

# **Thematic Report**

# **Differential Attainment**

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# Differential Attainment

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## Background

Differential attainment is the variation of attainment levels in doctors who belong to different demographic groups (1). Across medicine, there is evidence that those from different ethnic and social backgrounds are less likely to achieve certain benchmarks of success in postgraduate training, such as passing postgraduate exams. These differences suggest systemic problems with medical training. Whilst there has been increasing interest in the area, with the GMC commissioning packages of research to map differential attainment, it is recognised that the reasons for differential attainment are complex and likely remain poorly understood (2,3).

The RCOG TEF has produced a report on differential attainment since 2019, reflecting the increasing awareness of the issue. Within O&G, there is evidence that those from different ethnic backgrounds and those who are international medical graduates (IMGs) are less likely to pass postgraduate exams (TEF report 2023). Racism and bullying of trainees in obstetrics has been highlighted by the GMC and linked to poorer care of mothers and their babies (4). High levels of attrition from both the specialty training programme, and amongst new consultants, leaves rota gaps which are difficult to fill, thus impacting safe care. Consequently, understanding the impact of differential attainment within the O&G workforce is essential to support the retention and wellbeing of trainees into their consultant roles, and subsequently protect the care we can provide to patients.

This report has been written with reference to the 2024 TEF data, the GMC National Training Survey and previous TEF reports on differential attainment. We aimed to answer the following key questions:

- What is the demographic makeup of O&G training, and how does this compare to:
  - o Previous years
  - o Medicine more broadly
- Are those from different demographic groups more or less likely to:
  - o Enter subspecialty training
  - o Achieve Outcome 1 ARCPs
  - o Be encouraged to exception report

- Encounter discriminative behaviours at work
- Feel supported after adverse events
- Feel that training opportunities are distributed fairly

## Limitations

Data from the TEF is limited by lack of responses to certain questions, both demographic and otherwise, which are removed from analysis. Changing questions in the TEF over time also limits direct comparisons year on year in some areas. Some areas discussed in the survey, such as exception reporting, are relevant only to trainees working in England, and not in the devolved nations.

The nature of the survey also does not allow for in-depth analysis of the reasons for differential attainment.

Some data on protected characteristics (eg, LGBTQ+; parental status; socio-economic status) are not directly collected by the TEF; for some protected characteristics (e.g. non-binary gender; disability) the numbers of responses are so small as to limit meaningful statistical analysis.

The data analysed is from TEF responses and although TEF survey response is mandatory as part of the training matrix, some data might be lost from not responding to the TEF survey by trainees.

The data collected for ethnicity is relatively detailed; for practicality we have included data for the largest groups as any further subdivision would require an impractically long report.

