	2. Trust Management Group **3. People Committee** **4. Workforce Assurance Committee**	**20 June 2023** **11 July 2023** **26 July 2023**
Report title	**Medical Workforce Race Equality Standard submission (MWRES)**	**Agenda Item:**
Executive lead	Clare Dollery, Medical Director	
Report authors	Tina Jegede, Joint Director of Inclusion	
Executive summary	In July 2021, the very first national Medical Workforce Race Equality Standards was published. The report provided baseline evidence to quantify discrimination in the NHS trust-based medical workforce at the national level and hence identify the targets for organisations to pursue with corrective action2 To highlight and address discrimination against BME staff, the MWRES requires all NHS trusts and organisations that are subject to the Standard NHS contract to demonstrate progress against its eleven indicators. For the first MWRES submission, data required is limited to three indicators. The Trust is required to submit data for 1a (part), 1b and 2 by 30 June. The data for Indicators 3a and 3b will be sourced directly from the GMC by the National Team This report outlines the results from the data collection and key priorities for MWRES.	
Purpose	Approval	
Recommendation(s)	Executive team members are invited to: i. discuss the outcomes for MWRES and consider the priorities outlined *ii.* To approve this information for submission by the 30 June deadline to NHS England	
BAF	People 1 and People 2 entries	
Appendices	Appendix - 1 MWRES indicator Appendix - 2 Trust Data collection for MWRES Reporting Appendix - 3 Data reporting Template	

1.0 Background

The Workforce Race Equality Standard (WRES) was launched in 2015 to document the different experiences of white and black and minority ethnic (BME) staff in the NHS, and to provide guidance on how to achieve better race equality in the workforce and close those gaps through the development and implementation of action plans focused upon continuous improvement over time.

BME doctors make up a substantial part of the NHS workforce with numbers growing by 40 per cent over the past five years. However, doctors from BME backgrounds often face a poorer experience in medicine than white colleagues, feeling less supported, less included and less able to progress. Evidence has shown that this disparity directly impacts patient experience and that there is a clear link between staff experience and patient satisfaction.

In 2020, the Medical Workforce Race Equality Standard (MWRES) report was published specifically on doctors and dental staff.

Eleven indicators were introduced with the development of the MWRES to reflect how the medical workforce differs from the rest of the NHS staff. The indicators present data on medical workforce ethnicity, career Progression, rewards and staff feedback. Four of the indicators focus on workforce data. Six are based on data from the national NHS Staff Survey questions. One indicator focuses on BME representation on boards in Royal and other Medical Colleges and one indicator focuses on BME representation as deans of Medical Schools.

In July 2021, the very first national MWRES data was published. The report provided baseline evidence to quantify discrimination in the NHS trust-based medical workforce at the national level, hence identifying the targets for organisations to pursue with corrective action[2]

1.1 Key outcomes from the report are:

- Underrepresentation in consultant, clinical director and medical director roles and overrepresented in other doctor grades and doctors.
- BME medical and dental staff earn, on average, 7% (£4,310) per year less than their white colleagues. The most significant gap is seen amongst consultants. This has implications for the lifetime earnings, pension and accumulated wealth over a lifetime.
- The proportion of BME clinical academics across all levels is not representative of BME representation in the medical and dental profession in trusts and CCGs.
- Indicator 2 showed that shortlisting and interview process discriminates against BME applicants for consultant appointments. Even when BME doctors become consultants, they report more significant discrimination and harassment

[1]https://www.england.nhs.uk/wp-content/uploads/2021/07/MWRES-DIGITAL-2020_FINAL.pdf
[2]https://www.england.nhs.uk/long-read/medical-workforce-race-equality-standard-2022

- BME doctors reported a worse experience than their white colleagues when it comes to harassment, bullying, abuse and discrimination from staff and lower levels of inclusion and being involved at work.
- BME doctors have a worse experience when it comes to examinations (medical school and postgraduation examinations) and regulation (revalidation, referrals/complaints to GMC, Annual Review of Competence Progression). This discrimination begins early in the career, with BME students less likely to attain a place in medical school than white students.

The report showed that the disparity in experience and outcome was especially evident for international medical graduates and speciality and associate specialist (SAS) doctors.

1.2 The Five Priorities

For the year ahead, the national Workforce Race Equality Standard (WRES) team plan to support NHS trusts and systems to make improvements with the use of detailed analysis at the individual Trust level against the following five critical priorities highlighted:

1. To reduce disproportionality of entry into local disciplinary processes and referrals to the GMC for BME and international medical graduate (IMG) doctors.

