Federation of the Royal Colleges
of Physicians of the United Kingdom

FEDERATION GMC EQUALITY, DIVERSITY AND INCLUSION (EDI) ACTION PLAN

Overview of the Federation

The Federation of the Royal Colleges of Physicians, based in the UK with international reach, is a collaboration between the three UK Royal Colleges of Physicians: the Royal College of Physicians (RCP), Royal College of Physicians of Edinburgh (RCPE) and Royal College of Physicians and Surgeons of Glasgow (RCPSG). It develops and delivers services to support doctors at every stage of their careers, including:

- Examinations - Membership of the Royal Colleges of Physicians of the UK MRCP(UK) and 11 specialty certificate exams (SCE's)
- Training - Joint Royal Colleges of Physicians Training Board (JRCPTB)
- Continuing professional development (CPD)
- International work – supporting the education, training and assessment of local doctors, for the benefit of their patients.

Overview of MRCP(UK)

MRCP(UK) develops and delivers examinations and qualifications around the world. It runs 14 examinations: the three parts of the MRCP(UK) diploma and 11 Specialty Certificate Examinations (SCEs).

The Membership of the Royal Colleges of Physicians (UK) Diploma consists of the Written MRCP(UK) Part 1 and the MRCP(UK) Part 2 Written and Clinical examinations (PACES). It is designed to test the skills, knowledge, attitudes, and behaviours of postgraduate doctors in training in the physician specialties.

Specialty Certificate Examinations (SCEs): Physicians in UK higher specialty training must pass the appropriate SCE, in addition to successfully completing an approved specialty training programme, in order to gain admission to the GMC Specialist Register in the specialty concerned. Success in the SCE certifies physicians as having sufficient knowledge of their specialty to practise safely and competently as consultants. It is complementary to the broad overarching assessment programme for the specialty concerned and, as such, is a necessary but not sufficient qualification.

Overview of the JRCPTB

The Joint Royal Colleges of Physicians Training Board (JRCPTB) improves patient care by setting and maintaining standards in UK physician training. Activities include: the design of curricula and associated workplace-based assessments; certification of trainees; development of the e-Portfolio; approving overseas training programmes; research, data analysis, and providing an overarching quality management role to national training providers and the GMC, which includes the passing of evidence to further investigate quality matters and awarding the Certificate of Completion of Training (CCT).

Overview of CPD

The CPD team manages two main activities/functions:

1. CPD Approval for live events and e-learning

2. The CPD online diary scheme and supporting CPD App

The CPD team provides a well-established educational activity approval service. This includes the approval of live events, e-learning modules and streamed events. It currently reviews and approves approximately 4,000 activities per year. Prior to prior to 2020, 95% of applications for approval were for live events (including some streamed lectures and webinars).

The CPD online diary scheme facilitates the recording of, and reflection on activities. The tools we provide include the CPD diary itself and the Physicians' CPD app. This is included as a membership benefit for members/fellows of the three Federation Colleges but is also available to non-members for an annual fee. The diary is used by consultant physicians, staff and associate specialist physicians, trainee physicians and physician associates to document and reflect upon their CPD activities. It was introduced approximately 20 years ago with significant updates every few years. A new diary is due to be implemented in 2025. The supporting CPD App was launched in 2018.

Introduction to the Federation Equality, Diversity and Inclusion (EDI) Rolling Action Plan

The Federation has created a single Equality, Diversity and Inclusion (EDI) Action Plan on behalf of all three UK Physician Colleges and the Federation itself. The Action Plan collates the main activities, across all Colleges, relevant to Federation's principal functions. Although the current Plan is focused on the priorities listed by the GMC for 2022 and 2023, these activities signal the beginning of a wider collaboration between the Federation and three colleges to better support trainees and other postgraduate physicians undertake assessments and complete their training successfully.

As such, the Federation EDI Action Plan is a rolling Action Plan. The Federation expects to periodically revise and revisit various aspects of the Plan (normally every 12-18 months) to reset priorities in light of further evidence, for example from research, data analysis or feedback from wider stakeholders, whilst remaining in pursuit of the GMC's 2031 targets. The Federation also has a separate, internal, longer-term goal of providing more collaborative and directed support to trainees and trainers by making better use of the resources of all three colleges.

In furtherance of the above aims, under the support and direction of the internal EDI Working Group, the Federation plans to host a series of discussions from 2023 onwards (held principally online) to explore the following and develop a solutions-focused approach where possible:

- explore and agree a set of principles and priorities to underpin a longer-term collaborative EDI strategy and action plan.
- review and consider the existing evidence base for differential attainment and where any gaps for further research might lie.
- create an inventory of existing training materials and resources available from the Federation and three colleges with a view to identifying any gaps in provision and how these might be met.
- explore how existing resources (such as training materials) could be better co-ordinated and promoted between colleges and the wider stakeholders in the training system. This would include better defining responsibilities and boundaries about provision, as well as greater collaboration between all stakeholders
- explore how to better identify and communicate with those doctors not in formal training programmes but who might require further support, for example, to undertake examinations.

The above activities will continue in parallel to actions specified in the Action Plan below and the broader discussions will be used to further inform priority-setting when the EDI Action Plan is reviewed on a rolling 12-18 month basis.

Although most of the activity is and will be joint across Federation and the three colleges, we have included a section at the end of the document for college specific commentary.

Purpose and scope of the Federation EDI Action Plan

The Federation welcomes the GMC's *Fair Training Cultures* programme as an opportunity to further investigate and address differential attainment. As previously highlighted to the GMC (April 2022), we believe the underlying factors for differential attainment in training, for example observed in Annual Review of Competence Progression (ARCP) outcomes, are likely to be similar to those observed in formal assessments,[1] in addition to some training-specific factors, for example, relationships between trainees and supervisors and quality of the training environment. The Federation believes that establishing a robust evidence base is the most appropriate and effective driver of action and consequently, the action plan is designed around four main priorities:

A. Ensuring all our statutory and regulatory responsibilities are met – for example, by following the GMC guidance on making changes to curricula and assessments.[2]

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[1] For example see:

McManus IC, Elder AT, de Champlain A, Dacre JE, Mollon J, Chis L. Graduates of different UK medical schools show substantial differences in performance on MRCP(UK) Part 1, Part 2 and PACES examinations. BMC Med. 2008 Feb 14;6:5. doi: 10.1186/1741-7015-6-5. PMID: 18275598; PMCID: PMC2265293.

Woolf K, Potts H, McManus IC. Ethnicity and academic performance in UK trained doctors and medical students: Systematic review and meta-analysis. BMJ (Clinical research ed.) 2011. 342. d901. 10.1136/bmj.d901.

[2] Equality and diversity guidance for curricula and assessment systems - GMC (gmc-uk.org)

B. Developing the evidence base to increase understanding of factors leading to differential attainment and thereby designing more effective interventions.
C. Piloting new interventions with trainees to determine what might work well with particular 'at risk' groups.
D. Developing trainers to better support trainees from an EDI perspective.

All of the above priorities are reflected within the action plan, which also places particular emphasis on the GMC's four 2022 / 2023 priorities, namely:

1. Valuing diversity and visible representation in college leadership and governance
2. Inclusive programmes of learning and assessment
3. Support for trainers and early learning needs analysis
4. Support for UK trainees preparing for high-stakes summative assessments and recovery from failed attempts.

Additional relevant EDI activities have been included as item 5.

College specific commentary is included as item 6.

The following groups of doctors are considered to be 'in scope' for the purposes of the EDI action plan, unless otherwise specified in the document:

- Postgraduate doctors in UK-based training programmes.

- UK based postgraduate doctors who are not in formal UK training programmes (e.g., SAS doctors, CESR applicants) but are registered with the GMC and may be working towards inclusion on the specialist register.

- Doctors on the GMC specialist register who work with CPD, JRCPTB, and MRCP(UK) in various capacities.

Non-UK based doctors undertaking MRCP(UK) assessments are not considered in scope for the purposes of the GMC EDI Action Plan and therefore any planned EDI activities will not involve non-UK based (international) doctors.

Where appropriate, an outline of relevant current, past and planned future Federation activities has been provided under each of the GMC four 2022 / 2023 priorities. A summary of all actions earmarked for 2022 / 2023 has been provided at the beginning of this document as well as separately in the Excel template EDI Action Plan provided by the GMC, supplied as part of the Federation submission.

Any questions about the action plan can be addressed to: Dr Gerrard Phillips, Federation Executive Medical Director or Ms Yasmin Becker, Federation Chief Operating Officer.

SUMMARY OF DELIVERABLES FROM FEDERATION EDI ACTION PLAN

GMC PRIORITY 1: Valuing diversity and visible representation in college leadership and governance

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
MRCP 1.1	Improve the quality of data collected on examining board members and examiners	Conduct iterative censuses of board and committee members, and PACES examiners. Identify under-represented groups and measures to encourage them to get involved, for example by working with representative groups and targeted recruitment drives to promote involvement.	Present updated demographic data on volunteer clinical workforce, including protected characteristics	Q2 2023	MRCP(UK) Policy and Research Teams College examination teams
MRCP 1.2	Repeat the PACES examiner performance study – which investigated stringency versus leniency in marking	Analyse performance of PACES examiners based on above data to identify potential bias in assessing candidates according to their shared protected characteristics.	Publication of research study In the event of any issues being identified with specific examiner's performance, they will be asked to retrain or be removed from the panel if required.	Q4 2023	MRCP(UK) Policy and Research Teams
MRCP 1.3	Analyse the impact of hybrid working on inclusivity	Conduct survey of board and committee members to ascertain views on	Identify whether hybrid working practices have improved inclusivity for under-represented groups and embed this into BAU to support attendance at meetings.	Q1 2023	MRCP(UK) Policy and Research Teams

		benefits/downsides of hybrid working	Present this flexible attendance option as incentive for recruiting new members and monitor impact.		
JRCPTB 1.1	Conduct 2022 Census of all JRCPTB committees	Create online survey and circulate	Report demographic findings per committee and compare to 2018 Census	Q4 2022	JRCPTB Quality Management
JRCPTB 1.2	Produce a Federation-wide set of EDI questions to capture relevant personal data for future Censuses, based on 2021 official national Census questions for all four UK countries	Review specific questions on protected characteristics from the separate four country 2021 Censuses	Agree of set of Federation-wide questions relating to the nine protected characteristics and based on the UK-wide harmonised questions, for all four UK countries	Q4 2023	Federation Research & Development / Quality Management
JRCPTB 1.3	Review of Census findings by all JRCPTB committees	Review Census findings per committee, particularly to identify where groups with specific protected characteristics are under-represented	Consider what more can be done to recruit from those groups	Q4 2023	JRCPTB Quality Management
CPD 1.1	Conduct Census of CPD MaP board members and CPD reviewers	Create online survey and circulate	Report of demographic findings	Q4 2022	CPD team
CPD 1.2	Review Census findings	Identify groups with protected characteristics that are under-represented and	Action plan in place to address under-represented groups	Q4 2022	CPD team

		develop an action plan to address the situation			

CPD 1.3	EDI statement for CPD providers regarding diversity of speakers at their events	Include guidance in CPD approval guidelines	EDI section inserted in CPD guidelines and perform spot-check audit at intervals	Q1 2023	CPD team
CPD 1.4	EDI statement in Programme Directors declaration	Introduce specific EDI statement in CPD Programme Director's Declaration	EDI statement included in Programme Director's Declaration	Q1 2023	CPD team

