



Perspective

The Landscape of Differential Attainment in Medicine in the UK- A Student's View.

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Differential attainment (DA) is the unexplained variation in results in assessment, training and recruitment outcomes, based on factors other than academic ability such as age, gender, ethnicity. This phenomenon is recognized often in candidates from a variety of backgrounds and in all levels of education, careers or professions when compared to their white peers. This unfortunate fact is well recognized in both the medical school curriculum and beyond in the UK. International medical graduates (IMGs) including those from European Economic Area are more likely to fail postgraduate assessments and have poorer outcomes in recruitment (1).

Bamrah and Chand writing in the Guardian, reiterated that,

'the NHS could not have survived without the commitment of immigrants from the Indian subcontinent, Africa and the Caribbean, the majority of whom were lured from their countries with the promise of prosperous careers. Once here, many have had to live in deprivation and work in jobs that do not match their skills.' (2)

Medicine is also a popular choice for Black Asian and Minority Ethnic (BAME) students who have been born and brought up in the UK. (3) Research has shown that the causes of differences in attainment are not usually individual factors but likely to be systemic. (4) A study aiming to look into perceived causes of DA amongst trainees uncovered some unsettling findings, which will need systemic reform to resolve (5).

Firstly, in their perception of their relationships with senior colleagues, BAME UK graduates and IMGs were less likely to receive support in stressful clinical and non-clinical situations and were less likely to feel their seniors had confidence in them or their abilities. The authors suggest that one of the most important determinants of career success is sponsorship by senior colleagues, therefore BAME doctors may be significantly disadvantaged. (6) Cultural differences and lack of networks or mutually beneficial relationships with peers were recognised (5) and UK BAME and IMGs often faced separation from family. Due to this lack of a social support network outside of work, they tend to experience more stress, anxiety or burnout.

Often those in senior supportive roles, feel unnerved when unfamiliar with an IMGs previous training, which leads to lack of confidence in their ability and missed opportunities for progression. Whilst studies have often failed to identify frequent instances of racial discrimination in education or training, there were many instances of subtle bias in training and or recruitment. BAME candidates often felt 'othered' by their Caucasian trainers and perceived that they were being judged on how well they may fit in socially. Often leading to hindrance in successful progression or fairness in academic assessments. (5)

Often social and cultural stereotypes exist about medical students being heavily pressured and tutored to secure competitive places in Medical





School by families. A study published in the British Medical Journal demonstrated concordance in the perceptions that “typical” Asian clinical medical students were over-reliant on theory, poor at communication, lacking in engagement or motivation during clinical teaching. (7) Such harmful perceptions and stereotypes can hinder the progress of ambitious students and make them feel undervalued eventually leading to earlier burnout.

BAME graduates of UK medical schools have worse outcomes during recruitment for foundation, specialty training, and even consultant posts. They are more likely to fail examinations and progress more slowly through training, even when exam failure has been accounted for. (8) A systematic review and meta-analysis of ethnicity and academic performance indicated that non-white candidates underperformed compared to white peers in all undergraduate and postgraduate assessments, including those that were machine-marked. (9)

This is demonstrated regularly in the summative assessment for the membership of the Royal College of General Practitioners (MRCGP). The pass rate of the Aptitude and Knowledge Test (AKT) exam for white doctors was 26% higher than their BAME peers. In the Clinical Skills Assessment (CSA), the pass rate for white candidates was 11% higher than UK-educated BAME graduates and 51% higher than IMG. Organisations representing BAME candidates have been encouraging academic organisations to be aware of these inequalities and to implement reform. (10)

Research suggests that the causes of DA are complex, often embedded in a variety of social, economic, cultural, linguistic and racial systemic bias. The sands are slowly shifting, as implicit bias, micro-aggressions and misconceptions are being recognized and challenged rather than tolerated. A number of medical schools have recently begun to look into issues DA, asking for students’ opinions and conducting extensive interviews to elucidate causes and reasons that

can be altered through institutional change. The General Medical Council in the UK, is developing tools to recognise DA, interventions to address this inequality and pilot schemes to help organisations. The Health Education in England (HEE) is creating ‘protective processes’ to proactively deal with poor relationships with seniors and tackle the impact this has on learner confidence as well as performance.

DA has existed for years within medicine in the UK and is widespread. DA must therefore be recognised as a systemic rather than individual problem. A survey of system leaders found a level of inherent pessimism in effecting change, sensitivities around issues related to race and lack of a coherent and strategic approach to this issue. Most interventions were found to be typically local or specialty-specific, were not aimed at BAME UKGs or coproduced with them and remained untested or unevaluated.’ (11)

More research is needed into

- the causes, and
- effectiveness of interventions in the learning environment
- addressing culture,
- educational governance and leadership,
- in the development of curricula and
- Formative and summative assessments
- Mentorship and role models to
- improve the trainer-trainee relationship,

A holistic approach and recognising diversity is key. In order to build a fairer training system, it is important that we review and act on existing inequality through organisational change.

Woolf et al write:

‘Medicine is one of the most ethnically diverse professions. To ensure that we can all benefit from this diversity, we need to act now to reduce prejudice and unconscious bias, increase equality of opportunity during medical training, and dismantle the additional unfair barriers.’ (4)



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Conflict of Interest
None declared