2. To improve diversity in senior medical leadership appointments.

3. To increase BME representation amongst the Councils of Royal Colleges to reflect their memberships proportionately.

4. To ensure meaningful local arrangements for initial and ongoing support for IMG doctors.

5. To support SAS doctors to make progress in leadership roles and by review of the contract.

All the above will need commitment from all stakeholders at all levels, including medical directors and directors of HR/OD, to achieve and sustain Trust where this is not considered. The national WRES function will support outcomes monitoring, identification of best practices and engagement with regulatory partners.

[1]https://www.england.nhs.uk/wp-content/uploads/2021/07/MWRES-DIGITAL-2020_FINAL.pdf

2.0 Data Source and Submission

This is the first year that Trusts are required to submit MWRES metrics, which have been limited to Indicators **1a (part of), 1b, 2, 3a and 3b. Indicators 3a & 3b** data will be sourced directly from the GMC.

	Indicator Metric
Indicator 1a	Percentage of BME and white staff in each medical and dental subgroup in NHS trusts and clinical commissioning groups
Indicator 1b	Number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity (based on the financial year)
Indicator 2:	Consultant recruitment
Indicator 3a:	Referrals, complaints and investigations
Indication 3b	Revalidation

The full outline of the MWRES indicators is illustrated is in Appendix 1

As a whole, the MWRES indicators are mainly based on existing data sources (Electronic Staff Records; NHS Staff Survey or local equivalent) and analysis requirements which most NHS organisations are already undertaking, see Appendix 2

3.0 Findings:

The following are the outcomes from the WRES indicators for which the Trust need to submit data.

MWRES Indicator 1a: Percentage of BME and white staff in each medical and dental subgroup in NHS trusts and clinical commissioning groups
The data for the Trust MWRES for indicator 1a, although relatively small, shows a higher representation of BME doctors for the medical director and clinical director categories. The Trust has one medical director post. For 2022/23, four of the six posts reported are from a BME background.

The information for representation of the other medical and dental workforce will be sourced and reported for the Trust by the National WRES Team.

MWRES Indicator Ib: Number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity (based on the financial year)

This is not accounted for by historical CEAs but may reflect seniority in pay scales. We have therefore not reported any data for the year 2022/23. The national MWRES team have been informed and satisfied with this.

[1]https://www.e-lfh.org.uk/wp-content/uploads/2022/06/Welcoming-and-Valuing-International-Medical-Graduates-A-guide-to-induction-for-IMGs-WEB.pdf

[1]https://www.england.nhs.uk/midlands/wrei/eliminating-racism-and-bias-in-recruitment-and-progression

MWRES Indicator 2: Consultant recruitment. This indicator relates to consultant recruitment following completion of postgraduate training, disaggregated by ethnicity (based on the financial year).

For the year 2022/23,
Application - 115 consultant applications, of which, 56 BME, 27 White, 32 Other (ethnicity not disclosed)

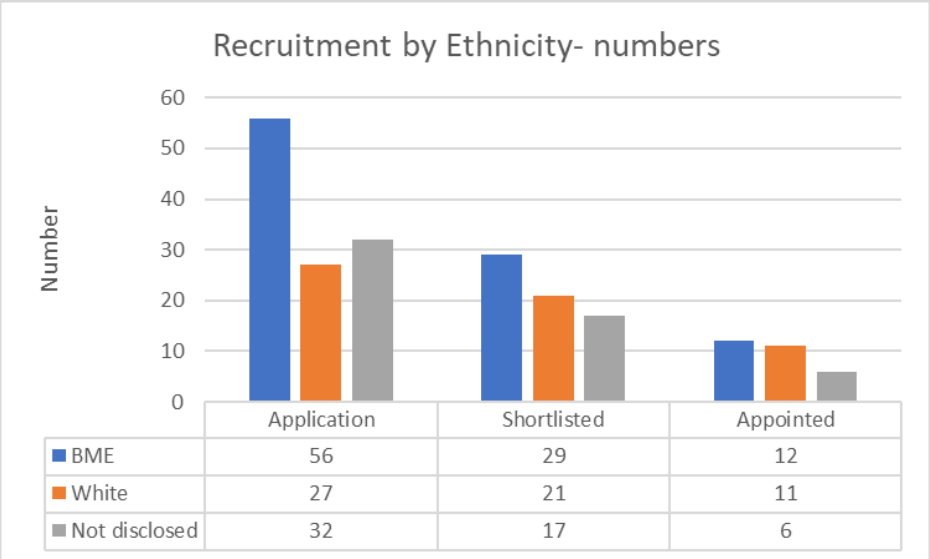
Shortlisting - 67 candidates, of which, 29 BME, 21 White, 17 Other (ethnicity not disclosed)