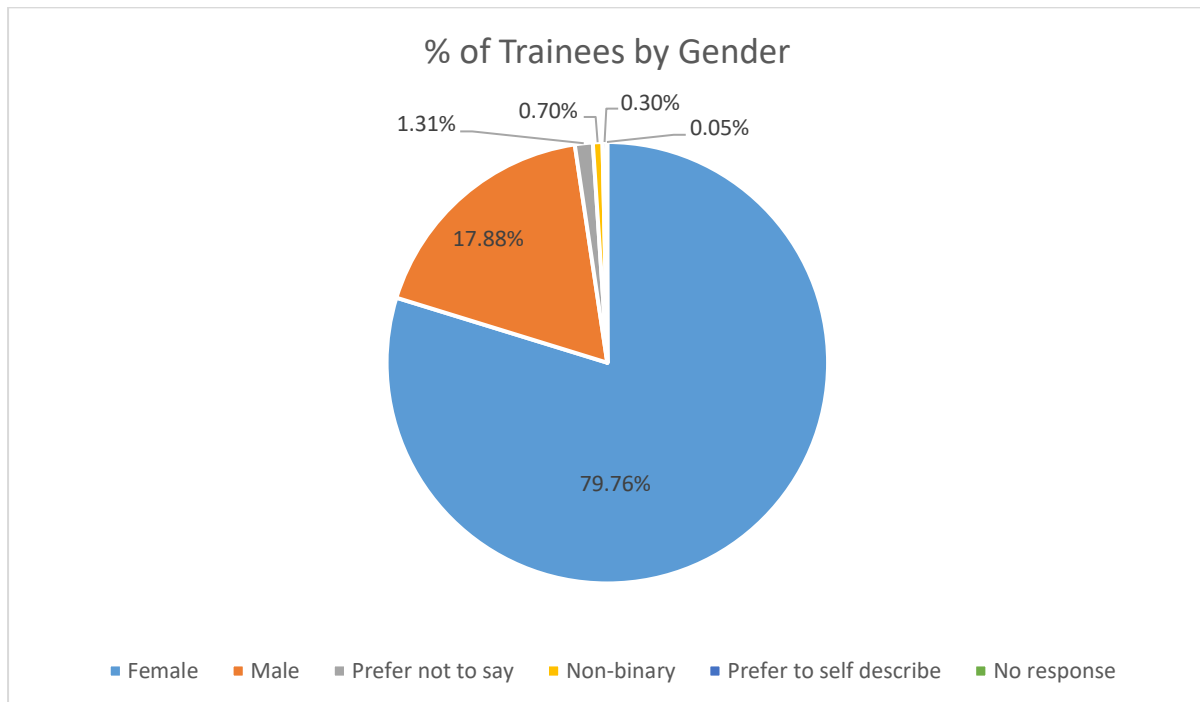
## Results

The following sections examine two protected characteristics (gender and ethnicity), and also the place of primary medical qualification (PMQ) of trainees in O&G in the UK, and the association they have with certain TEF outcomes, and whether the proportions differ amongst subspecialty trainees.

