

Report Differential Attainment 2019

The General Medical Council (GMC) defines differential attainment as ‘the gap between attainment levels of different groups of doctors (1). In post-graduate training, it occurs in many diverse areas such as recruitment into specialty training, examination success and in the outcomes of Annual Review of Competence Progression (ARCP).

Differences in ability occur and will naturally impact on training, progression and outcome of training. However, factors solely due to gender, ethnicity and age should not be obstacles and should not unfairly impact on training and progression. Opportunities should be equal and if not, may be unlawful. It is well known that access to training opportunities, supervision in the workplace and being able to voice concerns in the workplace can impact on a doctor’s satisfaction with his or her training. The impact of age, gender and ethnicity in these areas may be subtle and hence difficult, if not impossible, to disentangle from such factors as being able to access supervision, gaps in the rota and cancellation of study leave, all of also which impact on training opportunities.

The BMJ published an article in 2013 by Esmail and Roberts (2) who analysed the outcomes of the membership examinations of the Royal College of General Practitioners (RCGP). They reported possible biases that impacted negatively on ethnic minority candidates. The RCGP eventually published a statement in 2017 in which they announced that they would undertake a 10-year review of the MRCGP (3).

The GMC is interested in differential attainment in both undergraduate and postgraduate medical education as they now regulate both of these. They commissioned a project examining differential attainment in postgraduate medical education, which culminated in a report that was published in 2015 (4). In this report, the conclusion in the executive summary stated that “differential attainment in postgraduate medical education in the UK cannot be attributed to a single identifiable cause, but results from a subtle combination of factors yet to be fully explored” (4).

We are, therefore, just at the beginning of this exploration and the RCOG is using the data collected from different surveys to look at the possible impact of different characteristics on training in Obstetrics and Gynaecology.

The report presented here uses data from the GMC National Training Survey (NTS) 2019 and 2018, the RCOG TEF 2019 and RCOG training data sets 2019 and 2018. It looks at doctors in training with respect to gender, ethnicity and age in relation to sub-specialty training, the awarding of ARCP outcome 3 and outcome 4 and the ability to voice concerns in the training place.

This report does not examine the outcomes of the MRCOG examinations.

Direct comparisons for some areas were difficult due to changes in the questions over the different years. For example, when asking about the number of years since qualification, the year intervals were different in the different surveys. The 2018 survey used 5-year intervals (year groups 1 – 5, 6 – 10 etc. up to 20+ years) and the 2019 survey used chronological years (2, 3, 4, 5 etc.) and did not provide the option of qualification above 10 years.

With respect to ethnicity, there were more options provided for ethnic groups in the 2019 survey than in the 2018 survey. Again, this made direct comparisons difficult and limited the conclusions that could be made.

Gender

For a number of years, our specialty has had more female doctors than male doctors in training. The data for gender was obtained from the trainee workforce survey of 2016, 2018 and 2019. The total numbers of responses in 2016, 2018 and 2019 were 1,418, 1,364 and 1,024 respectively.

Of those trainees who did respond to the question on gender, the results are shown in Table 1.

Year	Female (%)	Male (%)	Do not wish to disclose
2016	79	21	No data
2018	78.7	19.9	1.3
2019	79.1	20	0.9

Table 1: Gender ratio of Obstetrics and Gynaecology trainees

In 2018, there was an option for 'neutral', with a response rate of 0.1%.

The gender ratios in the different regions are shown in Table 2:

School	2016 Female:Male	2019 Female:Male
East of England	79:21	86:14
East Midlands	81:19	85:15
KSS	77:23	78:22
London	81:19	81:19
Mersey	85:15	82:18
North West	79:21	81:19
Northern	73:27	74:26
NI	79:21	74:26
Oxford	80:20	75:25
Peninsula	88:12	80:20
Scotland	81:19	79:21
Severn	86:14	81:19
Wales	80:20	80:20
Wessex	78:22	89:11
West Midlands	80:20	76:24
Yorks and Humber	71:29	75:25
Total	79:21	80:20

Table 2: Gender ratio in 2016 and 2019 by region

Regarding sub-specialty training (SST), there was a slight increase in the overall percentage of trainees undergoing SST, from 2% in 2016 to 3.6% in 2019.

Table 3 shows the breakdown of female and male trainees in SST. There was an increase in both the numbers of female and male trainees undertaking SST and the percentage increase was approximately the same for the two sexes.

