Trust Board of Directors Meeting

Report Summary

Date of Meeting: 6 July 2023	
Title of Document: Medical Workforce Race Equality Standard (MWRES)	

To be presented by:	**Author:**
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1. Status: To note/assurance	
2. Purpose:	

Relates to:

Strategic Objective	
Operational performance	
Quality	
Legal/Regulatory/Audit	NHS England Annual Reporting Requirement – by 30 June 2023
Finance	
Governance	
NHS policy/public consultation	
Accreditation/inspection	
Anchor institutions	
ICS/ICB/Alliance	
Board Assurance Framework (BAF) Risk	
Other	

3. **Summary:**

The Workforce Race Equality Standard (WRES) was launched in 2015 to evidence advancement of race equality in the NHS (against Public Sector Equality Duty, EqA2010) by looking at the different experiences of White and Global Majority staff across nine indicators.

The Medical Workforce Race Equality Standard (MWRES) was launched in 2020 to analyse national race equality for medical and dental workforce.

The 2020 MWRES report found that global majority doctors are:
- Underrepresented in Consultant posts
- Underrepresented in academic and leadership positions
- Less likely to progress through postgraduate exams and Annual Review of Competency Progression
- More likely to experience discrimination, harassment, bullying and abuse from patients and other staff.

The purpose of MWRES is to complement the work of WRES in evidencing NHS compliance with the Public Sector Equality Duty (EqA2010) to advance race equality for the

dental and medical professional groups. The MWRES data and analysis can then be used to inform actions to advance race equality and develop targeted interventions to address structural and organisational disparities that result from race. It will also help providers to develop tailored programmes for global majority staff to break down barriers to advancement and improve experience in general.

The MWRES expected outcomes are:
- Improved inclusivity and experience for medical and dental global majority workforce and wider workforce, leading to better patient outcomes.
- Greater transparency and accountability in relation to staff experiences.
- Enhanced ability to identify areas of concern and take targeted action to improve the experience of staff from ethnic minority backgrounds.
- Alignment of outcomes against People Plan 20/21 recruitment and retention aspirations.
- Support for professional bodies and educational establishments to improve the experience of global majority workforce using evidence-based interventions and actions.

ESNEFT Data
This year all Trusts are required to submit their MWRES data by 30 June 2023. There are 12 MWRES indicators as part of the data submission which will be collated from a combination of Trust and external sources shown in **Appendix 1**, and the 2022-23 data set provided by ESNEFT is shown in **Appendix 2**. However due to the multiple data sources, there is limited information to complete a thorough data analysis at this time. What the data does show is:
- The decision was made not to proceed with an application process for Clinical Excellence Awards (CEAs) and instead all eligible consultants were awarded with a Clinical Excellence Award.   Hence the number of staff who applied for CEAs is noted as N/A.

- We appear to have had a significantly higher number of applicants from the global majority for Consultant posts in 2022/23 compared to the previous year (2021-22: 13 / 2022-23: 45); NB: The TRAC system only keeps data for 1 year therefore we cannot validate the numbers of applicants/shortlisted/appointed for 2021/22, hence limited data comparison available. Processes are in place to provide validation checks going forward.

- The likelihood of global majority candidates being shortlisted in 2022/23 was significantly less when compared to white candidates and this will be reviewed by the People and Organisational Development Committee in due course.

- The number of consultants that had an appointed 'start date' within the period Apr 2022-Mar 2023 may appear disproportionate to the numbers shortlisted and to the vacancy figures reported to Board each month and this is due to the 6-12 month on-boarding period.

Reporting Timeline
The national MWRES team will undertake data validation and analysis from July to November 2023 and the data comparator report will be published c. February 2024. The Trust will then be required to summarise key areas of focus for Board consideration. NB: A set of key actions from the MWRES 2020 Report for Trusts to consider as part of their local action plans are shown in **Appendix 3**.

4. Recommendations / Actions

The Board is asked to note:
- The findings from the MWRES 2020 report;
- Approval of the submission under Board Standing Order 6.2, which allows the Chair and Chief Executive acting jointly to approve matters on behalf of the Board in urgent situations, consulting at least two Non-Executive colleagues
- Note that an ESNEFT MWRES action plan will be drafted post receipt of the national comparator report c. February 2024.