### OVERALL NUMBERS

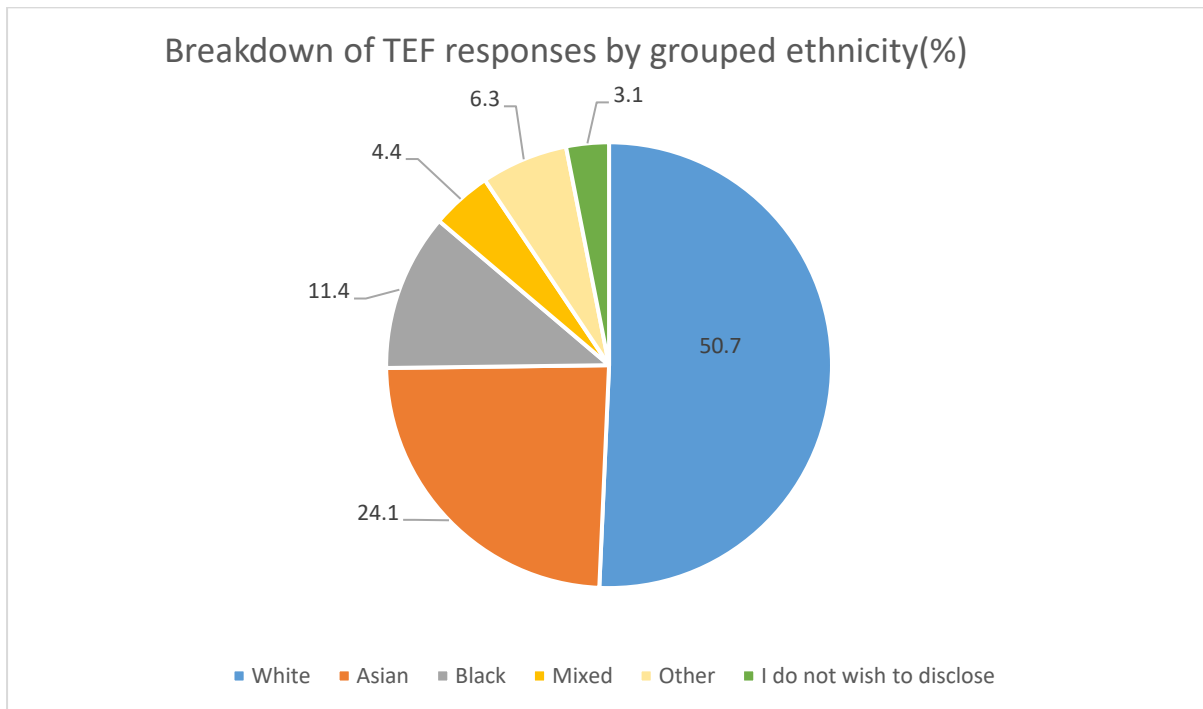
#### A) GENDER

The total responses to the question about gender was 1986. Most trainees identified as female, consistent with previous years (2016-2023). O&G is a female-dominated speciality at a ratio of 4:1 of females to males. Trainees who chose options for self-identification and non-binary was 0.3% and 0.7%.



## B) ETHNICITY

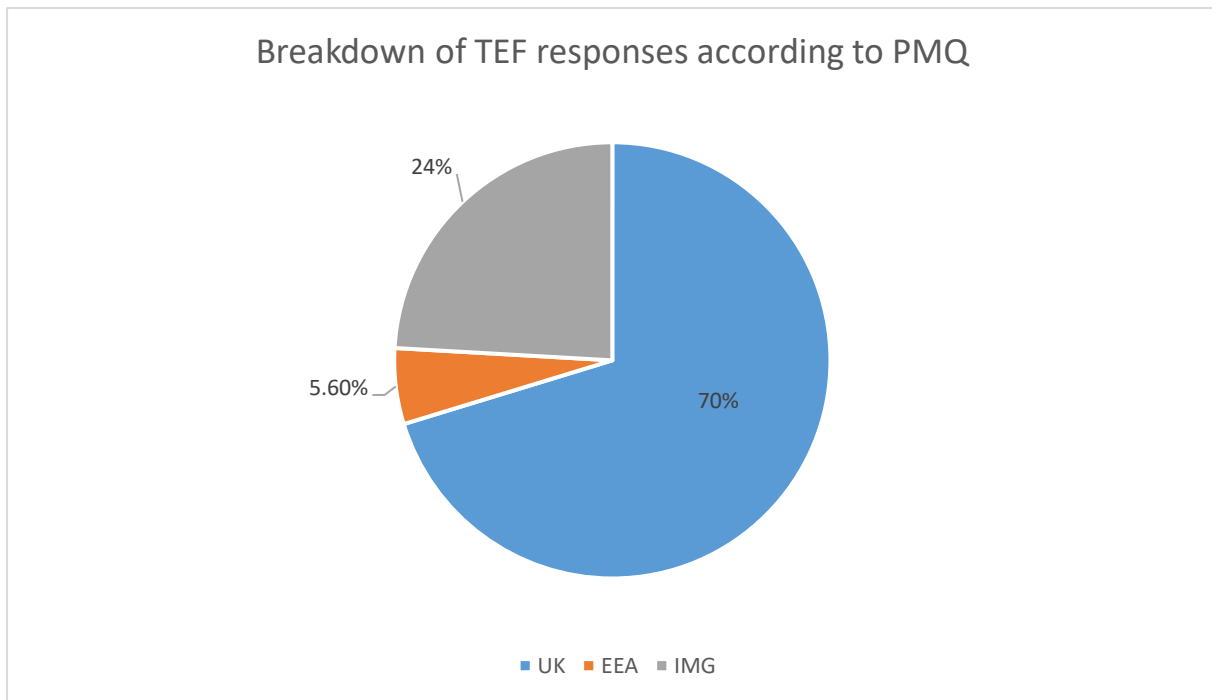
There were 20 categories for identification for ethnicity compared to 15 categories in 2019, meaning direct comparison to assess trend was difficult. However, there has been a steady decline in the number of white trainees over the years at 50.7% in 2024 compared to 53%, 57.7%, 62.8% in 2023, 2021 and 2019 respectively. Overall, Asian and Black trainees make up the second and third largest ethnic group and have remained stable over the last year following a 6% and 2% rise in 2021 respectively.