In 2019, there were proportionately more male trainees in sub-specialty training than female trainees, 8.3% of the male trainees were in sub-specialty training compared to 2.6% of female trainees. This is in contrast to the higher proportion of females compared to males in training, 8:1 respectively (table 1).

In the same year, 78% of the male sub-specialty trainees were White, 9% Asian and 13% identified themselves as 'Other'.

Of the female trainees, 60% were White, 20% Asian British, 17% Asian.

Overall in 2019, 49% of trainees were White female and 12% were White male (see under Ethnicity (below)). This indicates the higher representation of White male trainees in sub-specialty training.

In sub-specialty Training (as % of total trainees)			As % of female trainees only		As % of male trainees only	
Year	Female	Male	Female	Male	Female	Male
2016	1.1	0.9	1.4	2.7		
2019	2	1.6	2.6	8.3		

Table 3: Gender and sub-specialty training

Disability

The percentage of trainees, including those in sub-specialty training, who answered the question on disability and declared that they had a disability are shown in Table 4. The disabilities were not specified. Overall, in 2016, 0.6% of trainees declared a disability and in 2019, this had doubled to 1.2%.

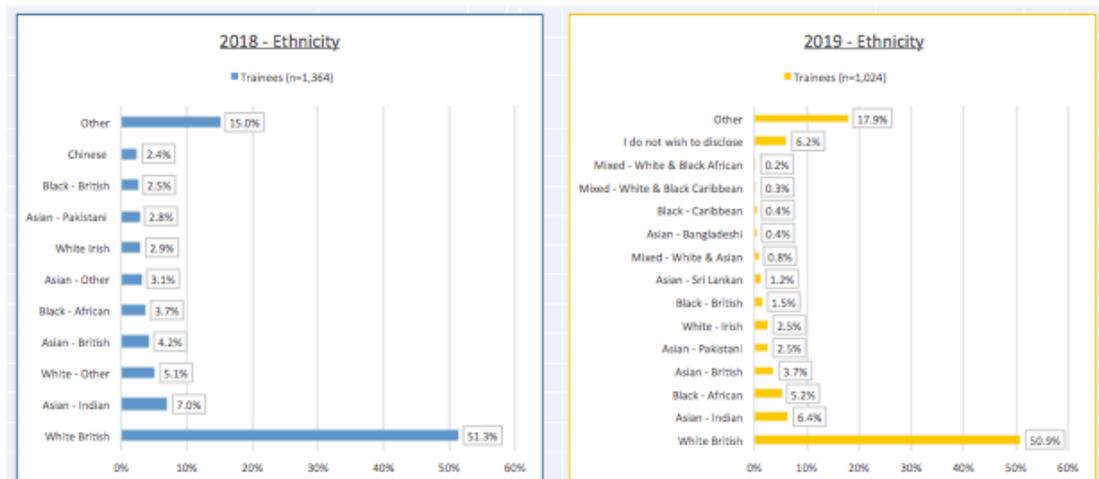
School	2016 (% of local trainees)	2019 (% of local trainees)
East of England	2.1	0.9
East Midlands	1	1
KSS	0	1.1
London	0.3	1.2
Mersey	0	0
North West	0.9	1.6
Northern	1.0	3.1
NI	1.0	0
Oxford	0	0
Peninsula	0	0
Scotland	0	1.3
Severn	1.8	4.2
Wales	0	0
Wessex	1.7	0

West Midlands	0	0.7
Yorkshire and the Humber	0	1.2

Table 4: Declared disability in each region

Ethnicity

Direct comparison across the years was difficult due to the changes in the categories of ethnic groups. In the 2019 survey, there were 15 categories, compared to 11 categories in the year before. The change in 2019 provided a more detailed breakdown for those of Asian ethnicity. Asian Bangladeshi and Asian Sri Lankan were the two new categories added to Asian British, Asian Indian and Asian Pakistani. Those of 'mixed White' ethnicity were also given the opportunity to detail their ethnicity with three new options in 2019 - mixed White and Black African, White and Black Caribbean, White and Asian. Importantly, the 2019 survey also provided an option for those who did not wish to disclose their ethnicity, which had not been available in the previous year. However, some ethnic categories were removed in 2019, which could have accounted for the increase in the percentage of trainees identifying themselves as 'other' – 15% in 2018 increasing to 17.9% in 2019.



