</i>	49	15.5	14.5
Total	316		

Table 7: ARCP Outcome 3 by ethnic group

Overall there would appear to be no difference in the percentage of trainees given an Outcome 3 issued by gender (Table 8).

	Outcome 3 (n)	Outcome 3 (%)	Total % of ARCPs
<i>Female</i>	152	48.1	53.5
<i>Male</i>	164	51.9	46.5
Total	316		

Table 8: Outcome 3 ARCP by gender

Outcome 3 is issued when there is evidence that the trainee has failed to meet the training requirements for that particular stage of training; this may be failure to engage with the e-portfolio or achieve the necessary competencies including passing the required postgraduate examinations. Based on the data available, there is statistical significance to suggest a direct correlation between Outcome 3s and protected characteristics.

ARCP Outcome 4

According to the Gold Guide, an outcome 4 releases an individual from training and frequently halts career progression as a trainee in that speciality. As such it is a very traumatic experience not only for the trainee but also for all staff involved in delivery of their education and training.

Ethnic Group	Total number of trainees	No of trainees awarded an Outcome 4	Total percentage for the ethnic group
<i>White</i>	2881	26	0.90%
<i>Asian/Asian British</i>	1266	42	3.32%
<i>Black/African/Caribbean/Black British</i>	167	6	3.59%
<i>Mixed/Multiple/Other ethnic group</i>	358	9	2.51%
<i>Not Stated / No Information</i>	856	14	1.64%

Table 9: ARCP Outcome 4 by ethnicity

This pattern does not differ from the previous year however analysis shows that trainees who are not White are approximately 3-4 more times likely to be dismissed from their training programme. However 856 (15.5%) of the total number of trainees do not declare their ethnicity.

Recruitment

HEE policy requires all interviewers to have undergone Equality & Diversity training. All individuals involved in recruitment in Yorkshire and the Humber declared that they had undergone Equality & Diversity training, although this was not checked and should be confirmed in the future.

Recruitment to vacant posts in Yorkshire and the Humber is fulfilled through 5 models:

- ☐ National Recruitment led by Yorkshire and the Humber
- ☐ National recruitment led by others
- ☐ National recruitment - fully devolved
- ☐ National recruitment - partially devolved
- ☐ Regional recruitment.

Some data is held for each of the recruitment models however we only hold full Equality & Diversity data for Regional recruitment and national recruitment that was led by Yorkshire and the Humber as these are the only models where candidates apply either through or to Yorkshire and the Humber. Table 10 shows the numbers of individuals applying for posts in Yorkshire and the Humber.

Analysis was undertaken where Equality & Diversity data was held for all applicants. However, the numbers recorded for each of the protected characteristics recorded were so small that meaningful comment is not possible.

Analysis by ethnic group was undertaken for all 666 applicants to regional recruitment (Table 11) and 1204 applicants to national recruitment that was led by Yorkshire and the Humber (Table 12).

All percentages (of offers made) were much higher for national rather than regional recruitment. Within national recruitment a greater percentage of White candidates were made offers but this was not significantly different from those of other ethnic background. A smaller percentage of White candidates were made offers within regional recruitment. Data analysis should be

performed for future recruitment years to confirm that smaller ethnic groups are not being disadvantaged.

Recruitment Model	Data available	No of individuals
National recruitment (led by Yorkshire & Humber)	All applicants	1204
National recruitment (led by other local offices)	Only applicants appointed to Yorkshire and the Humber	359
National recruitment (fully devolved)	All applicants to Yorkshire and the Humber (all stages of the recruitment process)	488
National recruitment (partially devolved)	All applicants to Yorkshire and the Humber (part of recruitment process – usually interview)	521
Regional recruitment	All applicants	666

Table 10: Applications to HEE posts in YH

Ethnic Group	No individuals	No made an offer	% made an offer
White	270	84	31.1
Asian	240	62	25.8
Mixed	23	4	17.4
Black	34	9	26.5
Other	72	9	12.5
Blank	27	4	14.8
Totals	666	172	25.8

Table 11: Ethnic analysis for regional recruitment

Ethnic Group	No individuals	No made an offer	% made on offer
White	503	292	58.1
Asian	363	125	34.4
Mixed	53	22	41.5
Black	75	25	33.3
Other	140	51	36.4
Blank	70	28	40.0
Totals	1204	543	45.0

Table 12: Ethnic analysis for national recruitment

Conclusions

We have made good progress in developing our work practices to ensure that all its trainees and faculty are treated fairly whilst at work.

We have expanded our data capture to include recruitment and numbers of trainees receiving an Outcome 3. We will continue to refine our data as we continue to develop our Equality & Diversity strategy.

We are recognised as an organisation that allows its medical workforce to train flexibly to meet the needs of individual trainees.

There are some areas highlighted in this report where improvement should be focused and these work-streams will be our objectives beyond 2015.

Actions for 2016

1. To extend our analysis of Outcome 3 data to include national ARCP data now provided by the GMC on an annual basis.
2. To compare Outcome 4 data by specialty and with the annual GMC report
3. To review and comment on Outcome 3 and 4 appeals and subsequent appeal outcomes and review any implications for either the ARCP or the Appeal process.
4. To discuss school / specialty specific results of this report with Heads of Schools with a view to generating an exception report for outlying specialties

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