### C) PLACE OF PRIMARY MEDICAL QUALIFICATION (PMQ)

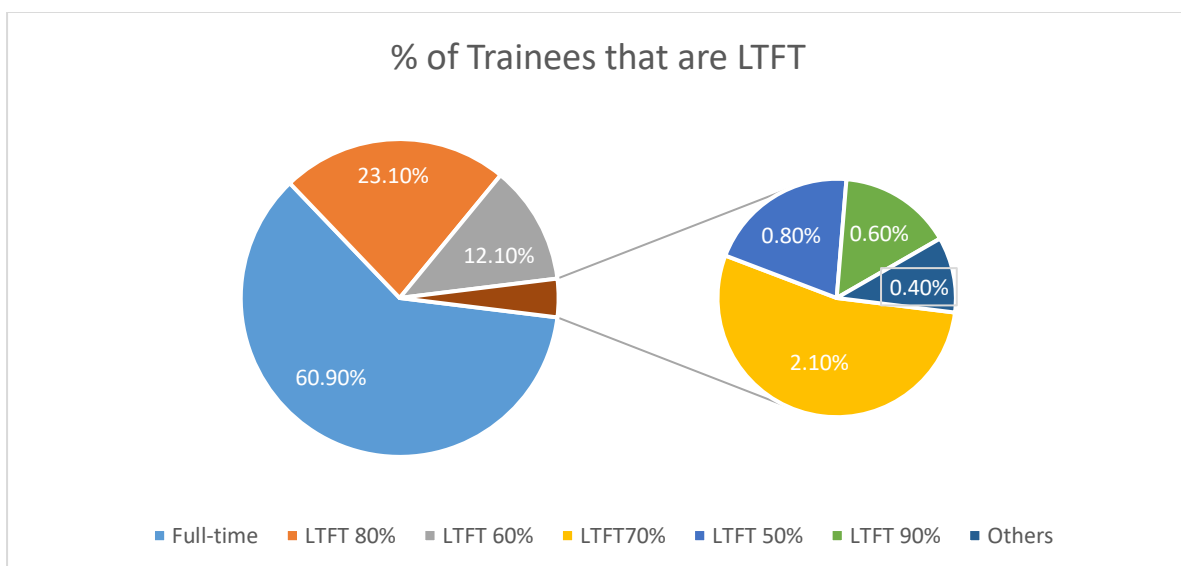
There has been a 4% increase in International Medical Graduate (IMG) trainees over the last year, with a similar rate of decline of 4% of UK-graduated trainees (70% in 2024 vs 73.89% in 2024). The proportion of trainees with PMQ from the European Economic Area (EEA) has remained steady over the last 3 years at roughly 6%. Overall, the data shows a shift towards increased IMG representation

in O&G.