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Across the years 2016, 2018 and 2019, the percentage of respondents who identified themselves as 'White' remained fairly stable; 62.8%, 61.1% and 62.8% respectively, of the total number of respondents.

In the 2016 survey, there was no other 'sub-options' to the 'white' ethnic category. In 2018, the options included white British, white Irish and white other. In 2019, the 'mixed white' ethnicities (White and Asian, White and Black African, White and Black Caribbean) were included and 'white other' was removed.

In these same 3 years, the second largest ethnic group was the Asian trainees (non-British Asian). These were 11.3%, 12.9% and 11.7% respectively of the total.

With regards to ethnicity and gender, in all the 3 years 2016, 2018 and 2019, there were more females than males in every ethnic group.

In 2016, the group of Asian (non specified) trainees accounted for 11.3% of the total; 9% were females and 2.3% were males. In this same year, British Asians made up 9.1% of the total, of which 7.8% were females and 1.4% were males.

Also in 2016, 7.4% of the total trainees identified themselves as 'other' in the ethnic category, with 4.7% of these being female and 2.7% were male.

In 2018, combining all the Asian (non-British) ethnic categories – Asian Indian, Indian Pakistani and Asian other – the Asian ethnic group accounted for 12.9% of the total trainees. Within this, the Asian Indian category made up 7% of the total number of trainees.

There was a decrease in the percentage of British Asian trainees in 2018 compared to 2016. In 2018, this ethnic group had almost halved, accounting for 4.2% of the total number of trainees. There was no gender ethnicity data available in this year.

In 2019, 6.2% of trainees did not wish to disclose their ethnicity. This option had not been available in previous years.

Of the trainees who identified themselves as 'white' in the 2019 survey (62.8%), 49% were females and 12% were male.

The Asian ethnic group was again the second largest, making up 11.7% of the total. In this category, 10% were females and 1.7% were males.

The British Asians made up 8.3% of the total trainees, with 7% of females and 1.3% of males.

Looking at the available data across the regions, there was a spread of ethnic groups across all the Schools, including Northern Ireland, in Scotland and in Wales. However, in the smaller regions, there was a smaller range of ethnicities, which is not an unexpected finding.

Voicing concerns about training

Responses to the TEF question, 'I felt able to voice concerns about my training if required', were analysed to see the difference between the gender groups, the ethnic groups and those trainees working less than full time (LTFT).

In 2016, there were a total of 1,575 responses to this statement. Of these, 17 did not answer the question on gender.

Of the total responses, 3% either 'disagreed' or 'strongly disagreed' with this statement. Both the male and female groups each had 3% of trainees who 'disagreed' or 'strongly disagreed' with this statement.

In 2019, approximately the same percentage of trainees 'disagreed' or 'strongly disagreed' with the statement (Table 5) as in 2016. There were 1,748 responses. Of

these, 21 did not answer the question on gender.

Of the total responses, 3.2% either 'disagreed' or 'strongly disagreed' with the statement.

Within the same gender groups, there was almost 50% decrease in the male trainees who 'disagreed' or 'strongly disagreed' with this statement between 2016 and 2019; a drop from 3% to 1.7%. However, in the same 2 years, there was only a small increase from 3% to 3.6% in the female respondents. This means a greater percentage of male trainees felt unable to voice concerns about their training compared to their female colleagues.

Year	Percentage of total trainees	Percentage of females only	Percentage of males only
2016	3	3	3
2019	3.2	3.6	1.7

Table 5: Able to voice concerns about training – percentage of trainees who 'disagreed' or 'strongly disagreed'

Looking at ethnicity, gender and feeling able to voice concerns about training in 2016, 90% of the male trainees who 'disagreed' or 'strongly disagreed' with the statement were of White ethnic background. In 2019, there was an even spread between 4 ethnic groups - White, Asian, mixed ethnicity and multiple ethnicities.

As for the female trainees who felt able to voice concerns about training if required, in 2016, of those who 'disagreed' or 'strongly disagreed', 64% were of White ethnic background and 21% were of Asian background. In 2019, both of these had reduced, with 46% of the female trainees from White ethnic background and 12% from an Asian background. However, there was an increase of those from a British Asian background to 20%, which was just under 8% in 2016.