Appointed - 29 appointments, of which, 12 BME, 11 White 6 Other (ethnicity not disclosed)

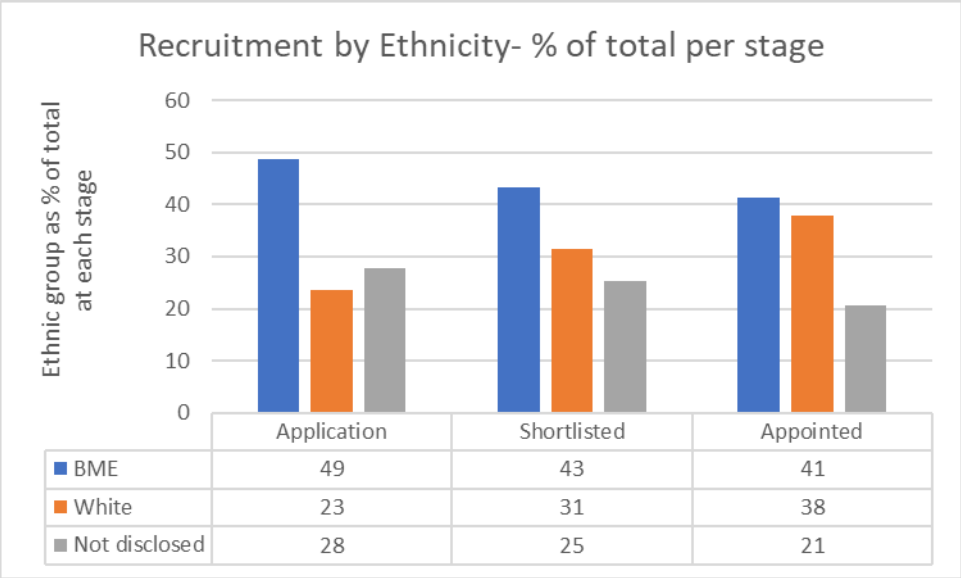
The total number appointed is 23, out of which 12, are from BME backgrounds. Refer to Appendix 1 for the disaggregated outcome.

The two graphs which follow illustrate these results. The first shows the recruitment by ethnicity in numbers and the second shows the percentage of the total at each stage of the recruitment process for each ethnic group. This shows a reduction in the % who are from BME background from 49 to 41% and an enhancement of the white background doctors from 23% to 38%.

Graph 1



Graph 2



MWRES Indicator: 3a GMC Referrals, complaints and investigations by the employer.

The Trust has not made any referrals to GMC in the last year but the final data is being sourced directly from the GMC

MWRES Indicator: 3b Revalidation – submissions by Trusts for deferral of revalidation.

The final data is being sourced directly from the GMC

4.0 Progress to Date

To highlight and address discrimination against BME staff, the WRES requires all NHS trusts and organisations subject to the Standard NHS contract to demonstrate progress against the 11 indicators of the MWRES.
The Trust will receive a report of its performance against the MWRES data and with analytical reporting on indicators 1a, 1b, 2, 3a and 3b and the other MWRES indicators. From the data collected, the Trust already has strong medical leadership in line with the Medical Director's ambition to have a diverse senior team. With support and input from the Joint Director of Inclusion and Medical Workforce Business Partner, the Medical Director also led a number of Unbiased recruitment training specific to the medical workforce and delivered them to senior clinical leaders. The purpose is to ensure that medical recruitment at the Trust is fair and equitable by ensuring the principles outlined in the De-biasing Toolkit are embedded at all stages of the recruitment process. A key recommendation for the Trust is to consider seeking anonymous feedback from ethnic minority applicants who have been through the process, with a built-in feedback mechanism enabling continuous improvement.

In the last year, funded by the Charity, the Trust introduced remuneration of 1 PA (4hrs) per week to drive the MWRES agenda. The Trust is one of the first in London to introduce the MWRES lead role to support implementing the key deliverables for the Trust.
From June 22, the role has being shared by two consultants who focus on and contributes to the International Medical Graduate (IMG). IMG is defined as any doctor whose primary medical qualifications are from a non-UK country or who has yet to experience working in the UK.
To date, the induction provided to overseas qualified doctors has been variable, and there is an urgent need for a standardised, comprehensive induction programme with continued support for BME doctors working in many areas of the Trust. This is vital to ensure that IMGs can adapt to the NHS system and to acclimatise to life in England as quickly as possible to reach their full potential and deliver safe, high-quality care.
The aim therefore, is to understand the issues/concerns that IMG doctors working at the Trust face, and have developed an induction programme and booklet for IMGs as a result.
The role has proved invaluable in enabling a better understanding and appreciation of the IMG workforce and its challenges. It has been transparent in demonstrating added value to the recruitment process, and information and support have been galvanised to allow for a more positive experience and help support the retention of our IMG doctors.