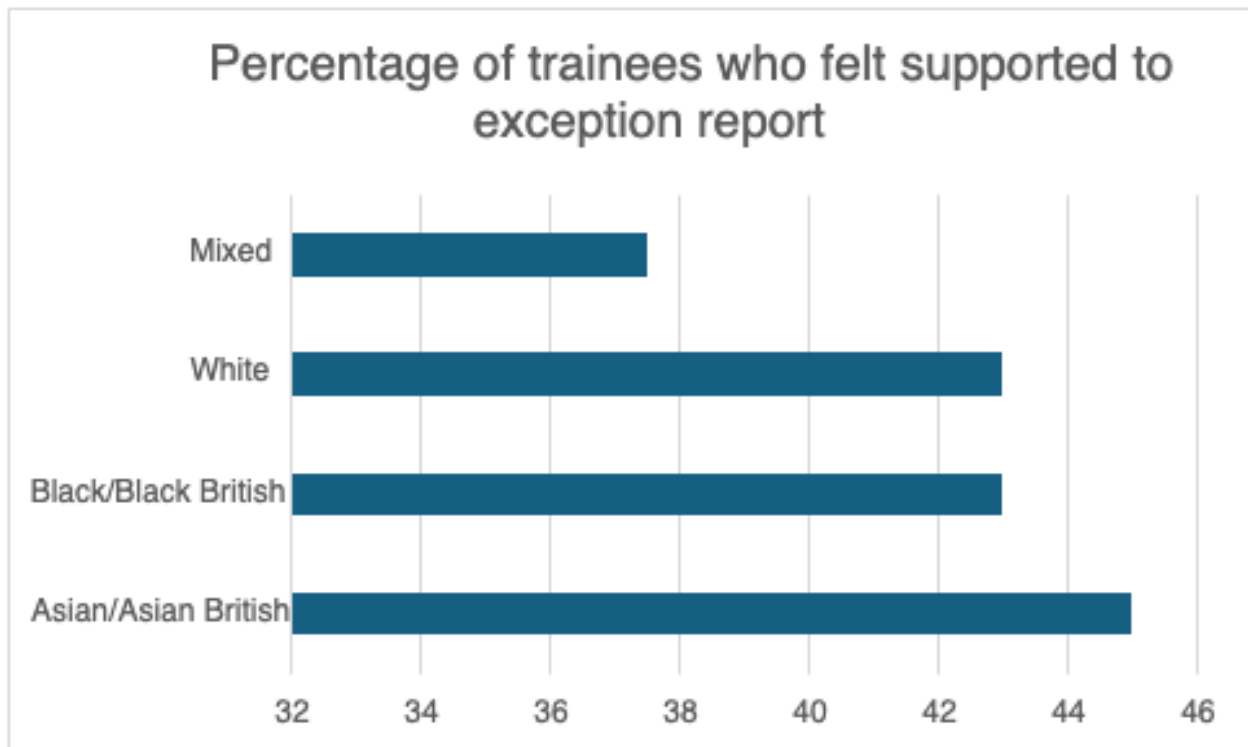
### LESS THAN FULL TIME

Obstetrics and gynaecology has one of the highest proportion of trainees working LTFT according to the GMC National Trainees Survey. There has been a 3% decline in trainees working full time (61% in 2024 vs 64% in 2023) with a 6% increase in LTFT trainees. 59.6% of LTFT trainees work 80% of full time. Women were more likely to be LTFT at 35% compared to men at 3%. The proportion of male trainees working LTFT saw a remarkable decline from 14% in 2023 to 3% in 2024.



## SUPPORT TO EXCEPTION REPORT

Broadly similar percentages of trainees of different groups felt supported to submit exception reports when staying late at work. 41% of female trainees strongly agreed or agreed that they were supported to exception report compared to 49% of male trainees. 45% of IMGs said they had felt supported to exception report, and similarly 42% of UK grads felt the same.



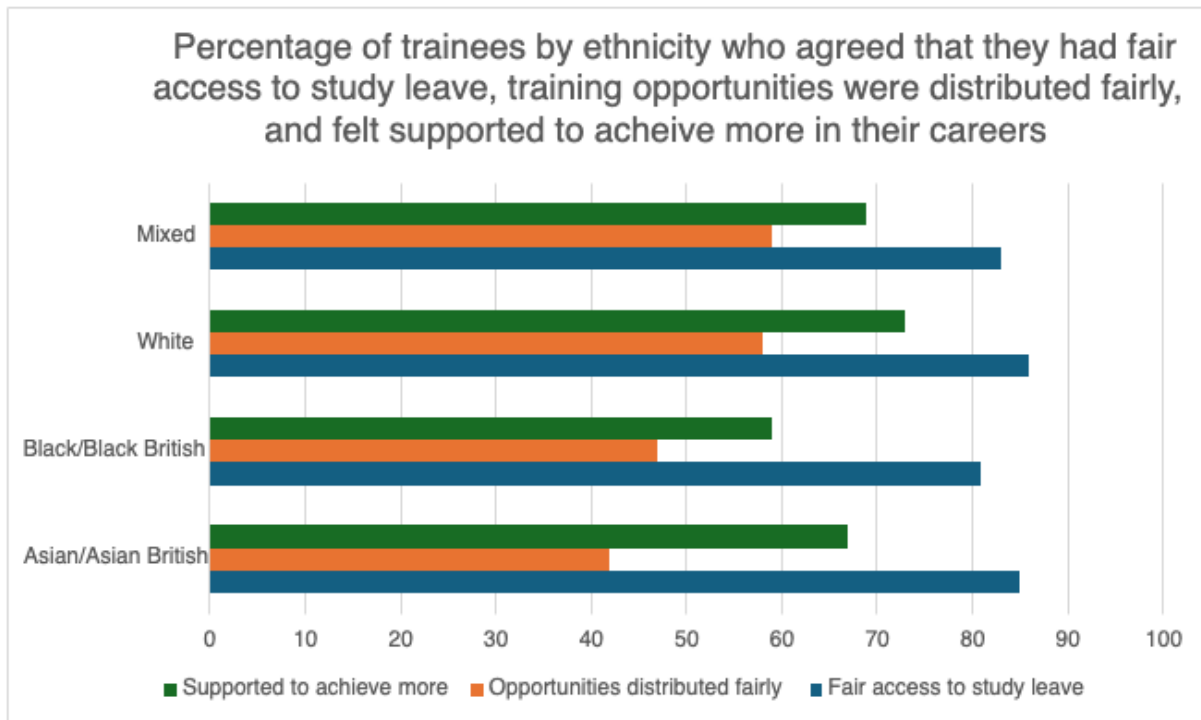
No comparative data from previous years was available for this question.