GMC PRIORITY 2: Inclusive programmes of learning and assessment

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
MRCP 2.1	Electronic marksheets & data collection	Introducing electronic marksheets to PACES	Improved data collection on all participants in PACES, including patients and surrogates Use this to enhance our EDI performance by ensuring that the pool of patients and surrogates reflects the wider population.	Q4 2023	MRCP(UK) & College Examinations Teams
MRCP 2.2	Images	Review bank of images used in written examinations	Pool of images updated to reflect diversity of patients that candidates likely to encounter. Develop additional guidance for candidates where necessary.	Q4 2023	MRCP(UK) Policy and Question Bank teams

MRCP 2.3	Examinations EDI survey	Report outcomes from recent candidate EDI survey	Identify ways to improve delivery models to support candidates with protected characteristics.	Q1 2023	MRCP(UK) Policy and Operations Teams
JRCPTB 2.1	Monitor impact of changes introduced by curricula - Group 2 specialties	Produce curricula implementation evaluation reports for Group 2 specialties implemented in August 2021	Discuss and review impact of changes with relevant specialty curricula and senior management committees.	Q4 2022	JRCPTB Curricula & Assessment
JRCPTB 2.2	Monitor impact of changes introduced by curricula - Group 1 specialties	Produce curricula implementation evaluation reports for Group 1 specialties implemented in August 2022	Discuss and review impact of changes with relevant specialty curricula and senior management committees.	Q4 2023	JRCPTB Curricula & Assessment
JRCPTB 2.3	Highlight EDI matters more prominently in specialty reports and agree an action plan	Include greater emphasis on EDI matters in annual specialty report and summary report	Add EDI section to External Advisers reports. Include EDI reporting as part of routine.	Q4 2023	JRCPTB Quality Management
JRCPTB 2.4	Further investigate what support is available to different groups of doctors	Start investigation of e-portfolio free-text data for doctors with different protected characteristics	Develop research project plans and qualitative analysis framework.	Q4 2023	Federation Research & Development
JRCPTB 2.5	Further investigate what support is available to different groups of doctors	Extend UKMED CMT EDI project to include IM and HST data	Extend quantitative analysis for CMT data to IM and higher specialty training data and respond to findings.	Q4 2023	Federation Research & Development
CPD 2.1	To ensure CPD providers' applications for approval	To include guidance in CPD Approval	Evidence in CPD provider applications that diverse needs of	Q3 2023	CPD team

	address and reflect the diversity of patients and physicians	Guidelines for providers and a statement in the Programme Director's Declaration	patients and physicians have been addressed in the planning of the educational event/resource via the Programme Director's declaration.		

GMC PRIORITY 3: Support for trainers and early learning needs analysis

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
MRCP 3.1	Measuring the impact of e-portfolio feedback	Conducting survey of educational supervisors to identify how many discuss examination outcomes with trainees	Improved guidance for supervisors on discussing examination performance including supervisors who do not have experience of being examiners.	Q1 2024	MRCP(UK) & JRCPTB
MRCP 3.2	Identifying ways to support non-NTN candidates	Work with JRCPTB to identify candidates not in training programmes who sit examinations	Identify methods to support these candidates to prepare for examinations.	Q1 2024	MRCP(UK) & JRCPTB
MRCP 3.3	Update Fair Assessment Module	Reviewing content of Fair Assessment module. The content will be updated and expanded to include material relevant to training activity.	Module is in line with best practice. Increased completion of module by PACES examiners by only permitting those who have completed to examine. Completion of module by TPDs and educational supervisors.	Q1 2024	MRCP(UK) Policy Team & JRCPTB

JRCPTB 3.1	Support trainers to deliver high quality feedback to all trainees in the workplace	Continue to review feedback on training programmes to determine if further measures are required	Identify areas where more specific support is required.	Ongoing	JRCPTB Medical Director and Curricula & Assessment
JRCPTB 3.2	Support trainers to make fair and consistent judgements when assessing trainees in the workplace	Continue to produce materials to support trainers to make fair and consistent judgements in the assessment of trainees – i.e. gap analysis, educational supervisor reports, ARCP guidance	Identify areas where more specific support is required.	Ongoing	JRCPTB Medical Director and Curricula & Assessment
JRCPTB 3.3	Support trainers to make fair and consistent judgements when presented with EDI matters in the workplace	Explore whether the MRCP(UK) Fair Assessment e-learning module might be expanded to include wider training scenarios	Explore possibility within existing contract and budgetary constraints.	Q4 2023	MRCP(UK), JRCPTB Medical Director and Research & Development
JRCPTB 3.4	Investigate what additional support might be required by trainers from review of existing eportfolio data	Begin to investigate e-portfolio data to determine how trainers might better support trainees from an EDI perspective	Develop research project plans and qualitative analysis framework.	Q4 2023	JRCPTB Medical Director and Research & Development
JRCPTB 3.5	Investigate what additional support might be provided to trainers by engaging with local employers	Consult widely on the possibility of introducing quality	Consult with wider stakeholder audience and discuss possibility of using National Trainer Survey to	Q4 2023	JRCPTB Medical Director and Research & Development

		criteria for trainers across the UK	include specialty-specific questions with the GMC.		

No relevant CPD activities.

GMC PRIORITY 4: Support for UK trainees preparing for high-stakes summative assessments and recovery from failed attempts

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
MRCP 4.1	Measuring impact of enhanced feedback for candidates sitting Parts 1 and 2 written MRCP(UK) assessments	Provide enhanced feedback for all candidates with poor performance in the MRCP(UK) Part 1 and 2 written examinations and review subsequent performance	Review subsequent pass rates and topic performance for candidates receiving enhanced feedback against control candidates	Q4 2023	MRCP(UK) Policy and Research Teams
MRCP 4.2	Compliance with Academy/GMC guidance	Conduct audit of MRCP(UK) compliance with guidance	Identify ways to improve compliance where required	Q2 2023	MRCP(UK) Policy Team
MRCP 4.3	Reviewing information provided for candidates	Review and update information provided for candidates	Improved feedback from candidates and fewer enquiries to staff	Q1 2023	MRCP(UK)
JRCPTB 4.1	Internal Medicine (IM) quality criteria	Revise IM quality criteria to include a greater focus on examinations support and other EDI matters	IM quality criteria reporting to reflect specific examinations and EDI matters	Q4 2023	Federation Research & Development

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
JRCPTB 4.2	West Midlands Group Dialogues pilot for trainees	Publication of Group Dialogue pilot results	Publish findings and facilitate wider review and discussion	Q4 2023	Federation Research & Development
JRCPTB 4.3	West Midlands Group Dialogues Trainers pilot	Continue to develop Group Dialogue training programme for trainers alongside trainee pilot, with an EDI focus	Conduct focus groups with trainers and publish findings to facilitate wider review and discussion	Q4 2023	Federation Research & Development

No relevant CPD activities.

OTHER PLANNED ACTIVITIES AND DELIVERABLES

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
MRCP 5.1	Measuring outcomes for candidates with RAs	Review performance of candidates who request adjustments for examinations	Pass rates and topic performance for candidates requesting RAs against control candidates Identify and implement methods to improve support for candidates requesting Ras	Q2 2023	MRCP(UK) Policy and Research Teams
MRCP 5.2	Reviewing reporting of DA data and contributing to the development of a DA dashboard within Federation	Review current reporting of current DA data on examinations	Improve reporting on DA in examinations (e.g., by providing more detail about performance across protected characteristics) and contribute to Federation dashboard	Q1 2023	MRCP(UK) and JRCPTB
MRCP 5.3	Analysis of 'clickstream' data	Conduct analysis of clickstream data collected from online	Utilise to provide advice to candidates on preparing for future examination attempts	Q2 2023	MRCP(UK) Policy and Research Teams

		examinations and publish results			
JRCPTB 5.1	Review Trainee Services internal policies and processes from an EDI perspective	Trainee Services to review certification and training policies and processes from an EDI perspective, including CESRs.	Presentation and discussion of findings at JRCPTB MaP Board	Q4 2023	JRCPTB Trainee Services
JRCPTB 5.2	Regular reporting on Trainee Services data from an EDI perspective	Trainee Services to report on data on 'changes to training programme' to JRCPTB governance committees at least annually.	Routine reporting (e.g. quarterly) on EDI matters	Q4 2023	JRCPTB Trainee Services
CPD 5.1	Recruitment to CPD reviewer group reflects the gender and ethnic diversity of the physician workforce	Focussed recruitment to attract reviewers from diverse gender, and ethnic backgrounds	Follow up census of CPD reviewers	2023	CPD team

GMC EDI PRIORITIES 2022/23:

1. Valuing diversity and visible representation in college leadership and governance

Monitoring and promoting diversity of college examiners and exam boards responsible for development and delivery of summative assessments approved as part of curricular programmes of assessment. If you hold the data, please provide a breakdown of the demographic profile of these roles within your college.