MWRES indicators

Indicator	Indicator Description	2023 Data Source
1a	Number of staff in each medical and dental sub group, disaggregated by ethnicity	Trust Data
1b	Number of staff eligible for, who applied for, and who were awarded a Clinical Excellence Award, disaggregated by ethnicity and origin of primary medical qualification	Trust Data
1c	Number of clinical academics disaggregated by ethnicity	Medical Schools Council
2	Consultant recruitment following completion of postgraduate training, disaggregated by ethnicity	Trust Data via TRAC/NHS jobs
3a	Complaints, referrals to the GMC, and GMC Investigations, disaggregated by ethnicity and origin of primary medical qualification	GMC Data
3b	Deferral of revalidation, disaggregated by ethnicity and origin of primary medical qualification	GMC Data
4a	Admissions into medical schools disaggregated by ethnicity	UCAS
4b	Differential pass rates in Royal College postgraduate examinations	All Medical Colleges (AoMRC)
4c	Annual review of competence progression (ARCP) - unsatisfactory outcomes by PMQ - core medical training	GMC Data
5-10	NHS Staff Survey	NHS Staff Survey Data
11a	Number of doctors on college boards (royal colleges and other medical colleges), disaggregated by ethnicity, type of board membership, and voting rights	All Medical Colleges (AoMRC)
11b	Number of senior staff in medical schools, disaggregated by ethnicity	Individual Medical Schools

APPENDIX 2

ESNEFT 2021-23 Data Submission

Indicator description	Data collection categories and sub-categories	Reporting year										Notes	Data source
		2021/22					2022/23						
		White	Black	Asian	Other	Not known	White	Black	Asian	Other	Not known		
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	0	0	0	0	1	0	0	0	0		Trust
	Clinical directors (directors of clinical teams)	0	4	5	1	0	0	4	5	1	0		Trust
	Consultants	To be sourced directly from ESR (see 2022/23 table below for information)											National Team
	SAS												National Team
	Locally Employed Doctor (LED)												National Team
	Doctors in postgraduate training												National Team
	All other medical and dental staff												National Team
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	207	6	125	31	5	103	8	127	30	5		Trust
	Number of staff who applied for Clinical Excellence Awards	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a		Trust
	Number of staff awarded Clinical Excellence Awards	207	6	125	31	5	103	8	127	30	5		Trust
Consultant recruitment disaggregated by ethnicity (based on the financial year)	Number of applicants	9	2	11	7	5	15	6	39	16	13		Trust
	Number shortlisted	6	1	6	3	5	7	1	13	3	13		Trust
	Number appointed	2	0	1	0	1	2	0	3	0	8		Trust

NB: The ethnicity codes of Black/Asian/Other used by the National WRES Team in the data submission template above are referred to as global majority within the narrative of this report.

Key actions from MWRES 2020 report

NHS

Areas for Action

- Organisations and institutions expressly communicating their intention to address inequality.

- IMGs appropriate induction to ensure integration and inclusion in local systems.

- Providing IMGs with diverse development opportunities as a valued part of the workforce rather than just a clinical resource.

- Ensuring institutional and organisational websites, prospectuses, application packs and monitoring forms use inclusive language and terminology.

- Stakeholder organisations to aim to have a workforce, in both voluntary and staff roles at all levels, that reflects the diversity of their membership.

- Setting aspirations and timelines for reducing the ethnic disparity in representation at consultant, clinical director and academic levels.

- Narrowing the ethnicity gap in appointment of consultants after shortlisting: a potential role for the royal college member often present on consultant interview panels.

- NHS provider based medical leaders to enhance local capacity and skills to resolve complaints and avoid GMC referrals when appropriate.

- Enhancing the leadership diversity of the royal colleges and arms length bodies.

- Senior executives to include performance objectives for measurable delivery of diversity outcomes as part of appraisal.

- Obtaining granular data by clinical specialty and by region (including primary care).

- Obtaining detailed data on the performance of undergraduate medical students and postgraduate trainees in their assessments and examinations.

- Undertaking research to identify what works, in terms of addressing differential attainment in training and assessments.

- Mainstream considerations of race equality in all processes, policies and strategies involving medical and dental workforce.