## STUDY LEAVE AND TRAINING OPPORTUNITIES

### a) Gender

29% of female trainees felt they were able to access study leave for training opportunities outside of compulsory courses/regional teaching, with 51% of female trainees saying training opportunities were distributed equally amongst trainees of the same grade. This is compared to 84% of male trainees who felt able to access the same study leave, and 55% of male trainees who felt training opportunities were equal. 48% of female trainees felt they were supported to achieve more in their careers compared to 70% of male trainees.

### b) Ethnicity



Around 80% of all groups of trainees felt they had good access to study leave. White trainees were most likely to feel supported to achieve more in their careers, with 73% of trainees agreeing with the statement. In comparison, Black trainees were least likely to agree with the statement at only 59%.

#### c) Place of PMQ

81% of IMGs found it easy to get study leave compared to 86% of UK graduates. 44% felt that training opportunities were distributed fairly, and 61% said they were supported to achieve more in their careers. For UK grads, these percentages were 55% and 72% respectively. This is broadly similar to the figures from the 2023 survey.

### FEELING VALUED OR UNDERMINED AND LEAVING THE SPECIALTY

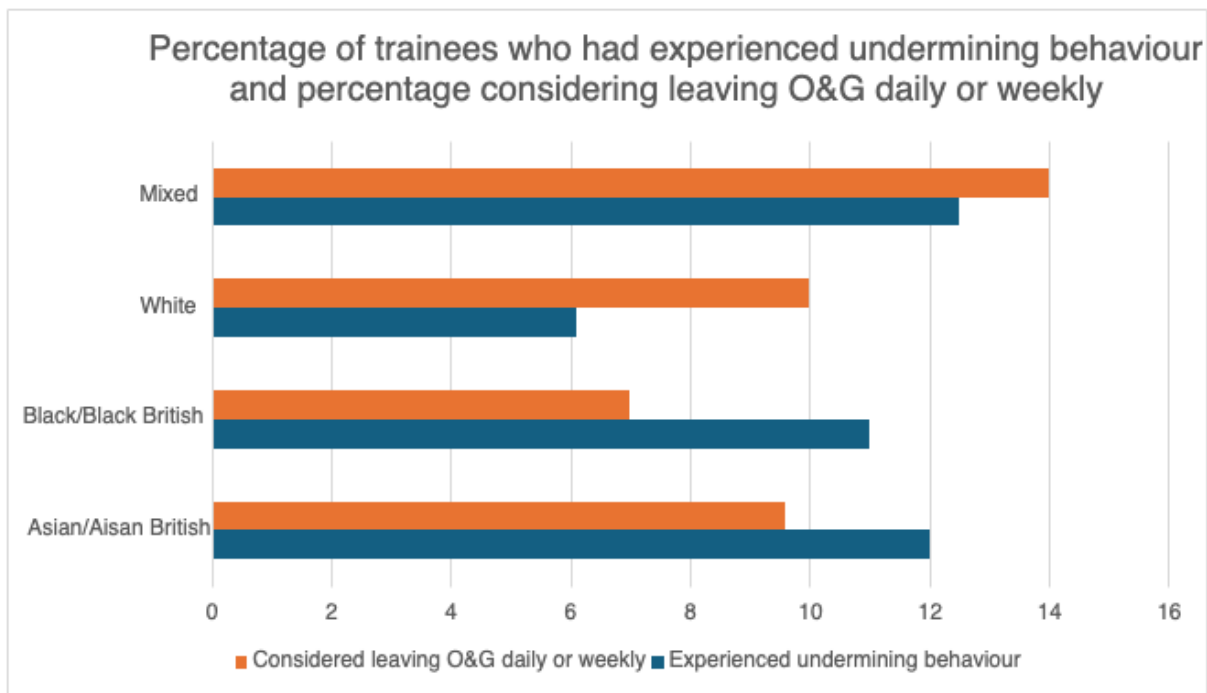
#### a) Gender

73% of female trainees felt valued as an O&G trainee compared to 80% of male trainees. 147 female trainees (9.3%) of female trainees had been subjected to behaviours which had undermined their professional confidence or self esteem, similarly 8.7% of male trainees reported the same. 10.5% of female trainees thought about leaving the specialty daily or weekly, compared to 6.7% of male trainees.

Whilst the number of non-binary trainees was very small, 6.6% of non-binary trainees had experienced undermining behaviours, and 60% felt valued in the workplace. 6.6% reported considering leaving the specialty weekly.

#### b) Ethnicity





Notably white trainees were least likely to have experienced undermining behaviour at 6.1%, however Black trainees were least likely to regularly consider leaving the specialty.



White trainees were most likely to feel valued (77% agreeing with the statement). Black trainees were least likely to feel valued (69% agreeing with the statement).

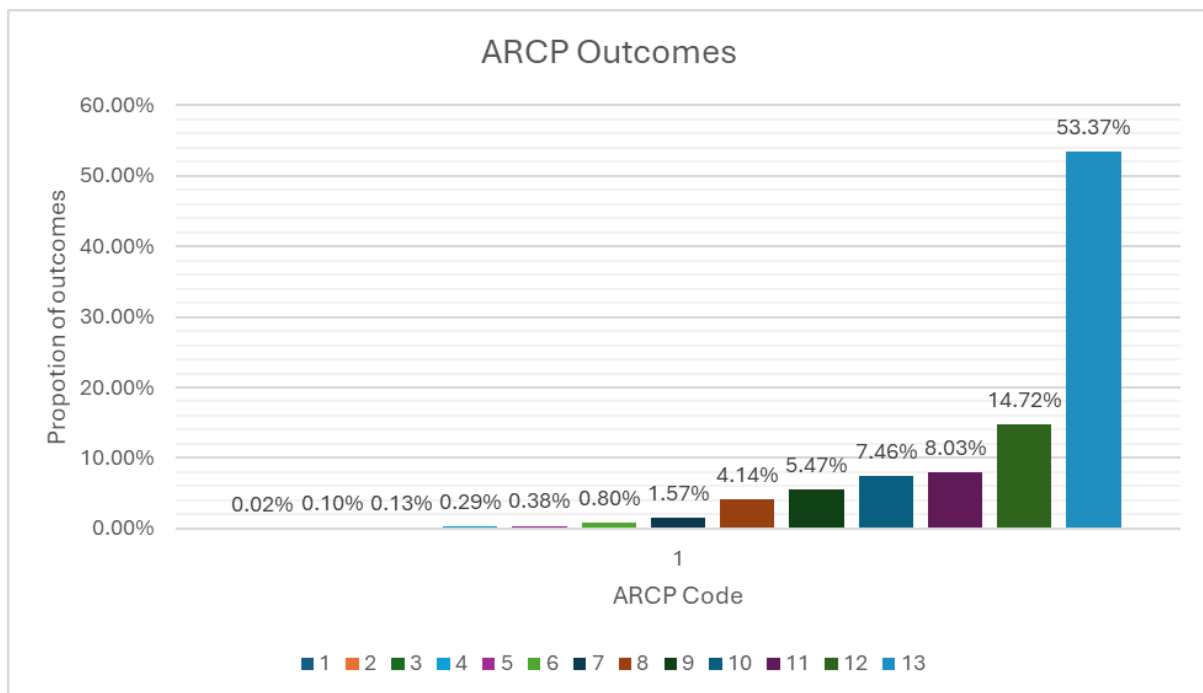
These figures are relatively unchanged from the 2023 report.