MRCP(UK) activities

The overall governance and development of the MRCP(UK) Diploma and Specialty Certificate Examinations SCEs) is the responsibility of the MRCP(UK) Management and Policy (MaP) Board, which is composed of appointed officers, trainee, and lay representatives in addition to invited educational specialists and senior representatives from the three physician colleges. There is an examining board and a standard setting group for each written examination (MRCP(UK) Part 1 and Part 2 Written, and the 11 SCEs). Content for these examinations is developed by the Specialty Question Groups and Question Writing Groups respectively. The MRCP(UK) Part 2 Clinical Examination (PACES) is governed by the Clinical Examining Board (CEB). The Scenario Editorial Committee reviews standardised PACES Station 2 and 4 scenarios, which are developed by the Scenario Writing Group. A Regulatory Sub-Group of the Management and Policy Board has recently been established to oversee examination appeals, complaints, misconduct cases, and complex reasonable adjustment requests.

MRCP(UK) has had a policy of open recruitment for all roles within the written examinations (examining board members, standard setters, and content writers (questions and scenarios)) since 2012. Roles are advertised on the MRCP(UK) website and social media channels, through the colleges, and via specialist societies where relevant. This replaced the previous process for the MRCP(UK) Part 1 and Part 2 Written examining boards in which colleges nominated appointees. The Chair of the Clinical Examining Board (who also serves as Associate Medical Director for Clinical Examinations) and the Medical Secretary (vice-chair) are appointed using this open recruitment process, and the same applies to members of the Scenario Editorial Committee and the Scenario Writing Group. The colleges appoint senior examiners as representatives on the CEB. Recruitment to PACES examiner panels remains a college responsibility. Applicants are invited to submit a covering letter outlining their suitability for the role and a CV. These applications are considered by board officers against the published criteria for the role. Interviews are held for more senior positions or those carrying associated sessional time, and we aim to ensure that the panels for these reflect the diversity of the workforce.

The MRCP(UK) Management and Policy Board regularly reviews these policies and has approved several changes to the recruitment process, including creating new person specification documents and anonymising applications. Plans will also be developed to target previously under-represented groups and to identify ways that will encourage individuals whose circumstances currently make it difficult to participate in MRCP(UK) activities to get more involved, for example by facilitating virtual attendance at meetings.

These policies have had a significant impact on the make-up of the groups. While the data collected on this area is self-declared, analysis shows that when the policy was implemented over 80% of the board members were white males. However, by 2021 the number of members from BAME backgrounds has increased to over a quarter of the total and female members now account for just under a third of the total Board memberships.

The Federation of Royal Colleges of Physicians is undertaking a Digital Transformation project to update and improve its IT systems. This will assist MRCP(UK) with its plans to increase the amount of data it collects on the volunteer clinical workforce, which will improve EDI monitoring and reporting. The Federation is currently undertaking its annual census of its clinician volunteers in conjunction with the three Colleges. This data will be available for review and reporting later in the year.

Future Plans

It is recognised that these activities represent a starting point, and that further action is required. Therefore MRCP(UK) plans to:

- *Improve the quality of data collected on examining board members and examiners.* MRCP(UK) is conducting a census of board and committee members, and PACES examiners, and plans to repeat this on an annual basis. This will assist with continuous monitoring of the demographic breakdown of these groups and in identifying if any specific action needs to be taken. The Federation is currently finalising a data-sharing agreement with the three colleges to facilitate this process.
- *Repeat the examiner performance study.* MRCP(UK) published a ground-breaking study in 2013, which analysed the demographic background of the PACES examiner pool and assessed their performance in the examination. This demonstrated that there was no statistically significant evidence of bias from PACES examiners in assessing the performance of candidates according to their ethnic background or gender. It is now planned to repeat this study and MRCP(UK) is working with the colleges to collect up-to-date demographic data on their examiner pools.
- *Analyse the impact of hybrid working on inclusivity.* Like many organisations, MRCP(UK) conducted much of its business entirely virtually during the early stages of the pandemic. As restrictions began to ease, a hybrid approach has been adopted for examining board and content development meetings, allowing members to attend in person or join remotely. Anecdotal feedback has suggested that previously under-represented groups (e.g., females) have preferred this approach as it enables them to attend for the relevant sections of meetings rather than for the full two days that are scheduled for some activities. A virtual approach significantly reduces the amount of travel and time away from home or work required, which is beneficial for those with caring responsibilities. MRCP(UK) intends to conduct a survey of all board members to analyse attitudes towards this approach to board working and thus identify if it can be used to encourage more people from a range of backgrounds to get involved.

Summary of MRCP(UK) action plan deliverables for GMC priority 1:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
MRCP 1.1	Improve the quality of data collected on examining board members and examiners	Conduct iterative censuses of board and committee members, and PACES examiners. Identify under-represented groups and	Present updated demographic data on volunteer clinical workforce, including protected characteristics Identify under-represented groups and measures to	Q2 2023	MRCP(UK) Policy and Research Teams College examination teams

		measures to encourage them to get involved, for example by working with representative groups and targeted recruitment drives to promote involvement.	encourage them to get involved, for example by working with representative groups and targeted recruitment drives to promote involvement.		
MRCP 1.2	Repeat the PACES examiner performance study – which investigated stringency versus leniency in marking	Analyse performance of PACES examiners based on above data to identify potential bias in assessing candidates according to their shared protected characteristics.	Publication of research study In the event of any issues being identified with specific examiner's performance, they will be asked to retrain or be removed from the panel if required.	Q4 2023	MRCP(UK) Policy and Research Teams
MRCP 1.3	Analyse the impact of hybrid working on inclusivity	Conduct survey of board and committee members to ascertain views on benefits/downsides of hybrid working	Identify whether hybrid working practices have improved inclusivity for under-represented groups and embed this into BAU to support attendance at meetings. Present this flexible attendance option as incentive for recruiting new members and monitor impact.	Q1 2023	MRCP(UK) Policy and Research Teams

JRCPTB activities

The governance structure of the JRCPTB includes over 30 Specialty Advisory Committees (SACs) dedicated to overseeing the design, development and monitoring of all physician curricula. In addition, there is a central Management and Policy (MaP) Board to oversee all relevant training matters in

conjunction with our major stakeholders, such as Heads of Schools of Postgraduate Medicine and the training leads for individual physician colleges, with whom we work collaboratively to monitor the design, delivery and quality of UK training programmes. As such, the constitution of governance committees is not wholly within the remit of the JRCPTB to influence but is partly populated by nominees and representatives of other stakeholders.

For example, SACs focus on the development and monitoring of implementation of curricula. They contribute to specialty training policy and review the delivery of training to standards set by the JRCPTB.   They have a prescribed constitution which requires a representative of each Health Education England (HEE) local office, the NHS Education for Scotland (NES) deanery, the Northern Ireland Medical and Dental Training Agency (NIMDTA) and Health Education and Improvement Wales (HEIW), if training in that specialty occurs in each of these areas. Additionally, the Conference of Postgraduate Medical Deans (COPMeD) allocates a liaison postgraduate dean to each specialty alongside JRCPTB invited trainee, academic and lay representation.

The JRCPTB does not have responsibility for recruiting Training Programme Directors (TPD) as this lies with the Local Educational Providers (LEPs) and therefore the demographic makeup of SACs is dependent on the provision of members to the SAC from regional localities.   To monitor the demographic make-up of its committees, the JRCPTB has undertaken a series of Censuses. The first was undertaken in 2018 and the most recent in 2022. Although the intention was to conduct Censuses at three-year intervals (COVID-pandemic permitting) developments with the Federation-wide digital transformation programme are likely to make the collection (and updating) of demographic data for trainers and trainees a routine, ongoing activity rather than occasional. These changes are expected to be in place from 2024 onwards.

JRCPTB Committees Census 2022

A Census survey to collect and monitor demographic information on all JRCPTB committee members was carried out in July and August 2022 by the Quality Management (QM) Team. The JRCPTB Census is anonymous and collects data on the nine protected characteristics defined by the 2010 Equality Act. For comparison purposes, the 2022 Census included the same questions as 2018, which were also updated to align with the UK 2021 Census' questions run by the Office for National Statistics (ONS). The ONS Census currently covers England and Wales with separate Censuses run in Scotland and Northern Ireland containing slightly different question responses, for example on religion.   As part of a longer-term approach, the JRCPTB intends to review the four country Census questions under the Federation EDI Working Group, together with the UK-wide harmonised questions,[3] with a view to agreeing a set of questions for future use that are acceptable to all four nations. This set of agreed questions will form the basis of all future collection of personal data relating to the nine protected characteristics, for example, within the CRM facility.

The Appendices contain preliminary results from the 2022 JRCPTB Census overall findings. Further analysis and information will be available separately.

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[3] For example, see: https://gss.civilservice.gov.uk/guidances/harmonised-standards-guidance/#demographic-information

Summary of JRCPTB action plan deliverables for GMC priority 1:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
JRCPTB 1.1	Conduct 2022 Census of all JRCPTB committees	Create online survey and circulate	Report demographic findings per committee and compare to 2018 Census	Q4 2022	JRCPTB Quality Management
JRCPTB 1.2	Produce a Federation-wide set of EDI questions to capture relevant personal data for future Censuses, based on 2021 official national Census questions for all four UK countries	Review specific questions on protected characteristics from the separate four country 2021 Censuses	Agree of set of Federation-wide questions relating to the nine protected characteristics and based on the UK-wide harmonised questions, for all four UK countries	Q4 2023	Federation Research & Development / Quality Management
JRCPTB 1.3	Review of Census findings by all JRCPTB committees	Review Census findings per committee, particularly to identify where groups with specific protected characteristics are under-represented	Consider what more can be done to recruit from those groups	Q4 2023	JRCPTB Quality Management

CPD activities

CPD MaP board and CPD reviewers' census

A Census survey to collect and monitor demographic information on all CPD management and policy board members and CPD reviewers (those who consider applications for CPD approval on behalf of Federation) was undertaken in July and August 2022 by the CPD Team. The results will be published separately.

A statement about the EDI aspects of CPD will be included in the CPD guidelines and the CPD programme director's declaration.