With respect to those trainees working less than full time (LTFT), there were too few trainees working LTFT who reported disagreement with the statement 'I felt able to voice concerns about my training if required' to make any analysis of this group meaningful, so this was not done.

Annual Review of Competence Progression (ARCP) outcomes

Using the GMC national training survey (NTS) progression reports for 2018, the ARCP outcome 3 and outcome 4 data was obtained for all the regions. At the time of writing this report, the details for the 2019 ARCP outcomes were not available.

A detailed place of Primary Medical qualification (PMQ) was only available for doctors in Foundation Year 1. For trainees in Obstetrics and Gynaecology, the GMC data grouped PMQ by world regions into 3 categories - UK graduates, graduates from the European Economic Area (EEA) and International Medical Graduates (IMG).

Each of the graphs presented are from the GMC NTS online report (7, 8). Data presented are for the total number of trainees at basic, intermediate and advanced levels.

Graph 1 shows the variation in ARCP Outcome 3 awarded for the years between 2010 and 2018 for trainees in Obstetrics and Gynaecology.

In 2018, 7.5% (95% CI 6.5 - 8.6) of trainees were awarded an ARCP outcome 3 (7). There was a difference in the award of ARCP outcome 3 across the training regions (Graph 2). This ranged from 0% in NHS Scotland East and NHS Scotland North, to 15.6% in South-West Peninsula (Health Education South-West).

Outcomes by ARCP year for each specialty group

Version: 2018 Release date: 21/06/2019

Please use the display option filter to toggle between graph and table view.

Outcome type
Extra time required (outcome 3 or E)

Specialty group
Obstetrics and Gynaecology

Display option
Graph

Extra time required (outcome 3 or E) as a proportion of all outcomes attained in selected specialty group(s) across all ARCP data years



Graph 1: ARCP outcome 3 for each year 2010 – 2018

Outcomes by training body for each speciality

Version: 2018 Release date: 21/06/2019

Please use the display option filter to toggle between graph and table view.

Outcome type
Extra time required (outcome 3 or E)

Reporting period(s)
2018

PMQ world region(s)
All

Training body
Deanery/HEE local office

Speciality
Obstetrics and gynaecology

Speciality banding(s)
Multiple values

Display option
Graph

Extra time required (outcome 3 or E) as a proportion of all outcomes attained in each Deanery/HEE local office



Graph 2: ARCP outcome 3 by HEE, 2018

The award of ARCP outcome 3 in 2018 in relation to primary medical qualification and ethnic groups is shown in Graph 3 (7). There was a higher percentage of non-UK graduates who received ARCP outcome 3, with the highest in those from BME background who graduated from the EEA. There was an average of 8.2% (95% CI 7.8 – 8.5) of trainees on ARCP outcome 3 in 2018.

Outcomes by PMQ and ethnic group for each specialty group

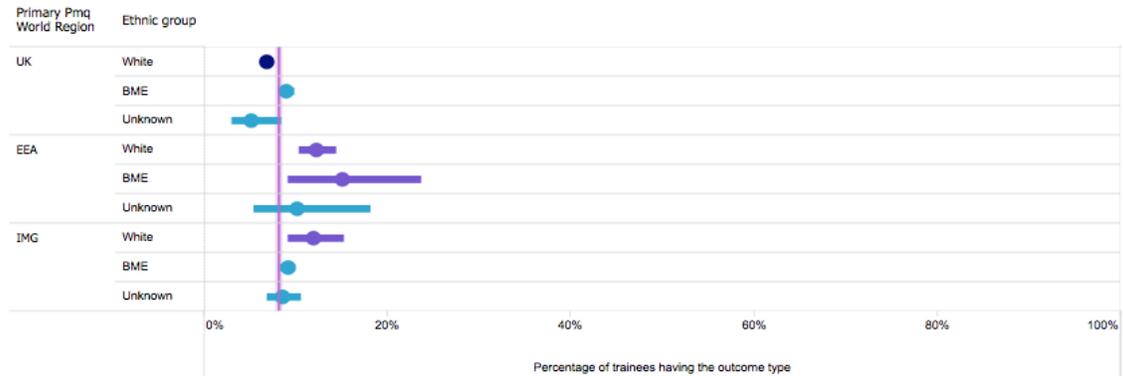
Version: 2018 Release date: 21/06/2019

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Outcome type
Extra time required (outcome 3 or E)

