**NHS Education for Scotland**

**Equality Impact Assessment Report**

**Name of function, policy or programme: Scottish Trainees Enhanced Programme (STEP)**

**NES directorate or department: Medicine**

**Name of person(s) completing EQIA: Dr Alison Sneddon**

**Individuals or groups contributing to EQIA: Directors of Postgraduate General Practice Education**

**Date Report Completed: 22nd October 2015**

**1. Define the function[[1]](#footnote-1)**

* What is the purpose of the function?

The Scottish Trainees Enhanced Programme (STEP )programme has been developed to meet the special educational needs of a group of General Practice Specialty trainees considered to be at increased risk of failing to achieve a pass in the Membership of the Royal College of General Practitioners ([MRCGP](http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview.aspx))examination within the normal three /four year duration of GPST training programme.

* Who does the function benefit and what is the relevance of the function to those groups?

The programme is designed to benefit a group of trainees considered to be at increased risk of failing to achieve a pass in the MRCGP within the normal duration of the GPST training programme, which is a requirement for independent practice as a UK General Practitioner and inclusion in the General Medical Council (GMC) UK General Practice Specialty Register

* How are they affected or will they benefit from it?

The programme has been designed to increase the likelihood that the group of trainees will achieve a pass in the MRCGP examination, without the need for an extension to their training, through early identification of risk and participation in an enhanced programme of educational activities to address the particular educational needs of participants.

* What results/outcomes are intended?

The intended outcome of the programme is to increase the pass rate in the tripos of the [MRCGP](http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview.aspx) examination within the normal duration of the GPST training programme for the group of trainees.

* What is NES’s role in developing and delivering the function?

The programme has been commissioned and supported by the NHS Education for Scotland (NES) Scotland Deanery Directors of General Practice Education. The programme was developed and will be delivered by colleagues working in the NES Medical Directorate, [General Practice Specialty Training](http://www.nes.scot.nhs.uk/education-and-training/by-discipline/medicine/general-practice.aspx).

* Who are the partners in developing and delivering the function and what are their roles?

The partners are

* + Scotland Deanery General Practice Specialty Training Educational Supervisors, whose role will be to participate with and support trainees who engage with the STEP programme
	+ Scotland Deanery General Practice Specialty Training Clinical Supervisors whose role will be to provide additional support to trainees who participate in the STEP programme
	+ Scotland Deanery General Practice Training Programme Directors who will support the General Practice Specialty trainees and their Educational Supervisors as they participate in the STEP programme
	+ Scotland Deanery General Practice Specialty Training programme management administration colleagues whose role will be to administer the programme

**2. Evidence used to inform assessment**

Briefly summarise or list the types of evidence you have used in this EQIA.

The group considered a range of evidence including

* Judicial review reported by Mr Justice Mitting on British Association of Physicians of Indian Origin (BAPIO) versus Royal College of General Practitioners (RCGP) and GMC
* UK Equality Act 2010
* Joint RCGP and Committee of General Practice Education Directors (COGPED) Guidance on Clinical Skills Assessment (CSA) Preparation
* Summary report RCGP-COGPED group on compliance with BAPIO v RCGP and GMC
* GMC presentation on differential attainment in exams and training
* MRCGP statistics –Annual report on the results of Applied Knowledge test (AKT) and CSA Assessments
* Published literature in Medical Education Journals on how to help International Medical Graduates (IMGs) to pass the CSA and MRCGP exam, helping IMGs to improve their consultation skills, how best to assist struggling trainees, trainees who pass the MRCGP tripos first time
* Evaluation reports from previous similar programmes delivered in four regions of Scotland and in other UK deaneries, including “CSA and IMGs – factors associated with success”

**3. Results from analysis of evidence and engagement**

What does the evidence and any engagement activities tell you about:

The relevance of this function for different equality groups

Evidence shows that some trainees may be at higher risk of failing to achieve a pass in the RCGP exam on account of their

* Country of Primary Medical Qualification (PMQ) – Individuals whose country of PMQ is outside the UK are at greater risk of failing the MRCGP exam
* Black or Minority Ethnic UK graduates – Individuals of Black or Minority Ethnicity whose country of PMQ is the UK are at greater risk of failing the MRCGP exam
* Performance in the Situational Judgement Test (SJT) component of General Practice Specialty Training recruitment Stage 2 assessment – Individuals who score 2 in the SJT are at greater risk of failing the MRCGP exam

The STEP programme has been developed specifically to address the additional educational needs of these groups of individuals in order to increase their likelihood of success in the MRCGP exam during the normal three/four year duration of GPST training programme .