Summary of CPD action plan deliverables for GMC priority 1:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
CPD 1.1	Conduct Census of CPD MaP board members and CPD reviewers	Create online survey and circulate	Report of demographic findings	Q4 2022	CPD team
CPD 1.2	Review Census findings	Identify groups with protected characteristics that are under-represented and develop an action plan to address the situation	Action plan in place to address under-represented groups	Q4 2022	CPD team
CPD 1.3	EDI statement for CPD providers regarding diversity of speakers at their events	Include guidance in CPD approval guidelines	EDI section inserted in CPD guidelines and perform spot-check audit at intervals	Q1 2023	CPD team
CPD 1.4	EDI statement in Programme Directors declaration	Introduce specific EDI statement in CPD Programme Director's Declaration	EDI statement included in Programme Director's Declaration	Q1 2023	CPD team

2. Inclusive programmes of learning and assessment

Interventions to develop curricula, assessment and supplementary materials that reflect the diversity of learners and patients. For example, developing guidance on the different presentation of clinical signs or symptoms for diverse patient groups, or cultural competence training.

MRCP(UK) Activities

The MRCP(UK) and SCE examinations are created using blueprints (e.g., Part 1) that ensure they test a representative sample of required knowledge from across the totality of the relevant specialty curriculum. The examination blueprints are regularly reviewed by both examining boards and Specialty Advisory Committees to ensure that they remain up to date. All examination questions and scenarios are reviewed ahead of being included in an examination. One aspect in this process, already established, is for examining boards to consider how clinical signs or symptoms may present differently for patients from different ethnic backgrounds. Regular reports illustrating the different topics assessed in the examinations are reported to the relevant boards; information about performance in the broad topic headings is made available for candidates after each diet on the MRCP(UK) website.

MRCP(UK) participated in the recent AoMRC survey of examination candidates on the impact of recent changes to examination delivery models on candidates with protected characteristics. The outcomes from the survey are currently being analysed and will be presented to governance boards for review. If necessary, appropriate action will then be implemented.

A research study was published in 2018 on using Differential Item Functioning to evaluate potential bias in MRCP(UK) Part 1 and Part 2 Written. This analysed the performance of candidates in a large group of questions (c. 14,000) according to their protected characteristics. Only a very small number of questions from this large group demonstrated any differential functioning according to a shared characteristic. This work will become embedded in our routine QA processes that support the development and use of new content for our assessments.

Future Plans

MRCP(UK) intends to carry out the following initiatives in relation to this area:

- *Electronic marksheets & data collection.* MRCP(UK) is working on a project to introduce electronic marksheets for the PACES examination. This will enable the collection of increased amounts of data, particularly about the patients and surrogates who participate in the examination. The aim is to collect the demographic data for analysis against candidate outcomes. This should greatly improve our EDI monitoring and reporting.
- *Images.* MRCP(UK) Part 2 Written, and the Specialty Certificate Examinations include image-based questions. The relevant banks will be reviewed to ensure that these images are representative of the diverse pool of patients that candidates are likely to encounter and to illustrate the different ways in which certain clinical signs may be present in patients of different ethnicities.
- *Examinations Candidate EDI survey.* MRCP(UK) is reviewing the responses received in the recent MRCP(UK) iteration of the Academy EDI survey on the effects of its pandemic changes to examination delivery models. The outcomes will be reported to the Management and Policy Board to identify any lessons that can be learned that will assist with improving the examination experience for candidates with shared protected characteristics.

Summary of MRCP(UK) action plan deliverables for GMC priority 2:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
MRCP 2.1	Electronic marksheets & data collection	Introducing electronic marksheets to PACES	Improved data collection on all participants in PACES, including patients & surrogates Use this to enhance our EDI performance by ensuring that the pool of patients and surrogates reflect the wider population.	Q4 2023	MRCP(UK) & College Examinations Teams
MRCP 2.2	Images	Review bank of images used in written examinations	Pool of images updated to reflect diversity of patients that candidates likely to encounter Develop additional guidance for candidates where necessary	Q4 2023	MRCP(UK) Policy and Question Bank teams
MRCP 2.3	Examinations EDI survey	Report outcomes from recent candidate EDI survey	Identify ways to improve delivery models to support candidates with protected characteristics	Q1 2023	MRCP(UK) Policy and Operations Teams

JRCPTB activities

The JRCPTB develops and maintains the curricula which define the purpose, content of learning, process of training and the programme of assessment for training in the 30 physician specialties. The Curricular and Assessments function of JRCPTB conducts a wide-range of EDI-related activities and projects in accordance with GMC guidance and other requirements. Major initiatives include:

EDI initiatives	Outline of issue / problem to address	Action underway / already taken / planned	Expected outcomes / success measures	Evaluation / monitoring / reporting of results
Online surveys to facilitate feedback on curriculum changes disseminated to trainees, trainers, employers and patients (2019 onwards).	To identify any potential impacts of the changes to the curricula on trainees and/or patients with protected characteristics.	Mitigation included agreeing transition arrangements with the GMC to allow flexibility for individual trainees to remain on the current curriculum if it is not safe or practical for them to transfer. Training programmes will continue to make reasonable adjustments for trainees with physical disabilities in line with their current policies.	Changes were made to curricula to mitigate the impact on trainees with disabilities where possible. For example, knee aspiration was removed as a mandated procedural competency from the IM curriculum as it was agreed that the remaining procedures covered all requirements.	Monitoring of the impact of the new curricula through the ARCP process, annual specialty reports and the GMC's National Training Survey (NTS). The JRCPTB will provide post-implementation curriculum evaluations to the GMC for all new curricula. The reports will reference our quality management data sets including feedback from key stakeholders.
Equality and Diversity workshop (January 2020) with stakeholders representing trainees with one or more protected characteristic to identify potential impacts of planned changes to the curricula.	Themes explored included working patterns, dual training and changes to procedural requirements. The workshop highlighted that it is likely to be female trainees working less-than-full-time and disabled trainees who will be most affected by the changes.	A report was provided to the GMC alongside curriculum submissions in 2020/2021.	Further discussion was held with SACs whose curricula changes were likely to impact trainees and action was taken to mitigate this impact where possible. For example, in specialties such as Cardiology and Neurology concerns were raised that the requirement for current trainees to dual train in internal medicine would place an extra burden on them. Transition arrangements, agreed with the GMC, will allow senior trainees or those where it is not safe or practical for them to transfer to	Curricula implementation will be monitored as detailed above. A further EDI workshop with patients and doctors' groups with protected characteristics is planned for 2023.

<table>
<tr><td></td><td></td><td></td><td>complete training on the previous curriculum, if agreed by the postgraduate dean. This is likely to benefit female trainees and those with caring responsibilities who may have taken longer to train and those who have dropped GIM for health reasons.

In Gastroenterology, concerns about mandated liver transplant centre exposure, selection to complex training pathways and transition were raised. The curriculum has been amended to explicitly state that LTFT trainees and those with protected characteristics will not be disadvantaged by the process and we will continue to monitor this closely.</td><td></td></tr>
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In line with GMC guidance, monitoring of the impact of changes to specialty curricula and assessments is ongoing and is conducted by a combination of specific initiatives (as detailed in the above table) as well as more routine data reporting from NTS speciality-specific questions, feedback from SACs and external advisers.

The JRCPTB Quality Management (QM) function manages and monitors the efficient and effective running of routine quality assurance processes. It has responsibility for reporting of EDI data to Heads of Schools of Medicine, JRCPTB Management and Policy Board and all SACs on an ongoing basis. This includes annual GMC NTS results, monitoring feedback and trends from trainees highlighting areas of concern best practice and also reporting specifically on ARCP results. ARCP outcomes are analysed by specialty and location over time, particularly highlighting programmes where higher numbers of trainees may be receiving unsatisfactory outcomes.

Quality Management also oversees the externality process which involves recruiting SAC Members to assist as external advisors/representatives to participate in the ARCP process. The External Advisor (EA) writes a report focusing on the following areas: decision making, quality of evidence,

curriculum delivery, Penultimate Year Review (PYR) where applicable, equality and diversity (highlighting any signs of bias) and rating the process they observed. The QM team regularly receive completed EA reports following visits, recording any issues raised, following up and disseminating any concerns highlighted to SAC QM Leads, Postgraduate Deans and the TPD of the visited region. A summary of all External Advisor reports received over the previous academic year will be produced in late 2023 highlighting areas of concern or good practice, including EDI matters, which will be given greater emphasis via reporting mechanisms from 2023 onwards.

Since 2017, the JRCPTB has been collaborating with the GMC (via the UKMED database) to analyse Core Medical Training (CMT) data in more detail from an EDI perspective. The intention is to identify any differential impacts existing at a subgroup level and explore what factors might be contributing to those. Findings will be publicised to encourage further discussion at all relevant oversight and stakeholder forums, such as the Heads of Schools of Postgraduate Medicine and SACs, and identify any action required. The project will also be extended to include Internal Medicine (IM) and higher specialty training (HST) data from 2023 onwards. This extension will include the analysis of free-text e-portfolio data to examine the nature and quality of feedback received by doctors with different protected characteristics, as well as the analysis of workplace-based assessment outcomes.

Summary of JRCPTB action plan deliverables for GMC priority 2:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
JRCPTB 2.1	Monitor impact of changes introduced by curricula - Group 2 specialties	Produce curricula implementation evaluation reports for Group 2 specialties implemented in August 2021	Discuss and review impact of changes with relevant specialty curricula and senior management committees	Q4 2022	JRCPTB Curricula & Assessment
JRCPTB 2.2	Monitor impact of changes introduced by curricula - Group 1 specialties	Produce curricula implementation evaluation reports for Group 1 specialties implemented in August 2022	Discuss and review impact of changes with relevant specialty curricula and senior management committees	Q4 2023	JRCPTB Curricula & Assessment
JRCPTB 2.3	Highlight EDI matters more prominently in specialty reports and agree an action plan	Include greater emphasis on EDI matters in annual specialty	Add EDI section to External Advisers reports. Include EDI reporting as part of routine.	Q4 2023	JRCPTB Quality Management

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
		report and summary report			
JRCPTB 2.4	Further investigate what support is available to different groups of doctors	Start investigation of e-portfolio free-text data for doctors with different protected characteristics	Develop research project plans and qualitative analysis framework	Q4 2023	Federation Research & Development
JRCPTB 2.5	Further investigate what support is available to different groups of doctors	Extend UKMED CMT EDI project to include IM and HST data	Extend quantitative analysis for CMT data to IM and higher specialty training data and respond to findings	Q4 2023	Federation Research & Development

CPD activities

CPD providers should take the following into account when designing events, programmes and other resources:

- Differing patterns of disease and symptomatology reflecting the diversity of patients

- Differing responses to treatment according to the diversity of patients

- Differing learning needs according to the diversity of physicians

Guidance on the above to be included in guidelines for CPD providers.