Specialty group
Obstetrics and Gynaecology

Display option
Graph



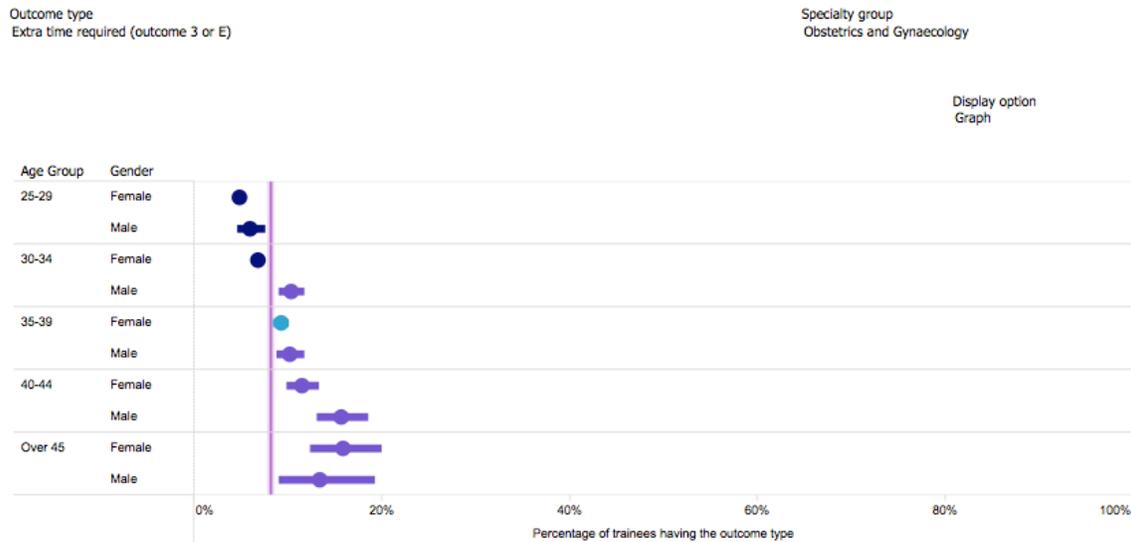
Graph 3: ARCP outcome 3 by primary medical qualification and ethnic group, 2018

Looking at gender and age (Graph 4), there is a steady increase in the percentage of ARCP outcome 3 being awarded as the age groups increased, regardless of gender. For females, this rose from 4.9% in the 25 – 29 year old group to 13.8% in those over 45 years. For males, the rise was greater, increasing from 5.7% in the 25 – 29 year old group to 35.9% in those aged over 45. In each of the age ranges, except for the 35 – 39 year old range, the percentage of males is greater than that for females. The reasons for this are not clear.

Outcomes by age group and gender for each specialty group

Version: 2018 Release date: 21/06/2019

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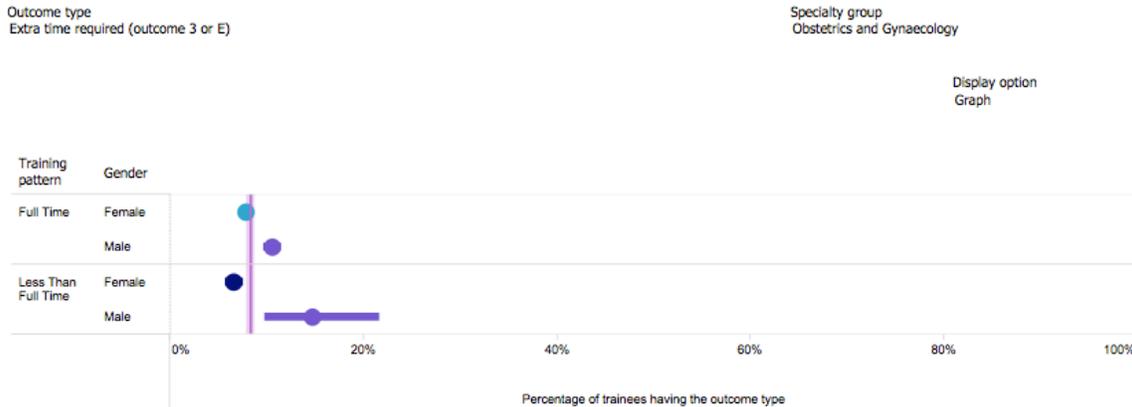


Graph 4: ARCP outcome 3 by age group and gender, 2018.