5.0 Key Priorities

The following key actions are the Trust priorities both to build on the work started and those required in support of our MWRES goals and ambition, particularly relating to the five key priorities outlined:

- The MWRES is a data-led and evidence-based approach requiring the review of data, access and how we capture the information required for future submissions. Completeness of data entry on ESR is required to ensure accuracy of conclusions drawn.

- The ongoing funding of the MWRES lead role will continue to capitalise and embed our Trust ambition to enable that critical initial and ongoing support for IMG doctors similar to that available to Internationally Graduate Nurses. In addition, we have the exemplary Trust Emergency Department IMG induction model to follow. These can be standardised and become the Trust's training model.
- With funding secured, the MWRES lead and with the understanding of the medical workforce, training and system can continue to help develop in collaboration with other internal and external stakeholders and set key metrics to target as a performance indicator for the Trust to work towards.

[1]https://www.england.nhs.uk/midlands/wrei/eliminating-racism-and-bias-in-recruitment-and-progression/

MWRES indicators (all data is for doctors in England)

Indicator type	WRES indicator	Medical indicator		Indicator description	2019		2020	
					BME	White	BME	White
WORKFORCE COMPOSITION, CAREER PROGRESSION AND REWARD	1: Percentage of staff by ethnicity in pay bands which cover all non-medical staff and very senior managers (VSM)	1a	Percentage of BME and white staff in each medical and dental sub group in NHS trusts and Clinical commissioning groups. (NHS Digital data)	Medical directors	18.8%	76.5%	20.3%	73.6%
				Clinical directors (directors of clinical teams)	22.7%	71.8%	26.4%	68.6%
				Consultants	36.9%	57.1%	37.6%	56.2%
				Other doctor grades below the level of consultant	48.8%	42.1%	47.0%	42.9%
				Doctors in postgraduate training	41.1%	46.9%	43.1%	44.6%
				Student entrants to medicine	41.0%	59.0%		
				All doctors	39.5%	51.6%	41.9%	49.1%
		1b	Ethnicity pay gap: Average monthly earnings (NHS Digital data)	All doctors	£5,381	£5,812		
				Consultants	£7,581	£7,821		
				Doctors in postgraduate training	£2,881	£2,830		
				Other doctor grades	£4,328	£4,265		
		1c	Clinical academics by ethnicity (UK Medical Schools Council data 2018)	Clinical academics - Professors	16.1%	77.0%		
				Clinical academics - Snr Lecturer	23.1%	70.4%		
				Clinical academics - Lecturer	24.4%	66.0%		
	2: Relative likelihood of white applicants being appointed from shortlisting compared to that of BME applicants	2	Consultant recruitment following completion of postgraduate training (Royal College of Physicians 2018 report)	Average number of consultant posts applied for	1.66	1.29		
				Percentage shortlisted	66.0%	80.0%		
				Percentage offered post	57.0%	77.0%		
	3: Relative likelihood of BME staff entering the formal disciplinary process, compared to that of white staff entering the formal disciplinary process.	3a	Complaints received from 1 Jan to 31 Dec 2018 (GMC data, SOMEP)	Doctors referred by employers	8.0%	4.0%		
				UK medical graduates referred by employers	3.0%			
				International medical graduates referred by employers	9.0%			
				Complaints/referrals	2.5%	2.2%	No 2020 data	
				GMC investigations	29.0%	20.0%		
				UK graduate investigations	20.0%			
				International medical graduate investigations	32.0%			
		3b	Revalidation percentage deferred (GMC data as of 30/1/2020)	UK medical graduates	24.0%	18.0%		
				EEA medical graduates	25.0%		No 2020 data	
				International medical graduates	22.0%			
	4: Relative likelihood of white staff accessing non mandatory training and CPD compared to BME staff	4a	Differential attainment in medical schools (UCAS 2018 data)	Applications accepted for Medicine and Dentistry	10.8%	15.2%		
		4b	Differential pass rates in Royal College postgraduate examinations (GMC data 2019)	UK medical graduates	63.0%	75.0%		
				EEA medical graduates	45.0%		No 2020 data	
				International medical graduates	41.0%			
		4c	Annual review of competence progression (ARCP) - unsatisfactory outcomes by PMQ - core medical training (2019)	UK medical graduates	18.8%	12.9%		
				EEA medical graduates	56.3%	24.8%	No 2020 data	
				International medical graduates	36.2%	37.1%		