Summary of CPD action plan deliverables for GMC priority 2:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
CPD 2.1	To ensure CPD providers' applications for approval address and reflect the diversity	To include guidance in CPD Approval Guidelines for providers and a statement in the	Evidence in CPD provider applications that diverse needs of patients and physicians have been addressed in the planning of the educational	Q3 2023	CPD team

	of patients and physicians	Programme Director's Declaration	event/resource via the Programme Director's declaration		

3. Support for trainers and early learning needs analysis

Support for Educational Supervisors to prepare UK trainees including the effectiveness of formative assessments at identifying and addressing development areas prior to summative assessments and critical progression points.

Support for Educational Supervisors helping to prepare learners for high stakes assessments. For example, making supervisors aware of planned exam attempts or recent exam outcomes through the ePortfolio, guidance for supervisors around common areas of challenge and outlining the standard of performance to be demonstrated.

MRCP(UK) Activities

Results for any attempts at MRCP(UK) or Specialty Certificate Examinations are automatically uploaded into a trainee's e-portfolio. This includes feedback on performance in the various parts of both the written and clinical examinations. Candidates are actively encouraged in their results letters to discuss the results from examination attempts, including the detailed feedback they receive, with their Educational Supervisor so that areas of weakness can be identified, and plans made to address them. The quality criteria issued by JRCPTB set out expected levels of support for trainees to prepare for and sit examinations.

All examiners for the clinical examination, PACES, are asked to complete the 'Fair Assessment' e-learning module. This is an equality and diversity course specifically tailored towards issues that may be encountered during face-to-face clinical examinations. Compliance with this requirement for active examiners is monitored and in the 2022/1 diet 74.4% of examiners had completed the module with a total of 98.4% of examiners having completed some form of equality and diversity training within the last three years. Regular reports are presented to the CEB on examiner compliance with this and other criteria; in future, examiners will not be permitted to examine without having completed the module. MRCP(UK) is also planning to work with the providers to update the content to ensure that this remains relevant in a rapidly changing environment. The scope of the module will also be expanded to cover JRCPTB activities to provide tailored EDI training and education for those delivering training at a local level, e.g., educational supervisors.

Future Plans

MRCP(UK) intends to carry out the following initiatives in relation to this area:

- *Measuring the impact of e-portfolio feedback.* MRCP(UK) will work with JRCPTB and other stakeholders (e.g., the UK Foundation Programme Office, as candidates are eligible to sit MRCP(UK) examinations from FY2 onwards) to measure how many educational supervisors discuss examination

outcomes as part of their regular meetings with trainees and to assess the impact this may have on future performance, for example through a structured survey. Enhanced information will be made available to educational supervisors after each attempt, for example topic performance breakdowns, to support this process.

- *Identifying ways to support non-NTN candidates.* Not all candidates who sit MRCP(UK) or Specialty Certificate Examinations are in national training programmes. Evidence suggests that these candidates may be more likely to have shared protected characteristics and are more likely to perform less well in examinations. They also tend to lack access to formal educational supervision or training and education resources. MRCP(UK) will work with the colleges and local education providers to identify methods to provide enhanced support for these candidates.
- *Update the MRCP(UK) Fair Assessment Module.* MRCP(UK)'s equality and diversity e-learning module for examiners has received positive feedback. MRCP(UK) intends to work with its partner organisations who developed the module to ensure that the module is updated and remains relevant for the current EDI environment moving forward.

Summary of MRCP(UK) action plan deliverables for GMC priority 3:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
MRCP 3.1	Measuring the impact of e-portfolio feedback	Conducting survey of educational supervisors to identify how many discuss examination outcomes with trainees	Improved guidance for supervisors on discussing examination performance including supervisors who do not have experience of being examiners	Q1 2024	MRCP(UK) & JRCPTB
MRCP 3.2	Identifying ways to support non-NTN candidates	Work with JRCPTB to identify candidates not in training programmes who sit examinations	Identify methods to support these candidates to prepare for examinations	Q1 2024	MRCP(UK) & JRCPTB
MRCP 3.3	Update Fair Assessment Module	Reviewing content of Fair Assessment module. The content will be updated and expanded to include material relevant to training activity.	Module is in line with best practice Increased completion of module by PACES examiners by only permitting those who have completed to examine	Q1 2024	MRCP(UK) Policy Team & JRCPTB

			Completion of module by TPDs and educational supervisors		

JRCPTB activities

Access to high quality, supportive, timely and constructive feedback is essential for the professional development of the trainee and is a core principle of the JRCPTB curricula. Feedback will primarily be the responsibility of educational and clinical supervisors who will have completed training in assessment, feedback and equality and diversity, and have been formally recognised by the GMC to carry out their roles. Specific EDI training is available to trainers conducting assessments via the MRCP(UK) 'Fair Assessment' e-learning module, which is currently under review with the possibility of being updated to include some wider training scenarios in addition to assessments.

The JRCPTB also provided specific training on the new curricula and assessment methodology to all deaneries in 2019 and subsequently developed a set of resources for trainers and trainees, including ARCP decision aids, 'rough guides' and e-learning modules with HEE and e-Learning for Health. Feedback on the training and materials is received regularly from Heads of Schools, SACs and directly from training providers and has been largely positive. The JRCPTB will continue to monitor this feedback to help determine where, or if, any further measures to support trainers are required.

Aside from providing training directly to trainers, the JRCPTB facilitates ongoing discussion on EDI and other relevant matters through its SACs and stakeholder networks. Where possible these discussions are informed by evidence arising from the analysis of internal data and from shared data projects, such as the UKMED database. Plans for future analysis include the exploration of quality and content of free-text e-Portfolio comments, for example, where trainees and trainers share similar demographic characteristics, as well as more routine reporting of progression data (such as PYRs and accelerated CCTs) by protected characteristics. Data will be analysed with the intention of informing a longer-term approach. In addition, the JRCPTB will be exploring how to use insights from feedback within the e-Portfolio to better prepare trainers to support trainees going forward. This work is likely to start in 2023 and will extend to reviewing and updating existing guidance for trainers, where there is evidence that further support is needed. In this eventuality, a Trainer EDI Oversight Group will be established to review both feedback from SACs and independent data analyses to determine what further support is required and in which format.

The JRCPTB also recognises the additional workloads placed on trainers since the pandemic and also how their engagement is essential to providing a supportive learning environment for all trainees as well as doctors 'at risk' of failing assessments. Many trainers now spend more time supporting trainees post-pandemic, for example in the JRCPTB July 2022 IM Working Arrangements survey, 64% of trainers reported spending more time supporting trainees pastorally than previously. In recognition of this, the JRCPTB is currently consulting on the potential introduction of quality criteria for trainers, monitored via the GMC's National Trainer Survey, in order to drive up employer recognition and support for the trainer workforce.

Summary of JRCPTB action plan deliverables for GMC priority 3:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
JRCPTB 3.1	Support trainers to deliver high quality feedback to all trainees in the workplace	Continue to review feedback on training programmes to determine if further measures are required	Identify areas where more specific support is required	Ongoing	JRCPTB Medical Director and Curricula & Assessment
JRCPTB 3.2	Support trainers to make fair and consistent judgements when assessing trainees in the workplace	Continue to produce materials to support trainers to make fair and consistent judgements in the assessment of trainees – i.e., gap analysis, educational supervisor reports, ARCP guidance	Identify areas where more specific support is required	Ongoing	JRCPTB Medical Director and Curricula & Assessment
JRCPTB 3.3	Support trainers to make fair and consistent judgements when presented with EDI matters in the workplace	Explore whether the MRCP(UK) Fair Assessment e-learning module might be expanded to include wider training scenarios	Explore possibility within existing contract and budgetary constraints	Q4 2023	MRCP(UK), JRCPTB Medical Director and Research & Development
JRCPTB 3.4	Investigate what additional support might be required by trainers from review of existing eportfolio data	Begin to investigate e-portfolio data to determine how trainers might better support trainees from an EDI perspective	Develop research project plans and qualitative analysis framework	Q4 2023	JRCPTB Medical Director and Research & Development

JRCPTB 3.5	Investigate what additional support might be provided to trainers by engaging with local employers	Consult widely on the possibility of introducing quality criteria for trainers across the UK	Consult with wider stakeholder audience and discuss possibility of using National Trainer Survey to include specialty-specific questions with the GMC	Q4 2023	JRCPTB Medical Director and Research & Development

CPD activities

No relevant activities to report.

4. Support for UK trainees preparing for high-stakes summative assessments and recovering from failed attempts

Support for trainees such as practice questions, guidance on the standard of performance required to pass the exam and the level of clinical experience required prior to sitting, and guidance around domains which trainees have found challenging.

Meaningful feedback provided following each attempt which supports remediation and improved performance where appropriate.

Coaching or training offered to candidates in advance of an exam attempt or following an exam fail such as a college exam preparation course or a meeting with a college examiner to discuss feedback on performance and areas for development, opportunities for candidates to familiarise themselves with the UK assessments and techniques before their first attempt

MRCP(UK) Activities

MRCP(UK) provides extensive information about its examinations and preparatory material for candidates on its website. Candidates are directed to these resources:

- An extensive selection of sample questions and scenarios is available for all examinations (over 100 questions for each written examination) to support candidates to familiarise themselves with how these are set out and the level of knowledge required. These are reviewed at each examining board meeting to ensure that they remain accurate and up to date. Blueprints are published for all examinations to make candidates aware of the breadth of topics that will be covered in each examination. The website provides information for candidates about any changes to content or delivery formats and answers to the most common questions. Regular Twitter Q&A sessions are held to provide candidates the opportunity to ask questions directly to the Medical Director and Associate Medical Directors. Candidate newsletters provide information about any forthcoming changes to examinations.