Outcomes by training pattern and gender for each specialty group

Version: 2018 Release date: 21/06/2019

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Graph 5: ARCP outcome 3 by training pattern and gender, 2018

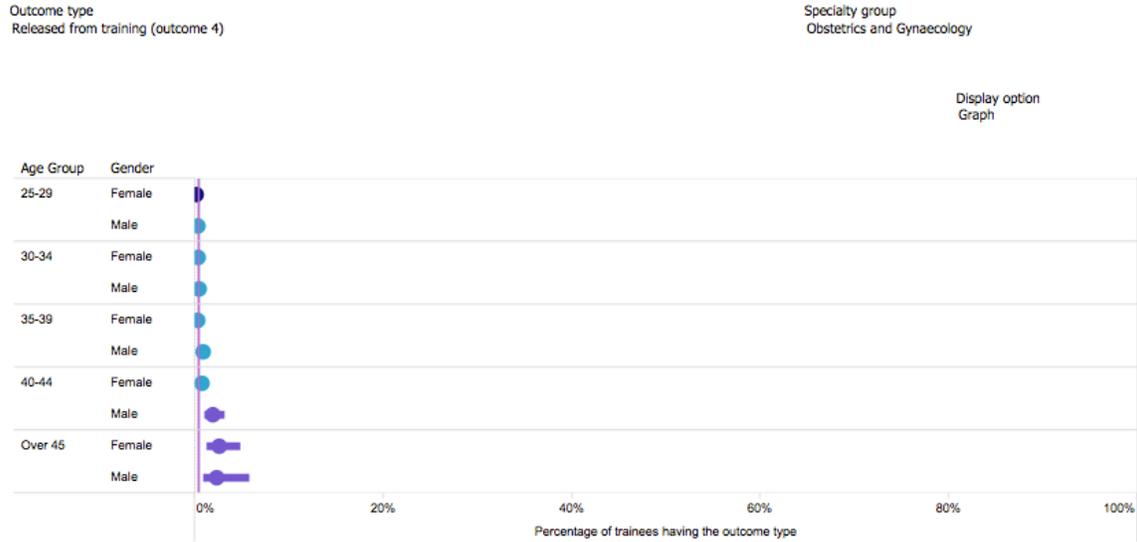
The average percentage of LTFT trainees awarded ARCP outcome 3 in 2018 was 8.3% (95% CI 8 - 8.7). There was a greater than average percentage of male trainees who were awarded ARCP outcome 3 compared to female trainees (Graph 5). This was irrespective of whether they were training full-time or less than full-time. However, the difference was greater between the sexes in those working LTFT.

For those awarded ARCP outcome 4 in 2018, Graph 6 shows the breakdown by gender and by age group. As it was with ARCP outcome 3, there was a slight but steady increase in the percentage of trainees who were awarded ARCP outcome 4 as the age groups increased. This occurred for both female and male trainees. In females, this increased from 0.1% in the 25 – 29 years age group to 2.6% in those aged over 45 years. In the males, this increased from 0.3% in the 25 – 29 years age group to 2.3% in those over 45 years of age. However, the range of the average across the age groups was smaller than that for the Outcome 3 (Graph 4). The differences between the female and male trainees were very small in every one of the age groups and smaller than those on Outcome 3.

Outcomes by age group and gender for each specialty group

Version: 2018 Release date: 21/06/2019

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Graph 6: ARCP outcome 4 by age group and gender, 2018

Examination outcomes

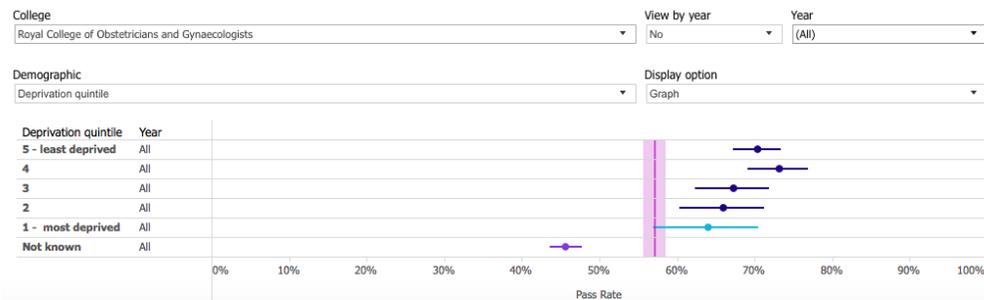
The exam data also highlights differences in attainment and achievement amongst different group of trainees.