MWRES indicators (all data is for doctors in England)

Indicator type	WRES indicator	Medical indicator	Indicator description		2019		2020	
					BME	White	BME	White
NHS ANNUAL STAFF SURVEY	5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	5	Staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months.	Consultants	33.3%	37.5%	32.9%	37.3%
				Doctors in postgraduate training	35.7%	40.3%	34.4%	39.3%
				Others	34.5%	33.3%	34.0%	33.7%
	6: Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months.	6	Staff experiencing harassment, bullying or abuse from staff in last 12 months.	Consultants	30.8%	29.0%	28.5%	27.8%
				Doctors in postgraduate training	30.9%	22.3%	29.2%	21.2%
				Others	33.1%	24.0%	32.1%	25.4%
	7: Percentage believing that trust provides equal opportunities for career progression or promotion.	7	Staff believing their trust provides equal opportunities for career progression or promotion.	Consultants	77.5%	91.0%	79.5%	91.4%
				Doctors in postgraduate training	87.6%	95.9%	89.3%	95.5%
				Others	69.7%	85.6%	73.4%	87.2%
	8: In the last 12 months have you personally experienced discrimination at work?	8	Staff in the last 12 months having personally experienced discrimination at work.	Consultants	21.7%	10.5%	21.1%	10.2%
				Doctors in postgraduate training	24.6%	12.1%	24.5%	13.0%
				Others	26.3%	13.0%	26.4%	13.7%
		9	Staff feeling "motivated" otherwise known as work engagement; the extent to which individuals are fully engaged in their job while working. (Score out of 10)	Consultants	8.0	7.4	8.0	7.3
				Doctors in postgraduate training	7.5	7.1	7.4	7.1
				Others	8.0	7.3	8.0	7.2
		10	Staff feeling "involved" also referred to as proactivity, or voice; the extent to which individuals are given (and take) the opportunity to contribute ideas and make changes at work. (Score out of 10)	Consultants	6.8	7.0	6.8	7.1
				Doctors in postgraduate training	6.6	6.6	6.6	6.5
				Others	6.5	6.5	6.5	6.5
	9. BME representation on councils	11a	Percentage of BME doctors on royal colleges' councils, compared to the BME percentage of the overall workforce		TBC	TBC	TBC	TBC
		11b	Percentage of deans of medical schools, compared to the BME percentage of the overall workforce		TBC	TBC	TBC	TBC

Appendix 1

https://www.england.nhs.uk/long-read/medical-workforce-race-equality-standard-2022/

MWRES Indicator	Data sources
1a	NHS Digital (taken from the Electronic Staff Record) NHS trusts and clinical commissioning groups
1b	Figures represent payments made using the Electronic Staff Record (ESR) system to NHS staff who are employed and directly paid by NHS organisations. Figures based on data from all English NHS organisations that are using ESR
1c	Data is taken from UK Medical Schools Council data 2019
2	Royal College of Physicians (RCP) Medical Certificate of Completed Training (CCT) Class survey. 2019 survey results (published October 2020)
3	From the General Medical Council (GMC), additional data from GMC Data explorer
4a	From Universities and Colleges Admissions Service (UCAS)
4b and 4c	From the GMC
5, 6, 7, 8 ,9,10	NHS staff survey
11	From each individual royal college

Appendix 2

https://www.england.nhs.uk/long-read/medical-workforce-race-equality-standard-2022/

Medical WRES Indicator	Indicator description		Data collection categories and sub-categories	Reporting year 2021/22 White	Black	Asian	Other	Not known	2022/23 White	Black	Asian	Other	Not known
1a	**The composition of the medical and dental workforce**	Number of staff in each medical and dental sub group, disaggregated by ethnicity (based on the workforce as at 31st March in the reporting year)	Medical directors	1					1				
			Clinical directors (directors of clinical teams)	1	2	3			1	1	3		
			Consultants	To be sourced directly from ESR									
			SAS										
			Locally Employed Doctor (LED)										
			Doctors in postgraduate training										
			All other medical and dental staff										
1b	**Clinical Excellence Awards**	Number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity (based on the financial year)	Number of staff eligible to apply for Clinical Excellence Awards						NA equally distributed the CEA funding in both these years				
			Number of staff who applied for Clinical Excellence Awards										
			Number of staff awarded Clinical Excellence Awards										
2	**Consultant recruitment**	Consultant recruitment disaggrega	Number of applicants						27	8	48	32	0
			Number shortlisted						21	5	24	17	0
			Number appointed						11	2	10	6	0

Appendix 3