- Information is provided on the website about the pass standard for all examinations delivered by MRCP(UK). This sets out the methodology used to calculate the pass standard and what is required to pass the examination where this may differ from previous experience for candidates (e.g., for the non-compensated skills based marking system used in PACES).
- The PACES preparation page on the MRCP(UK) website provides advice for candidates on how to improve their performance in each of the seven skills assessed.
- The level of experience required to sit the examinations is set out in the MRCP(UK) and SCE regulations. Candidates are not permitted to apply for MRCP(UK) Part 1 until they have obtained at least one year of postgraduate experience. The regulations also make clear that candidates who have not completed their two-year Foundation Programme are unlikely to have obtained sufficient experience to pass PACES.

All candidates sitting an MRCP(UK) or Specialty Certificate Examination received detailed feedback on their performance. Candidates sitting written examinations receive a breakdown of how they have scored in each of the blueprint headings. PACES candidates receive a results letter showing their overall score, and their score for each skill and encounter. They can also ask for copies of their marksheets which show the individual scores awarded in each encounter and the comments provided by examiners.

Poorly performing candidates in the examinations (repeated failures with low scores in written examinations or failing multiple skills in PACES) receive enhanced feedback. Written examination candidates will, in future, receive a letter providing advice on how to improve their preparation for future attempts. PACES candidates receive a counselling letter from the college of exam entry explaining why they have received low marks and offering advice on how to improve performance. Candidates are advised to discuss this with their educational supervisor (if they have one) and to take time to prepare for a subsequent attempt rather than immediately sitting at the next diet.

The MRCP(UK) website allows candidates to familiarise themselves with all aspects of the examination, including the format of the papers, the examination blueprints, the delivery models, and the regulations. MRCP(UK) also utilises other methods, including social media (e.g., our YouTube channel) to support candidates as they prepare for the examination.

Future Plans

MRCP(UK)'s future plans in this area focuses on reviewing the impact of current activity:

- *Measuring impact of enhanced feedback.* MRCP(UK) will identify candidates who have received enhanced feedback (based on the criteria set out above) and analyse how they perform in subsequent attempts to measure whether the current approach is successful and whether improvements are required. Analysis will also be conducted to identify whether this group of candidates shares protected characteristics which will assist with ascertaining whether a different approach is required.
- *Compliance with Academy/GMC guidance.* An audit will be conducted to identify how MRCP(UK) complies with Academy and GMC guidance on running examinations and supporting candidates, and improvements will be implemented where required.
- *Reviewing information provided for candidates.* MRCP(UK) is currently conducting a review of its website which will improve the information provided for candidates both there and via other channels.

Summary of MRCP(UK) action plan deliverables for GMC priority 4:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
MRCP 4.1	Measuring impact of enhanced feedback for candidates sitting Parts 1 and 2 written MRCP(UK) assessments	Provide enhanced feedback for all candidates with poor performance in the MRCP(UK) Part 1 and 2 written examinations and review subsequent performance	Review subsequent pass rates and topic performance for candidates receiving enhanced feedback against control candidates	Q4 2023	MRCP(UK) Policy and Research Teams
MRCP 4.2	Compliance with Academy/GMC guidance	Conduct audit of MRCP(UK) compliance with guidance	Identify ways to improve compliance where required	Q2 2023	MRCP(UK) Policy Team
MRCP 4.3	Reviewing information provided for candidates	Review and update information provided for candidates	Improved feedback from candidates and fewer enquiries to staff	Q1 2023	MRCP(UK)

JRCPTB activities

The JRCPTB recognises that being supported to sit examinations as part of a wider training programme offers trainees many potential benefits, including enhanced confidence via the opportunity to refine examination techniques and discuss priority topics. For this reason, the JRCPTB included 'support to sit examinations' within its 2015 Core Medical Training (CMT) quality criteria, an initiative designed to encourage Local Education Providers (LEPs) to raise the quality of training by focusing on a set of performance indicators that could be monitored by the GMC NTS. The initiative proved to be very successful at driving up the support available to trainees for examinations – see Table below for a list of examinations-relevant CMT quality criteria and the subsequent increases in trainees reporting that this support was provided from 2015 to 2019.

CMT quality criteria – % trainees reporting support provided as stated	2015 NTS results (baseline)	2016 NTS results	2017 NTS results	2018 NTS results	2019 NTS results
B3. Bleep-free cover arrangements to allow trainee attendance at outpatient clinics and other learning events, e.g. PACES training, as protected learning time.	15%	26%	27%	27%	30%

B5. A minimum of 1 hour of curriculum-relevant teaching to be provided per week on average, including a regular rolling programme of direct observation of clinical skills around the PACES diet.	62%	88%`	90%	91%	92%
C6. The educational supervisor and trainee to discuss and agree a plan for MRCP(UK) training, to include 'before and after' meetings around the examination. Trainees requiring more support should receive enhanced training and/or supervision.	55%	69%	71%	71%	71%

Apart from continuing the support for examinations, the Internal Medicine quality criteria (expected to launch in 2023) are now being expanded to include more EDI-focused support. The quality criteria are reflected in the GMC's NTS generic and specialty-specific questions, and the findings are relayed to SACs for consideration annually. In future (likely from 2024 onwards) the NTS results will be used to create a UK-wide aggregate ranking table, displaying the results per LEP, as part of a bid to encourage employers to compete for the attention, and retention, of trainees and to drive up quality in the process.

Aside from embedding examinations and EDI support into the training environment, the JRCPTB has developed a Group Dialogue approach as a pilot with IM trainees in the West Midlands. The approach has been designed specifically to develop an inclusive, safe environment for trainees to learn more about the application of Generic Professional Capabilities as well as discuss sensitive topics, such as breaking bad news, managing difficult situations with patients or relatives and questioning senior staff (or other colleagues) about care plans when necessary to do so. Many of these topics are intended to help trainees gain confidence and therefore perform better in real-life challenging scenarios or simulated scenarios such as assessments.

The pandemic has hindered the roll-out of the pilot, but results obtained to date have been very promising with 89% of trainees reporting their understanding of the topic had improved as a result of the Dialogues and 82% reporting their confidence had improved. 75% of doctors involved with the pilot were from ethnic minority backgrounds with 65% having a non-UK primary medical qualification.   To date there have been no differences in acceptability, or usefulness, of the Dialogues between different groups of trainees with all groups supporting their continued use. Considering these results, further work on the pilot will continue in 2022 / 2023 with findings expecting to be published in 2023. A training programme for trainers is also being developed alongside the pilot, with potential wider roll-out being considered, depending on further feedback and results.

Summary of JRCPTB action plan deliverables for GMC priority 4:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
JRCPTB 4.1	Internal Medicine (IM) quality criteria	Revise IM quality criteria to include a greater focus on	IM quality criteria reporting to reflect specific examinations and EDI matters	Q4 2023	Federation Research & Development

		examinations support and other EDI matters			
JRCPTB 4.2	West Midlands Group Dialogues pilot for trainees	Publication of Group Dialogue pilot results	Publish findings and facilitate wider review and discussion	Q4 2023	Federation Research & Development
JRCPTB 4.3	West Midlands Group Dialogues Trainers pilot	Continue to develop Group Dialogue training programme for trainers alongside trainee pilot, with an EDI focus	Conduct focus groups with trainers and publish findings to facilitate wider review and discussion	Q4 2023	Federation Research & Development

CPD activities

No relevant activities to report.

5. Other planned activities and deliverables

MRCP(UK) activities

MRCP(UK) also aims to carry out the following activities as part of its action plan:

- *Measuring outcomes for candidates with Reasonable Adjustments.* MRCP(UK)'s policy for supporting candidates who require reasonable adjustments when sitting examinations has evolved over time in line with changing best practice. The wealth of data collected in relation to this area enables us to analyse how these candidates have performed in examinations, which will assist with identifying whether the adjustments provided are supporting candidates in improving their performance.
- *Reviewing reporting of DA data and contributing to the development of a DA dashboard within Federation*. MRCP(UK) regularly reports performance by two broad demographic groups (ethnicity and gender) to examining boards. This will be reviewed to identify where this can be improved, for example by increasing the granularity of detail provided. This will contribute to the development of a wider Federation differential attainment dashboard, which will provide high-level data to the executive governance board.
- *Analysis of 'clickstream' data.* Moving UK delivery of the Part 1 and Part 2 Written examinations to an online platform has provided a new source of data about how candidates approach examinations. MRCP(UK) is working with its educational advisers to analyse this data and present the results. This could potentially be utilised to support candidates to prepare for future attempts by demonstrating the different methods used by candidates who have performed well.

Summary of additional MRCP(UK) action plan deliverables:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
MRCP 5.1	Measuring outcomes for candidates with RAs	Review performance of candidates who request adjustments for examinations	Pass rates and topic performance for candidates requesting RAs against control candidates Identify and implement methods to improve support for candidates requesting Ras	Q2 2023	MRCP(UK) Policy and Research Teams
MRCP 5.2	Reviewing reporting of DA data and contributing to the development of a DA dashboard within Federation	Review current reporting of current DA data on examinations	Improve reporting on DA in examinations (e.g., by providing more detail about performance across protected characteristics) and contribute to Federation dashboard	Q1 2023	MRCP(UK) and JRCPTB
MRCP 5.3	Analysis of 'clickstream' data	Conduct analysis of clickstream data collected from online examinations and publish results	Utilise to provide advice to candidates on preparing for future examination attempts	Q2 2023	MRCP(UK) Policy and Research Teams

JRCPTB activities

The activities listed here do not fall under the GMC's four priorities for 2022 / 2023 but are part of the overall JRCPTB approach.

As workplace cultures and expectations continue to change, it is recognised that many trainees are no longer taking a direct route to CCT through formal training programmes but are choosing to take non-training jobs to increase their experience. As such, alternative routes to the specialist register are becoming increasingly important with many doctors now working towards achieving their certificate of equivalence for specialty registration. To be inclusive of these doctors' needs, the JRCPTB has produced additional guidance to ensure that their ability to collect evidence of progression is not

impaired. This includes taking active steps to promote the use of the e-Portfolio and to ensure that doctors who are not consultants can, with specific training, take on training roles in the workplace. In addition, the SACs have provided specialty specific guidance for these doctors and assessment of their applications is co-ordinated by the JRCPTB. Further work to identify the specific needs of this group of trainees is ongoing.

