SUMMARY AND ACTION PLAN

Background

In 2008, Modernising Medical Careers (MMC) continues to drive Postgraduate Medical Education and Training (PGMET). The responsibility for PGMET is however shared between the NHS Boards, who employ the doctors in training, by general practices contracted to the Boards, and Postgraduate Deaneries, which are part of NHS Education for Scotland (NES).

NES’ primary roles in PGMET include the management and quality management of educational programmes, the direct funding of doctors in training, and the co-ordination of recruitment of postgraduate trainees – the recruitment interview process being undertaken by the territorial NHS Boards. The scale of this activity is indicated by the number of medical specialties (54 specialties) and the number of training programmes sponsored by NES’ four medical deaneries (232). NES therefore works very closely with the Royal Medical Royal Colleges and Faculties to ensure specialty training is delivered to the standards set by the regulators, the Postgraduate Medical and Education Training Board (PMETB) and the General Medical Council (GMC).

In 2008, the number of postgraduate doctors in training totals 5,823: 1,605 foundation; 3,748 specialty (including GP); and 470 FTSTA posts (Fixed Term Specialty Training Appointment). The number of doctors in training has increased by almost 10% since 2004. The 232 PMETB approved Scottish training programmes includes 54 Foundation Programmes and 178 Specialty Programmes. This Impact Assessment is concerned with Recruitment to Specialty Training only, which annually places doctors in training in approved training programmes.

2008 Recruitment Drive

In 2008, the recruitment exercise varied from the previous year due to challenging technical circumstances when the online system MTAS failed to deliver a smooth process. The new recruitment process involved NES, Health Boards including Human Resources, Recruitment Panels, temporary staff and applicants. This Impact Assessment is concerned with the aspects of recruitment involving and/or led by NES personnel.

1. Impact Assessment Method

This Impact Assessment followed a series of stages due to the magnitude of the function to be surveyed. These are:

a. Detailed examination of the recruitment exercise through interviews and exploration of available information including recruitment data, web-based and paper information (full details of this exploration are available in an Executive Report; a summary can be found in Appendix 2). A list of consulted publications is available in Appendix 3.
b. Impact Assessment of the various aspects of recruitment on the participants in relation to race, disability, sex and gender, sexual orientation, age, religion and belief.

c. Development of an Action Plan to progress the findings of the Impact Assessment

a. Recruitment Processes and Summary of Findings

Information offered to Applicants:
- Web-based information on Modernising Medical Careers (MMC) web-site (managed by NES): comprehensive information base but difficulties with information population due to the newness of the recruitment system. This should considerably improve with bedding down of the process. This may improve, should the web-site be simplified and ‘owners’ or sources of information identified
- NES Medical Directorate Micros-site: this site is currently under review

Application Forms and Person Specifications
- Work already undertaken by London City University has uncovered issues of consistencies in relation to criteria, specialty specific sections, wording and mapping to scoring frameworks. Work is ongoing.

Application Processing
- Varying processing (online, postal, involvement of different organisations) makes this an uneven set of processes.
- Paper Application: inadequate postal delivery time
- General time issues

Interview and Scoring
- Weighting
- Cost effectiveness
- Time issues: long hours for all involved
- Training and calibration in relation to Selectors
- Information management
- Short-listing process
- Tied scores
- High volume application process
- Role of references

Allocation to Posts
- Provision of rotation information sometimes problematic
- Temporary contract staff: loss of organisational memory and commitment issues; lack of seamlessness

Analysis of Data

Following appointment, equality and diversity monitoring data were made available and analysed across all six. This analysis compared the following:

- Differences in the percentage of applicants from particular groups
- Differences in the percentage of applicants from particular groups who were shortlisted (success rate at shortlisting)
- Differences in the percentage of shortlist applicants from particular groups who were appointed (success rate at application)
b. Impact Assessment in relation to race, disability, sex and gender, sexual orientation, age, religion and belief: Summary of Findings

Race
- Negative impact of postal application on applicants located far away from the UK
- Other aspects of application process affected all participants equally
- Data analysis: BME applicants were significantly less successful than white applicants at both shortlisting and appointment stages. However, the data collection method did not allow for analysis of the possible impact of nationality on these results. It is likely that the portion of overseas applicants among BME applicants is high and this may be skewing the results. Anecdotal evidence also suggests that a higher percentage of the BME applicant pool is male, and gender analysis indicates that females are more successful at gaining placement. We cannot however assume at this point that the differential success rate of BME applicants is entirely due to the effects of either nationality or gender.