The specific issues you identified for particular groups – evidence of barriers, under-representation, particular needs

Evidence suggest that Deaneries could do more to help these groups of individuals to progress through General practice specialty training and in particular to enhance the likelihood of them achieving a pass in the tripos of the MRCGP exam during the normal three/four year duration of GPST training programme

* Applied Knowledge Test ( [AKT](http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-applied-knowledge-test-akt.aspx))
* Clinical Skills Assessment ([CSA](http://www.rcgp.org.uk/training-exams/mrcgp-exams-overview/mrcgp-clinical-skills-assessment-csa.aspx))
* Work Place Based Assessment ([WPBA](http://www.rcgp.org.uk/training-exams/mrcgp-workplace-based-assessment-wpba.aspx))

Evidence of existing good practice

The Scotland Deanery was established in April 2105 prior to which NES Medical Directorate Postgraduate General Practice Specialty Training colleagues in the four Scottish Deaneries offered and delivered a range of programmes and interventions which were designed to meet the particular additional educational needs of General Practice Specialty Trainees whose country of PMQ was outwith the UK and also trainees who had failed an element of the MRCGP exam. These programmes were evaluated and the learning from these has informed the development and design of the STEP programme.

These programmes illustrated the importance of

* adopting a person-centred approach
* the key role of Educational Supervisors in supporting trainees
* the need for offering ongoing support to trainees throughout their training rather than one-off events
* trainees accepting and acting on feedback on their communication skills
* the need for cultural integration and transition
* trainees learning with UK trainee colleagues

The STEP programme has been designed to address the risk of stigmatisation through the adoption of a learner centred approach and a decision to focus on the provision of an enhanced programme of support designed to meet specific additional learning needs rather than a focus on “at risk” learners. Communications about the programme have been designed to specifically include references to some of the positive differences in backgrounds and learning needs and to emphasise that the evidence upon which we have based the inclusion of participants is to be regarded as the best available and may not apply in every circumstance.

Opportunities to promote equality or good relations

Elements of the STEP programme include

* Early identification of trainees considered to be at increased risk of failing to achieve success in the three components of the MRCGP exam within the normal three/four year duration of GPST training programme
* Additional educational activities as part of an enhanced programme to prevent failure
* The programme includes an invitation to participate which is sent out shortly after taking up first post in GP training programme
* The first event of the programme is an Enhanced Induction event which includes an introduction, followed by four workshops
	+ **Culture** - Transition to Primary Care from outwith UK or from Secondary care- for trainees & ESs together
	+ **Listen -** Short taster communication skills on active listening - mainly for trainees
	+ **Reflect -** Introduction to reflection skills optimising log entries - for trainees & ESs together
	+ **MRCGP** - Exam statistics, differential pass rates, what might help trainees/ES- lead by CSA examiners)- for trainees & ESs together
* The programme will continue throughout the three/four years of the trainee’s training programme with support provided on an individual basis by their ES
* Special additional support may be offered prior to the AKT and CSA examinations although the detail of how this will be offered is yet to be decided.