As part of a package of support, the JRCPTB provides trainees with an e-Portfolio to assist meeting relevant specialty curricula requirements. Trainees store assessments, learning events, supervisor reports, ARCP and exam results in their e-Portfolio which are subject to review as part of routine quality management processes. Occasionally, trainees request changes to the expected training route, for example through applying for accelerated CCTs or seeking educational approval to count 'out of programme' training or research episodes towards their CCT. The outcomes of these applications are recorded but have not previously been explored from an EDI perspective.

From 2023 onwards the JRCPTB plans to routinely report on data where trainees seek approval for a change to their expected training route, for example to MaP Board and SACs, from an EDI perspective. This action will help ensure transparency in all areas of JRCPTB activity or oversight and reassure trainees that any application for change will be reviewed impartially.

Summary of additional JRCPTB action plan deliverables:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
JRCPTB 5.1	Review Trainee Services internal policies and processes from an EDI perspective	Trainee Services to review certification and training policies and processes from an EDI perspective, including CESRs.	Presentation and discussion of findings at JRCPTB MaP Board	Q4 2023	JRCPTB Trainee Services
JRCPTB 5.2	Regular reporting on Trainee Services data from an EDI perspective	Trainee Services to report on data on 'changes to training programme' to JRCPTB governance committees at least annually.	Routine reporting (e.g. quarterly) on EDI matters	Q4 2023	JRCPTB Trainee Services

CPD activities

To steadily increase the number of female reviewers, especially those from ethnic minority and diverse groups. In 2018, there were only 2 female reviewers. At the time of writing, this has increased to 15 out of 45 in total.

Traditionally, CPD reviewers have been nominated via their specialty association or the SAC chair. We are also encouraging nominations from all three Royal Colleges of Physicians as well as encouraging people to self-nominate as reviewers (via the website).

Summary of additional CPD action plan deliverables:

Action plan reference	Initiative	Actions identified	Outcome Measures	Timescale	Responsible person/team
CPD 5.1	Recruitment to CPD reviewer group reflects the gender and ethnic diversity of the physician workforce	Focussed recruitment to attract reviewers from diverse gender, and ethnic backgrounds	Follow up census of CPD reviewers	Q3 2023	CPD team

6. College specific commentary

Royal College of Physicians of Edinburgh: Equality Diversity and Inclusivity (EDI) work of relevance to GMC targets

Generic
- The College has an established EDI committee with a lay chair.
- All aspects of College work are monitored routinely to ensure diversity and balance in, for example, symposia speakers, chairs, College committees.
- The College supports the Lothian IMG network and is extending this work to other areas.
- The College recently revised its methodology for approving new fellows of the College and restructured the relevant committee to improve diversity.
- We are creating a "diversity wall" in the College, opening in 2023, as a clear visual representation of our highly diverse global community.
- In response to the "Black Lives Matter" protests we undertook an extensive review, now published, of the College's historical connections with slavery and colonialism.
- The recent redesign of our College's main event facilities focussed on creating equal access for differently able individuals.

Specific to examinations and training

- RCPE monitors its pool of examiners for PACES to ensure diversity and balance and compliance with EDI training. All examiners for PACES are required to have completed the Fair Assessment training module, which is specifically designed to provide EDI training in the context of a clinical examination
- RCPE ensures that the UK PACES centres it supports are administered and run in a manner that promotes equity. For example, we provide adjustments to the examination for candidates with physical disabilities and specific learning difficulties such as dyslexia.
- PACES is delivered with paired examiners and as such the potential impact of bias is minimised.
- Examiner concordance with co-examiners and degree of leniency and stringency is monitored and fed back to examiners.
- We provide feedback to candidates who fail the examination and are developing feedback further for IMGs in the UK
- RCPE provides and online mock PACES training course that focusses on clinical communication and , until the pandemic, provided a full mock PACES in person training session.
- RCPE meets with BAPIO (British Physicians of Indian Origin) at regular intervals to discuss issues relating to EDI, particularly in training and assessment.
- The current RCPE President has a long academic interest in differential attainment and has published work on various aspects of the topic over the past 10 years.

Royal College of Physicians and Surgeons of Glasgow: Equality Diversity and Inclusivity (EDI) work of relevance to GMC targets

- College Equality, Diversity and Inclusion (EDI) policy revised in late 2020.
- The College has established a new Inclusion Advisory Group (IAG) to oversee the implementation of the EDI Policy. Membership of IAG includes medical, non-medical and lay persons.
- College has created a detailed EDI Action Plan underpinning the 20 commitments set out in the policy.
- EDI surveys have been undertaken to provide greater insight into diversity of College membership and employees.
- EDI has been established as standing item at meetings of College Trustee and College Councillors.
- An external review of College EDI policy, practices and progress was conducted by Charlotte Sweeny Associates in early 2022.
- A programme to embed EDI good practice into all College activities is ongoing. Key area of immediate focus will be greater diversity on College Boards and Committees.
- All aspects of College work are monitored routinely from an EDI perspective.
- Equality Impact Assessments are being conducted for all educational training courses and conferences.
- College is developing policy and practice regarding use of language/pronouns/terminology for both existing and new learning and assessment materials.
- Adjustments have been made to the physical College building to enhance inclusivity e.g. multi-faith and breastfeeding rooms have been established.

- MRCP candidates who fail PACES receive a copy of their marksheet. In addition, those who perform below a specified threshold are provided with personal counselling letters giving additional feedback for their future examination.
- All examiners for PACES are required to have completed the Fair Assessment training module, which is specifically designed to provide EDI training in the context of a clinical examination.
- We provide adjustments to the examination for candidates with physical disabilities and specific learning difficulties such as dyslexia.
- We provide structured feedback to all educators / trainers and examiners.
- The College actively supports the 'Bridges Programme' for refugee doctors and asylum-seeking doctors.
- The College actively supports 'You Can Be a Doctor' a charitable organisation which specifically targets and supports secondary school children in lower socio-economic areas and encourages and supports medical school applications.
- College is proactively supporting the health and wellbeing of our membership community with various initiatives, training and support programmes.
- www.rcpsg.ac.uk accessibility audit for WCAG 2.1 was conducted by a 3rd party and accreditation awarded in June 2022.

Royal College of Physicians: Equality Diversity and Inclusivity (EDI) work of relevance to GMC targets

Generic

1. In October 2020 we launched the Inequalities in Health Alliance (IHA) with a letter to the prime minister pressing for urgent action to reduce health inequalities. This year the advisory group on health inequalities has helped the NHS England health inequalities team to develop metrics for the service, overseen the clinical fellow in health inequality project and supported the RCP in leading the Inequalities in Health Alliance (IHA). We have continued to campaign publicly through the IHA, working with Peter Dowd MP to secure a Parliamentary debate, explaining the impact of the cost of living on health and highlighting the real life stories heard by clinicians.

2. The RCP continues to be a member of the National Medical Schools Widening Participation Forum, sharing information and taking up opportunities. In February 2022, the RCP president and our clinical fellow in health inequality, Dr Ash Birtles, took part in the Gateway and Foundation Student Medical Conference hosted by the University of Leicester. They delivered a session, Bridging the Gap: The Role of Doctors in Managing and Reducing Health Inequality, and Ash shared her reflections in the April edition of Commentary.

3. Over the last year we have fundamentally changed the process through which physicians become fellows of the RCP, making it fairer and more transparent. This has been a significant project and a priority for us to ensure the future fellowship truly reflects the physician population and we move forward as a more inclusive college.

4. In June 2022, the RCP published data it holds about the diversity of its officers, senior roles, Council and senior staff, to coincide with the publication of the BMA 'Racism in Medicine' report. https://www.rcplondon.ac.uk/projects/outputs/diversity-rcp-leadership

5. A new events policy is guiding the way we improve diversity in our conferences and events programmes. This includes ensuring diversity in the speakers we invite and that all events are as accessible as possible for all protected characteristics. We are happy to report that at our flagship annual conference Medicine 2022 we maintained a 50/50 gender split for speakers and that the number of speakers from ethnic minority backgrounds rose to 31%.

6. Over the last 12 months we have published several doctors' stories exploring topics such as what it's like to be an immigrant working in the NHS, the importance of transgender healthcare, how to access the right medical training opportunities and mentorship schemes in a crowded and competitive field, and what it's like to be a doctor with a life-threatening illness.   Our social media Twitter account @ThisDoctorCan continues to share stories from a wide range of RCP members, fellows and health professionals, e.g. as part of South Asian Heritage month.

7. We have been working to show a more inclusive face throughout our two homes in London and Liverpool. A recent development includes our 'We are the RCP' digital and static displays, mounted on walls and scrolling on digital screens at St Andrews Place and in The Spine, showcase quotes and pictures from a wide range of the membership.

8. Our Archive, Museum and Historic Library team continues its focus on uncovering and showcasing stories of a more diverse range of individuals and histories. New research has been done on a number of topics and individuals and publicised as blog posts and on social media, while a range of awareness days and months have been participated in, including International Women's Day, LGBT+ History Month and Black History month. We are improving the use of language and the acknowledgement of historic bias in the information held about the RCP's collections: updating the publicly accessible collections database, to explain problematic historic terminology and provide additional context to those items and individuals with links to topics such as the slave trade and imperialism.

9. In May 2022 RCP Property commissioned an accessibility/inclusivity audit of St Andrews Place to identify areas of potential exposure and opportunity within the G1 listed estate.

10. Internally focused initiatives include resources/events programmes for celebratory and commemorative events. E.g. Black History Month, LGBTQ+ History month, International Women's Day, South Asian Heritage month.   Engagement exercises have significantly increased staff DI data sharing to 74%. Statements/recruitment processes have been revised to become more inclusive. Mandatory DI training for all new recruits has been extended to staff with long service to increase awareness about unconscious bias. 2022 investment in leadership programme to help address gender paygap. Committed to identify and publish ethnicity paygap data in 2023.

Specific to examinations and training

- The RCP has a substantial portfolio of continuing professional development (CPD) events and courses for clinicians. We have reviewed the entire portfolio to increase the diversity of speakers, facilitators and the people represented in case studies.