Disability
- Access to information: web-based application favours some applicants whilst paper-based application favours others.
- Access to interview premises: this aspect of the recruitment is undertaken by other organisations
- Consultation with interviewees did not reveal any other issues; however systematic data for this work-stream was not collected this year
- Partial data analysis: the number of disabled applicants is very low, although their success rate in the recruitment and selection process does not seem to differ significantly from that of non-disabled applicants.

To-date, it is not known what percentages of medical graduates are disabled. There may be barriers to disabled students accessing courses in medicine at the undergraduate level or deciding to take up medicine as a career.

Sex and Gender
- Data analysis: Female applicants were more successful at obtaining targeted posts. Anecdotal evidence suggests that female applicants demonstrated better focus in selecting posts and presentation skills at interview. Triangulation with race, religion and nationality would be useful. Table 1, which shows GP Recruitment data for the 2008 Gender Group is included in Appendix 1 for example of data collected.

Sexual orientation
- Data suggest under-reporting; small numbers will require careful analysis in future.

Age
- Applicants success rates reflect the age distribution of applicants

Religion and Belief
- Data analysis: Hindu and Muslim applicants were significantly less successful than Christian applicants. It is highly probable that nationality contributes to this difference, but without nationality data it is not possible to draw specific conclusions. See Table 2 in Appendix 1
Other Key Groups

Every activity depends upon a set of unique circumstances; the 2008 Specialty Training recruitment process depended like previous years on temporary staff. Impacts on all participating staff were identified as follows:

- Difficult working conditions due to loss of organisational memory and commitment issues; lack of seamlessness

Moreover NES staff identified general timeline issues.

c. Action Plan

<table>
<thead>
<tr>
<th>Race</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Negative impact of postal application on applicants located far away from the UK</td>
<td>Option of postal and online applications: to be investigated with the MMC Recruitment Team *</td>
</tr>
<tr>
<td>- Other aspects of application process affected all participants equally</td>
<td>Timeline: Autumn 2008</td>
</tr>
<tr>
<td>- Differences in success rates of various applicants from various ethnic groups</td>
<td>Consultation to be undertaken with Key Groups. New system to be tested with groups and uses of SMS to be trialled. Timeline: Winter 2008-09</td>
</tr>
</tbody>
</table>

2009:

- Add nationality to the equality and diversity monitoring data collected on applicants.
- Analyse data to identify the effects of nationality, religion, gender and race.
- Consult with BME trainees and doctors to identify possible barriers to success in the recruitment and selection process.
- Ensure that selection panels have received equality and diversity training that incorporates race equality.
<table>
<thead>
<tr>
<th>Disability</th>
<th>Option of postal and online applications: to be investigated with the MMC Recruitment Team</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Access to information: web-based application favours some applicants</td>
<td>Timeline: Autumn 2008</td>
</tr>
<tr>
<td>whilst paper-based application favours others.</td>
<td>Data to be collected in 2009: NES Central Team now briefed and data matrix developed in-house to begin collecting data. Applicants’ pages to be modified to allow anonymised data collection. Timeline: 2009 Recruitment Drive</td>
</tr>
<tr>
<td>- Access to interview premises: this aspect of the recruitment is undertaken by other organisations</td>
<td>2009: Work with Scottish universities to identify the equality and diversity profile of medical graduates.</td>
</tr>
<tr>
<td>- Consultation with interviewees did not reveal any other issues; however systematic data was not collected this year</td>
<td>Implement the Positive about Disabled People two-ticks scheme in Recruitment and Selection to Specialty Training.</td>
</tr>
<tr>
<td></td>
<td>Working with Universities, PMETB and other stakeholders, develop positive communications to encourage disabled applicants to specialty training.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sex and Gender</th>
<th>Analysis to be undertaken in conjunction with Single Equality Scheme and Report developed for the Equality and Human Rights Commission. This analysis must triangulate and compare data on gender, race, religion and belief. Analysis to be undertaken in-house. Timeline: Winter 2008-09</th>
</tr>
</thead>
<tbody>
<tr>
<td>- Female applicants were more successful at obtaining targeted posts</td>
<td>In detail:</td>
</tr>
<tr>
<td></td>
<td>Further analyse MMC recruitment data by specialty to identify the sources of differences between men and women including skill sets and interview data.</td>
</tr>
<tr>
<td></td>
<td>Delineate roles of recruiting organisations including NES and Health Boards to determine recruiting skills and gaps.</td>
</tr>
<tr>
<td></td>
<td>Review data on the gender profile of the undergraduate population in medicine as the basis of comparison and further analysis.</td>
</tr>
<tr>
<td></td>
<td>Review data on the different medical career choices made by men and women.</td>
</tr>
</tbody>
</table>
Investigate reasons for differences between males and females in MMC recruitment by analysing patterns of application including skills matching and applicant feedback (where possible).