**4. Actions taken or planned in response to issues identified in the analysis**

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| --- | --- | --- | --- | --- | --- |
| Issue identified | Action to be taken in response to issue | Responsibility | Timescale (indicate whether actions have already been completed, or provide timescale for carrying out the action) | Resources required | What is the expected outcome? |
| Risk of stigma of being invited | Clear communication to participants and to their Educational Supervisors to explain the reason for the programme invitationClear communication during the STEP programme enhanced induction event  | STEP Programme Assistant GP Director STEP ProgrammeEducational Lead  | Letters of invitation to be sent to trainees by 4/9/15  |  | Reduce the risk of trainees feeling stigmatised as a result of being invited to participate in the programme  |

**5. Risk Management**

In this assessment, have you identified any equality and diversity related risks which require ongoing management? If so, please attach a risk register identifying the risks and arrangements for managing the risks.

*Any risks identified in this process should be added to the appropriate project or organisational risk register. See the NES risk management guidance for advice on identifying and scoring risks, or take advice from your directorate's risk champion.*

Equality and Diversity risks identified include

* Potential for trainees to feel stigmatised as a consequence of being invited to participate in the programme - in order to mitigate for this the reason will be clearly explained to trainees at the time of invitation and also during the programme enhanced induction event.
* Potential for trainees who are not invited to participate to feel disadvantaged as a result of not being offered the enhanced programme. There is a justifiable reason to offer the programme to some trainees but not to all based on evidence of special educational needs.

**6. Consideration of Alternatives and Implementation**

*Note that if the impact assessment indicates that a function will negatively discriminate, either indirectly or through discrimination arising from disability, the function must be objectively justified[[2]](#footnote-2). This may require taking legal advice. If the function is to be objectively justified, outline the justification here, including analysis of any alternatives. See the guidance notes for instructions.*

**7. Monitoring and Review**

*Monitoring and review of equality impact should ideally be part of a wider monitoring or review process.*

Please explain how the function will be monitored and reviewed, including:

What data will be collected, at what time?

The programme will include evaluation and a Medical Education Fellow has been appointed whose remit will be to undertake formal research project into an element of the programme

An evaluation and review meeting has been scheduled to occur within six months of the start date of the programme and it is anticipated that this will continue on an ongoing basis. The review will include consideration of any new evidence which subsequently emerges.

What analysis of the data will be undertaken?

It is anticipated that qualitative research methods will be adopted to evaluate the programme and this may include questionnaires, semi structured interviews and focus groups.

Are there specific targets or indicators to be monitored?

* Perception of trainees regarding the level of support offered by the Scotland Deanery as a consequence of being invited to participate in the programme
* Programme participants’ outcomes in the tripos of MRCGP exam

How will results of monitoring be reported, when, and to whom?

* Perception of trainees will be monitored as a component of the evaluation of the programme on an ongoing basis.
* Monitoring the results and outcomes of examination and assessments will not be possible until the end of the training programme of participants, up to four years (whole time equivalent) from the programme start date. Trainees who receive an invitation to participate in the 2015 programme will be in their first year of either a three of four year specialty training programme. Trainees can only apply to sit the MRCGP applied knowledge test after the first year, MRCGP Clinical skills examination during the final year of training programme and the final outcome of Work Place Based Assessment does not occur until a minimum of eight weeks prior to the date of completion of training.
* The results will be reported to the Scotland Deanery GP PH OM Specialty Training Board which includes trainee representatives, to the RCGP and GMC as part of the Deanery Report.
* The results will also be reported and presented to other specialties within the Medical Directorate of NES, and to other UK deaneries to encourage sharing of best practice at a UK event scheduled to occur in 2016.

When will you review the function, taking into account any monitoring information?

A review and planning meeting is scheduled for March 2016 – six months after the start of the programme. In addition a project to evaluate an aspect of the first year of the programme will be completed by the programme Medical Education Fellow by the end of July 2016.

Who will be responsible for leading this review?

I will lead the review in partnership with the Programme Educational lead and the programme delivery team

**Sign off (by accountable director)**

**Date**

1. In this document, 'function' is used broadly to cover all the areas of work for which impact assessment is required, as defined in the Regulations. This includes policy, programme, project, service and function, among others. [↑](#footnote-ref-1)
2. Direct discrimination cannot be justified other than on very narrow grounds in relation to age. If the EQIA indicates that a function discriminates directly, it should not be implemented. [↑](#footnote-ref-2)