Evaluating Equality, Diversity and Inclusion (EDI) Characteristics of Interviewers for University of Aberdeen Medical School Admissions: A Quality Improvement Project

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"Medical schools should consider collecting identity data from selectors so they can ensure a diverse set of people are making decisions about admissions" – Medical Schools Council[2]

Aim:

Recognising a need to review EDI within medical education, the University of Aberdeen (UoA) Medical Admission's team has undertaken the following QI project-

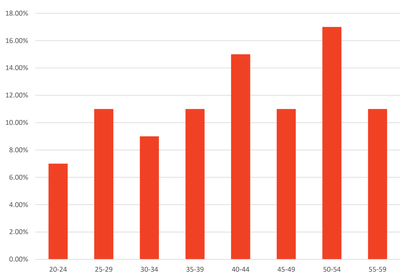
1. Evaluate the EDI make-up of its interviewers
2. Identify gold standards through a scoping exercise
3. Benchmark our findings and make recommendations

Background: *Potential benefits of improving EDI among medical school selectors*

- Reduces unconscious bias in selection processes[3]
- Enables academic advancement and attainment[4]
- Enhances range of skills, experiences and talent
- Improves productivity and engagement
- Increases EDI among medical students → improves EDI in medical workforce:
  - Reduces health inequalities
  - Enables "culturally competent" care
  - Improves teamwork, communication and risk assessment
  - Improves patient outcomes and satisfaction[5]

Results 1a- Age

There was a wide range of ages of interviewers with a peak between 50-54 years and 63% of interviewers over the age of 40.



Methods

1. Survey

Interviewers in the 2023/24 admissions cycle voluntarily completed an anonymous survey on their protected characteristics

2. Scoping Exercise

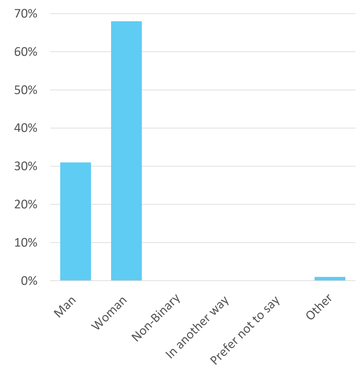
A scoping exercise was undertaken to identify gold standards/guidance from medical schools

3. Benchmarking

Our results were compared with those identified in the scoping exercise and population data from the Scottish Census.

Results 1b- Gender

68%, 31% and 1% of interviewers identified as a woman, man and other, respectively.



Results 1c- Ethnicity

- 8% Asian, Asian British-Indian or Indian British, Pakistani or Pakistani British
- 68% White – English, Scottish, Welsh, Northern Irish or British
- 6% from any other white background
- Each remaining ethnic group had <3% of the total interviewers. Please scan QR code for further breakdown of results.

Results 2a- Is there a GOLD standard for medical interview panels?

- University College London: **25% female**[6]
- University of Toronto – Department of Medicine:
  40% should be **female** & 1/3rd **under represented minorities**[7]

Results 2b - Aberdeen Census Data

Results of the MMI Interviewers survey compared with results from the 2011 Scottish census for Aberdeen City.[8]

	Age				Gender		Ethnicity			
	16-24	25-44	45-59	>60	Men	Women	White British	White Other	Asian	Other Ethnic Groups
MMI Interviewers	7%	46%	39%	8%	31%	68%	68%	6%	8%	18%
Aberdeen City	16%	30%	19%	20%	49%	51%	83%	9%	4%	4%

Results 3- Findings

- The majority of our interviewers were female, White British and middle-aged
- When compared with guidance identified in the scoping exercise our results:
  - Exceed minimum standards for percentage of women on panels
  - Do not meet targets for under represented minority groups
- When compared with the local population, there are imbalances in gender but greater diversity in ethnicity
- There is very little specific guidance regarding EDI interview composition

Recommendations

- To address the findings, we suggest the following:
  1. Convene a panel of experts to determine guidance for UoA Medical School, which may include active recruitment of interviewers with specific EDI characteristics
  2. Share findings and recommendations with other Scottish Medical schools
  3. Re-evaluate the data in the 2024-25 admissions cycle
  4. Longitudinally explore whether steps to improve EDI among interviewers enhances EDI amongst medical student offers

References: 2) Medical Schools Council. *Active Inclusion and Challenging Exclusion in Medical Education.* Available from: https://www.medschools.ac.uk/media/2918/active-inclusion-challenging-exclusions-in-medical-education.pdf [Accessed 12/02/2024] **3)** Vick AD, Baugh A, Lambert J, Vanderbilt AA, Ingram E, Garcia R, et al. Levers of change: a review of contemporary interventions to enhance diversity in medical schools in the USA 2018;9:53–61. https://doi.org/10.2147/AMEP.S147950 **4)** Brown C, Goss C, Sam AH. Is the awarding gap at UK medical schools influenced by ethnicity and medical school attended? A retrospective cohort study 2023;13:e075945. https://doi.org/10.1136/bmjopen-2023-075945. **5)** Gomez LE, Bernet P. Diversity improves performance and outcomes 2019;111:383–92. https://doi.org/10.1016/j.jnma.2019.01.006. **6)**University College London. *Recruitment and Selection Procedure.* Available from: https://www.ucl.ac.uk/human-resources/recruitment-and-selection-procedure [Accessed 12/02/2024] **7)** University of Toronto. *Guidelines for Department of Medicine Search Committees Using an Equity, Diversity, and Inclusion Lens.* Available from: https://deptmedicine.utoronto.ca/sites/default/files/assets/files/dom-faculty-recruitment-final-january-202301312.pdf [Accessed 12/02/2024] **8)** Aberdeen City Council. *2011 Census Neighbourhood Statistics Aberdeen City.* Available from: https://www.aberdeencity.gov.uk/sites/default/files/2018-01/2011%20Census%20Neighbourhood%20Statistics%20Aberdeen%20City.pdf [Accessed 07/03/2024.]. For further information about this project, please contact claire.thornton@abdn.ac.uk.