Benchmark recruitment data against other UK deaneries, and the background population (where possible) to identify sources of potential bias.

Sexual orientation
- Data suggest under-reporting; other evidence did not reveal inequalities

Advice to be sought in exploring reasons for medical applicants’ population to be unrepresentative of the Scottish population.

NES to join Stonewall Diversity Champions Scheme and work with Stonewall to identify ways of improving monitoring.

Directorate to develop a positive communications policy to encourage higher response to monitoring.

Age
- Applicants success rates reflect the age distribution of applicants

Religion and Belief
- Data reveals a complex picture with some groups faring better than others

From 2008-09, add nationality to the equality and diversity monitoring data collected on applicants.

Analyse data to identify the effects of nationality, religion and race.

Please also see suggested analysis for gender.
Other Key Groups:
The 2008 Specialty Training recruitment process depended like previous years on temporary staff. Impacts on all participating staff were identified as follows:
  - Difficult working conditions due to loss of organisational memory and commitment issues; lack of seamlessness

Moreover NES staff identified general timeline issues.

NES Medical Directorate to explore with MMC Team options to systematise and rationalise recruitment processes between and within recruiting organisations. These include provision of Handbook to recruiters and better information to applicants.
Timeline: Autumn 2008

MMC Recruitment Team to explore extending timeframe of recruitment process and use of time-saving online devices to allow for a smoother process. Contingency plans to be also developed in case of IT failure and HR shortages.
Timeline: Autumn and Winter 2008-09

* MMC Recruitment Team: Modernising Medical Careers Team bringing together members of NES Medical Directorate and Human Resources department in Health Boards.

Note of caution: it is worthwhile remembering that this Summary is informed by a detailed report.

**Conclusion**

It is hoped that this action plan will deliver improvements in the 2009 recruitment drive, which can have positive effects in a holistic manner. However, this Impact Assessment on its own may not be able to answer broader issues as NES responsibility for doctors in training is shared with many organisations, particularly the employers, the NHS Boards. Nonetheless, NES is committed to working with partner organisations and sees this Impact Assessment as the beginning of a process which will lead to longer term stepped developments with year on year achievable targets including the opportunity to consult further once data analysis is available. Evidence-based monitoring will be undertaken on an annual basis.
## APPENDIX 1

### Table 1 GP Recruitment Data Gender Group

| Gender                  | Applied to GP in Scotland |                      |                      |                      |  |  |  |
|-------------------------|---------------------------|----------------------|----------------------|----------------------|  |  |  |
|                         | No.  | % of total applicants (who provided info) | No.  | % of total considered appointable (with info) | % of applicants from group who were considered appointable (with info) | No. | % of total appointed (with info) | % of appointable who were appointed (with info) |
| Female                  | 485  | 46.0%                              | 276  | 58.0%                              | 56.9%                              | 194  | 55.0%                              | 70.3%                              |
| Male                    | 570  | 54.0%                              | 200  | 42.0%                              | 35.1%                              | 159  | 45.0%                              | 79.5%                              |
| Total                   | 1055 | 476                                | 353  | 353                                | 353                                | 353  | 353                                | 353                                |

| Transgendered           | 0    | 0.0%                               | 0    | 0.0%                               | 0.0%                               | 0    | 0.0%                               | 0.0%                               |
| Total T+M+F             | 1055 | 476                                | 353  | 353                                | 353                                | 353  | 353                                | 353                                |

| Not specified / preferred not to say | 24   | 2.2%                               | 9    | 1.9%                               | 37.5%                              | 7    | 1.9%                               | 77.8%                              |
| Overall total           | 1079 | 485                                | 360  | 360                                | 360                                | 360  | 360                                | 360                                |