There is a general trend for better performance from trainees in the least deprived quintiles (Graph 7).

Specialty exam pass rates for candidates by Deprivation quintile

Version: 2019.1 21/06/2019

Choose a programme specialty to see the percentage pass rate for each college. This chart includes candidates sitting exams whilst in foundation and not in a relevant training programme.



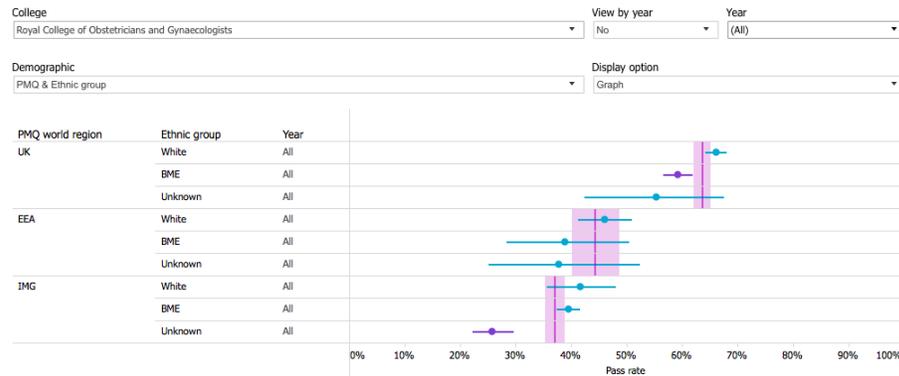
Graph 7: Exam pass rates by Deprivation Quintile

Reviewing examination success by ethnic groups reveals that there is a striking differential for candidates from BME groups, whether or not their Primary Medical Qualification is from the UK, there is a 7% differential for BME candidates trained in the UK.

Specialty exam pass rates for candidates by PMQ & Ethnic group

Version: 2019.1 21/06/2019

Choose a programme specialty to see the percentage pass rate for each college. This chart includes candidates sitting exams whilst in foundation and not in a relevant training programme.



Graph 8: Exam pass rates by PMQ and Ethnic Group

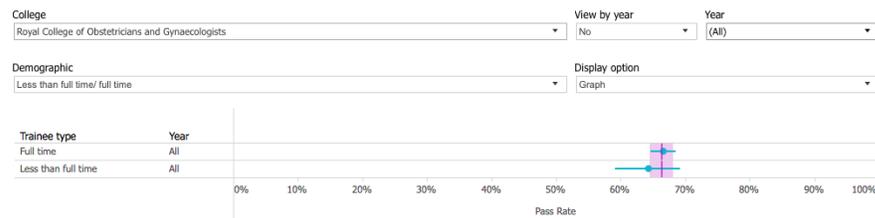
Working patterns (full-time vs. less than full time) do not appear to significantly impact exam results, with there being only a 2% lower pass rate amongst candidates working LTFT (Graph 9), although this is without considering any of the other potentially confounding factors in their attainment.

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Specialty exam pass rates for candidates by Less than full time/ full time

Version: 2019.1 21/06/2019

Choose a programme specialty to see the percentage pass rate for each college. This chart includes candidates sitting exams whilst in foundation and not in a relevant training programme.



Graph 9: Exam pass rates by FT/LTFT working pattern

Summary

There is a multitude of data that is collected from the different annual surveys. The difficulty is in making sense of the information and this is sometimes made more difficult due to changes in the questions over consecutive years. The RCPG's plan to review their MRCGP examination data over 10 years is sensible. Data needs to be collected over a longer time in order to look at trends.

However, the data collected by the RCOG and GMC over the years has consistently shown that there is an attainment gap amongst some groups – i.e. Exam and ARCP

outcomes of those doctors in BME groups, there is also an over-representation of some groups in some areas i.e. White British male doctors in subspecialty training posts. We must be aware and considerate of these differences in order to fairly train and retain our O&G doctors and trainees.

To obtain information regarding trends, survey questions need to be consistent. Going forwards, the RCOG should monitor differential attainment to ensure equality of training. This would align with the RCOG's interest and involvement in global health training.

With thanks to Alex Baker for providing trainee survey data, in particular the Trainee Workforce Survey 2018.

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