#### c) Place of PMQ

Of IMGs, 14.7% felt they had been subjected to undermining behaviour. 66% felt valued in the workplace and 9% thought about leaving the specialty daily or weekly. Fewer UK grads reported undermining behaviour, at 7.2%, and more felt valued in the workplace, with 77% agreeing with this statement. However, a broadly similar percentage of UK-graduated trainees considered leaving the specialty daily or weekly, at 10.9%.

### ARCP OUTCOME

Most of the candidates (more than half of them) achieved outcome one which means all competences were achieved satisfactorily.



### SUBSPECIALITY TRAINING

There were 59 respondents to the survey who are in subspecialty training compared to 70 respondents in 2023.

#### a) Gender



In 2024, 71% of SST trainees were female and 27% were male trainees. Overall, 2.7% of female trainees were in SST compared to 3.5% in 2023 vs 4.5% of male trainees compared to 6.1% in 2023. Male trainees are over-represented in subspecialty training when compared with the general trainee population

## B) Ethnicity

There has been a steady increase in the proportion of trainees in subspecialty training who are white over the years with 49.2%, 53% and 61% in 2021, 2023 and 2024 respectively. There has been a 3% increase for Black trainees. The data does clearly show that trainees of non-white racial origin are under-represented in subspecialty training when compared with the overall training population.

## D) SST by PMQ

Although IMG make up roughly 24% of the O&G workforce, they are under-represented at 2.08% in SST. EEA trainees show a 3.6% presence in SST despite their overall smaller numbers.

## Conclusion

Differential attainment continues to pose a challenge to training in O&G. It is therefore crucial to understand the context in which it occurs, which demographics are most affected and develop strategies to help combat them leading to a more successful and rewarding training programme and ultimately improved patient care and service.

There remain substantial differences in large numbers of TEF indicators between genders, ethnicity and place of PMQ, particularly support for exception reporting, feeling valued at work, access to study leave and training opportunities and entry into subspecialty training.

Whilst in this report we have looked broadly at the indicators based on gender, ethnicity and place of PMQ, rather than comparing schools, it is worth noting that the distribution of trainees of differing gender, ethnic background and PMQ is not uniform across the schools. There is wide variation and this will contribute to the difference in TEF indicator scores between schools.

Many of these indicators remain unchanged from previous years, suggesting that efforts to better understand why these differences occur, and interventions to impact these differences, remain an area of crucial focus for the RCOG.

## Recommendations



- Collect more in depth, granular data regarding the perceived reasons behind the different treatment of trainees from differing backgrounds, potentially through focus groups/interviews
- Explore the link between the TEF markers and actual attrition from the specialty, and explore how trainees could be better supported to remain in the training programme if they wish to
- Explore the feasibility of collecting data on further protected characteristics in the TEF
- More detailed statistical analysis by an expert statistician could explore the impact of having multiple marginalised identities i.e. the impact of being both female and an IMG.
- Explore potential for additional training in the workplace to help address unconscious biases and help improve feeling of being valued at the workplace
- Empowering workforce to challenge discriminatory/undermining behaviour by offering of training such as active bystander courses
- Review how SST opportunities are distributed given the under representation of certain demographic groups

#### References

1. <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/tackling-differential-attainment>)
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4. <https://maternityandmidwifery.co.uk/disproportionate-levels-of-bullying-and-racism-in-obstetrics-and-gynaecology/>

Find out more at  
[rcog.org.uk](http://rcog.org.uk)



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