Data clarifications / definitions for this table:
Transgendered status not monitored (not available as an option on the online form)
<table>
<thead>
<tr>
<th>Religious / belief group</th>
<th>Applicants</th>
<th></th>
<th>Shortlisted</th>
<th></th>
<th>Appointed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>% of total Applicants (who provided info)</td>
<td>No.</td>
<td>% of total Shortlisted (with info)</td>
<td>% of Applicants from group who were Shortlisted (with info)</td>
<td>No.</td>
</tr>
<tr>
<td>Church of Scotland</td>
<td>293</td>
<td>6.1%</td>
<td>229</td>
<td>9.7%</td>
<td>78.2%</td>
<td>160</td>
</tr>
<tr>
<td>Roman Catholic</td>
<td>446</td>
<td>9.2%</td>
<td>235</td>
<td>10.0%</td>
<td>52.7%</td>
<td>111</td>
</tr>
<tr>
<td>Other</td>
<td>706</td>
<td>14.6%</td>
<td>400</td>
<td>17.0%</td>
<td>56.7%</td>
<td>171</td>
</tr>
<tr>
<td>Buddhism</td>
<td>112</td>
<td>2.3%</td>
<td>55</td>
<td>2.3%</td>
<td>49.1%</td>
<td>18</td>
</tr>
<tr>
<td>Hinduism</td>
<td>1514</td>
<td>31.3%</td>
<td>559</td>
<td>23.8%</td>
<td>36.9%</td>
<td>141</td>
</tr>
<tr>
<td>Sikhism</td>
<td>41</td>
<td>0.8%</td>
<td>18</td>
<td>0.8%</td>
<td>43.9%</td>
<td>5 or fewer</td>
</tr>
<tr>
<td>Judaism</td>
<td>7</td>
<td>0.1%</td>
<td>7</td>
<td>0.3%</td>
<td>100.0%</td>
<td>5 or fewer</td>
</tr>
<tr>
<td>Islam</td>
<td>1044</td>
<td>21.6%</td>
<td>378</td>
<td>16.1%</td>
<td>36.2%</td>
<td>75</td>
</tr>
<tr>
<td>Other Faith / Belief</td>
<td>40</td>
<td>0.8%</td>
<td>26</td>
<td>1.1%</td>
<td>65.0%</td>
<td>6</td>
</tr>
<tr>
<td>No Religion</td>
<td>629</td>
<td>13.0%</td>
<td>444</td>
<td>18.9%</td>
<td>70.6%</td>
<td>248</td>
</tr>
<tr>
<td>Total</td>
<td>4832</td>
<td>100%</td>
<td>2351</td>
<td>100%</td>
<td>48.7%</td>
<td>938</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Religious / belief group</th>
<th>Applicants</th>
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<th></th>
<th>Appointed</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>% of overall total of Applicants</td>
<td>No.</td>
<td>% of overall total who were Shortlisted</td>
<td>% of Applicants (no info) who were Shortlisted</td>
<td>No.</td>
</tr>
<tr>
<td>Not specified / Prefer not to say</td>
<td>459</td>
<td>8.7%</td>
<td>326</td>
<td>12.2%</td>
<td>71.0%</td>
<td>180</td>
</tr>
<tr>
<td>Overall total</td>
<td>5291</td>
<td>2677</td>
<td>48.7%</td>
<td>1118</td>
<td>39.9%</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 2

The Consultation exercise for this Impact Assessment took place over a period of four months from June 2008; it included 10 interviews with NES and Health Board Personnel as well as attendance at several key meetings including 2 national Modernising Medical Career Events in June and September 2008.

It also included a study of trainee interview feedback, personnel feedback and a critical overview through impact assessment methodologies of web-based material provided by NES.

Publications were surveyed and are included in Appendix 3. Lastly data was analysed and summarised in the context of publications.


Tynan A (2003) Pushing the Boat Out: An Introductory Study of admissions to UK Medical, dental and Veterinary schools for applicants with Disabilities. The Learning and Teaching Support Network