- One of the themes in our CPD provision is 'developing clinicians as leaders'. We have workshops and longer courses for doctors' different career stages (e.g. senior registrar, new consultants (including SAS doctors), mid-career, clinical director). The content and delivery of each of these has been reviewed to ensure that EDI is woven through as a thread in all our leadership development.

- The RCPs Assessment Unit routinely collects EDI data relating to candidates and examiners for the exams under our care (PANE, PANRE, DGM and DTM&H, as well as PACES (where data is fed back to MRCP(UK) for collation and reporting as they deem appropriate)). This information is collected to ensure that examiner representation and differential attainment can be monitored and reported on.

- Unconscious bias training has been developed in collaboration with colleagues in the wider education directorate, which forms part of the examiner training for PANE clinical examiners. It will also be rolled out to DGM clinical examiners in 2023. The session provides fair assessment training in the context of a clinical examination.

- The Assessment unit monitors the diversity and representation of members of the boards and groups that contribute to examination content and results ratification.

- All examination content is routinely reviewed to ensure it is presented to candidates (many of whom do not list English as their first language) using plain English, avoiding colloquialisms or local terminology and ensuring maximum accessibility.

APPENDICES: 2022 FEDERATION-WIDE CENSUS

The following appendices provide preliminary information on the online anonymous Census of all Federation committee members carried out between 1st June and 31st August 2022. For the first time, a similar set of questions was used for all departments. A copy of the questions has been provided as Appendix 1. The Census was voluntary with all data collected in line with current Data Protection laws.

The preliminary results from JRCPTB committees involved with the design, development or oversight of all curricula and assessments are available as Appendix 2. Where demographic information exists from previous years, it has been presented as a comparison to 2022 data. Overall response rates have been indicated where available.

More information from the JRCPTB, plus the MRCP and CPD Censuses, will be available in due course.

List of appendices

Appendix 1: JRCPTB 2022 Census questions asked in anonymous online survey (SurveyMonkey platform).

Appendix 2: JRCPTB preliminary overall 2022 Census results.

Appendix 1: JRCPTB 2022 Census questions asked in anonymous online survey (SurveyMonkey platform)

Joint Royal Colleges of Physicians Training Board (JRCPTB) Committees Census 2022

Introduction

JRCPTB is required by its statutory Public Sector Equality Duty (PSED) responsibilities and regulatory guidance to collect and monitor demographic information on those who oversee, design and develop its curricula and assessments. Data of this nature was last collected by the JRCPTB in 2018.

This survey is anonymous and collects data on the nine protected characteristics defined by the 2010 Equality Act, namely: age, sex, gender reassignment, sexual orientation, disability, ethnicity, religion, married and civil partnership and pregnancy and maternity.

All personal and 'sensitive' data is covered by UK data protection requirements with all questions having the option 'prefer not to say'. Ideally, however, we would prefer committee members to answer as fully as possible. The relevant JRCPTB data protection policies can be accessed here:

Privacy Policy | JRCPTB
Terms & Conditions | JRCPTB

Summaries of demographic data will be referenced in the response to the GMC, required of all Colleges and Faculties as part of their Fair Training Cultures programme.

Any questions can be directed to Quality.Management@jrcptb.org.uk. Thank you for taking part.

Joint Royal Colleges of Physicians Training Board (JRCPTB) Committees Census 2022

Please answer the following questions as fully as possible:

* 1. Which region are you based in?

[⬍]

* 2. Which Board(s) and/or Committee(s) do you sit on, and what is your role on that Board or Committee?

	Chair/Vice Chair	Ordinary Member	Lay Representative	Other - please specify below

Acute Internal Medicine SAC	☐	☐	☐	☐
Audiovestibular Medicine SAC	☐	☐	☐	☐
Aviation and Space Medicine SAC	☐	☐	☐	☐
Cardiology SAC	☐	☐	☐	☐
Clinical Genetics SAC	☐	☐	☐	☐
Clinical Neurophysiology SAC	☐	☐	☐	☐
Clinical Pharmacology and Therapeutics SAC	☐	☐	☐	☐
Dermatology SAC	☐	☐	☐	☐
Endocrinology & Diabetes Mellitus SAC	☐	☐	☐	☐
Forensic and Legal Medicine SAC	☐	☐	☐	☐
Gastroenterology SAC	☐	☐	☐	☐
Geriatric Medicine SAC	☐	☐	☐	☐
General Internal Medicine SAC	☐	☐	☐	☐
Genitourinary Medicine SAC	☐	☐	☐	☐
Haematology SAC	☐	☐	☐	☐
Heads of Schools Committee	☐	☐	☐	☐
Internal Medicine and Core Medicine Training Advisory Committee	☐	☐	☐	☐
Infectious Diseases and Tropical Medicine SAC	☐	☐	☐	☐
Joint Allergy Immunology SAC	☐	☐	☐	☐
Joint Combined Infection Training	☐	☐	☐	☐
JRCPTB Management and Policy Board	☐	☐	☐	☐
JRCPTB/Royal College of Pathologists Joint Training Committee	☐	☐	☐	☐

Medical Oncology SAC	☐	☐	☐	☐
Medical Ophthalmology SAC	☐	☐	☐	☐
Neurology SAC	☐	☐	☐	☐
Nuclear Medicine SAC	☐	☐	☐	☐
Paediatric Cardiology SAC	☐	☐	☐	☐
Palliative Medicine SAC	☐	☐	☐	☐
Pharmaceutical Medicine SAC	☐	☐	☐	☐
Rehabilitation Medicine SAC	☐	☐	☐	☐
Renal Medicine SAC	☐	☐	☐	☐
Respiratory Medicine SAC	☐	☐	☐	☐
Rheumatology SAC	☐	☐	☐	☐
SAC Chairs Committee	☐	☐	☐	☐
Sport and Exercise Medicine SAC	☐	☐	☐	☐
Stroke Medicine SAC	☐	☐	☐	☐

Other (please specify)

[   ]

* 3. What is your age?
- ○ Under 25
- ○ 25 - 34
- ○ 35 - 44
- ○ 45 - 54
- ○ 55 - 64
- ○ 65 - 74
- ○ 75+
- ○ Prefer not to say

* 4. What is your sex?
- ○ Male
- ○ Female
- ○ Prefer not to say

* 5. Is the gender you identify with the same as your sex registered at birth?

○ Yes

○ No (details optional)

[   ]

○ Prefer not to say

* 6. Which of the following options best describes your sexual orientation?

○ Heterosexual

○ Gay or Lesbian

○ Bisexual

○ Other - please specify

[   ]

○ Prefer not to say

* 7. What is your legal marital or registered civil partnership status?

○ Never married and never registered a civil partnership

○ Married

○ In a registered civil partnership

○ Separated, but still legally married

○ Separated, but still legally in a civil partnership

○ Divorced

○ Formerly in a civil partnership which is now legally dissolved

○ Widowed

○ Surviving partner from a registered civil partnership

○ Prefer not to say

* 8. What is your country of birth?

○ England

○ Wales

○ Scotland

○ Northern Ireland

○ Republic of Ireland

○ Other (please specify)

[   ]

○ Prefer not to say

* 9. What is your ethnicity?

☐ White

☐ Mixed race

☐ Asian

☐ Black

☐ Other (please specify)

[   ]

☐ Prefer not to say

* 10. What is your religion

☐ No religion

☐ Christian

☐ Buddhist

☐ Hindu

☐ Jewish

☐ Muslim

☐ Sikh

☐ Other (please specify)

[   ]

☐ Prefer not to say

* 11. Are you pregnant, on maternity leave, or have returned from maternity leave in the last 12 months?

○ Yes

○ No

○ Prefer not to say / not applicable

* 12. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

○ Yes

○ No

○ Prefer not to say

* 13. Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

○ Yes, a lot

○ Yes, a little

○ Not at all

○ Not applicable / Prefer not to say

* 14. Do you have caring responsibilities? (please tick all that apply)

☐ Primary carer of a child or children (under 18 years)

☐ Primary carer of disabled child or children

☐ Primary carer of disabled adult (18 years and over)

☐ Primary carer of older person or people (65 years and over)

☐ Secondary carer

☐ None of the above

☐ Prefer not to say

* 15. What is your working pattern?

○ Full-time

○ Part-time

○ Other (please specify)

[   ]

○ Prefer not to say

Thank you for taking the time to complete this survey. If you have any questions please contact Quality.Management@jrcptb.org.uk.

Appendix 2 - JRCPTB preliminary overall 2022 Census results

Background

The Joint Royal Colleges of Physicians Training Board (JRCPTB) has undertaken a Census survey containing questions relating to the nine protected characteristics as defined under the Equality Act 2010. The purpose of the survey was to provide information on the demographic composition of its committees, according to the Act's protected characteristics. Some respondents sit on more than one committee, and there were options for multiple responses in some questions.

An Equality and Diversity Census was last undertaken by JRCPTB in **2018,** with **46% (302/637**) **members from 30 committees** completing the survey. The primary source for the 2018 Census questions was the GMC guidance on making changes to curricula and assessments,[4] whereas the primary source for the 2022 Census questions was the national 2021 Census for England and Wales.[5] Comparisons between 2018 and 2022 data has been made where possible, although some differences remain between question responses, which has limited data display in certain areas. The 2022 Census questions are available in Appendix 1.

To date, no comparisons have been made between JRCPTB Committee members and the wider UK population, medical or physician professions. Due to differences in questions and question responses, this was not possible with the 2018 JRCPTB Census data (based on the GMC's question template) but will be possible in future using the 2021 Census questions - although some further examination of the questions in the Scottish and Northern Ireland Censuses is also needed to produce a consistent set of questions that can reliably report comparative data from across all four nations for Federation purposes.

Executive summary

In 2022, 34% (295/862) members from 36 committees completed the Census, which was made available online via Survey Monkey between July and August 2022.

The table below summarises the key findings of the 2022 Census data for all respondents, including highlighted notable differences in percentage composition of committees (where differences exceed 5%) and in comparison with 2018 data, where available. In some cases, question responses had to be combined to allow comparisons between years. In 2022, data was additionally collected on Gender Reassignment, Country of Birth, Caring Responsibility and Working Patterns.

Main differences between overall % committee composition (2018 – 2022) where differences exceed 5%:
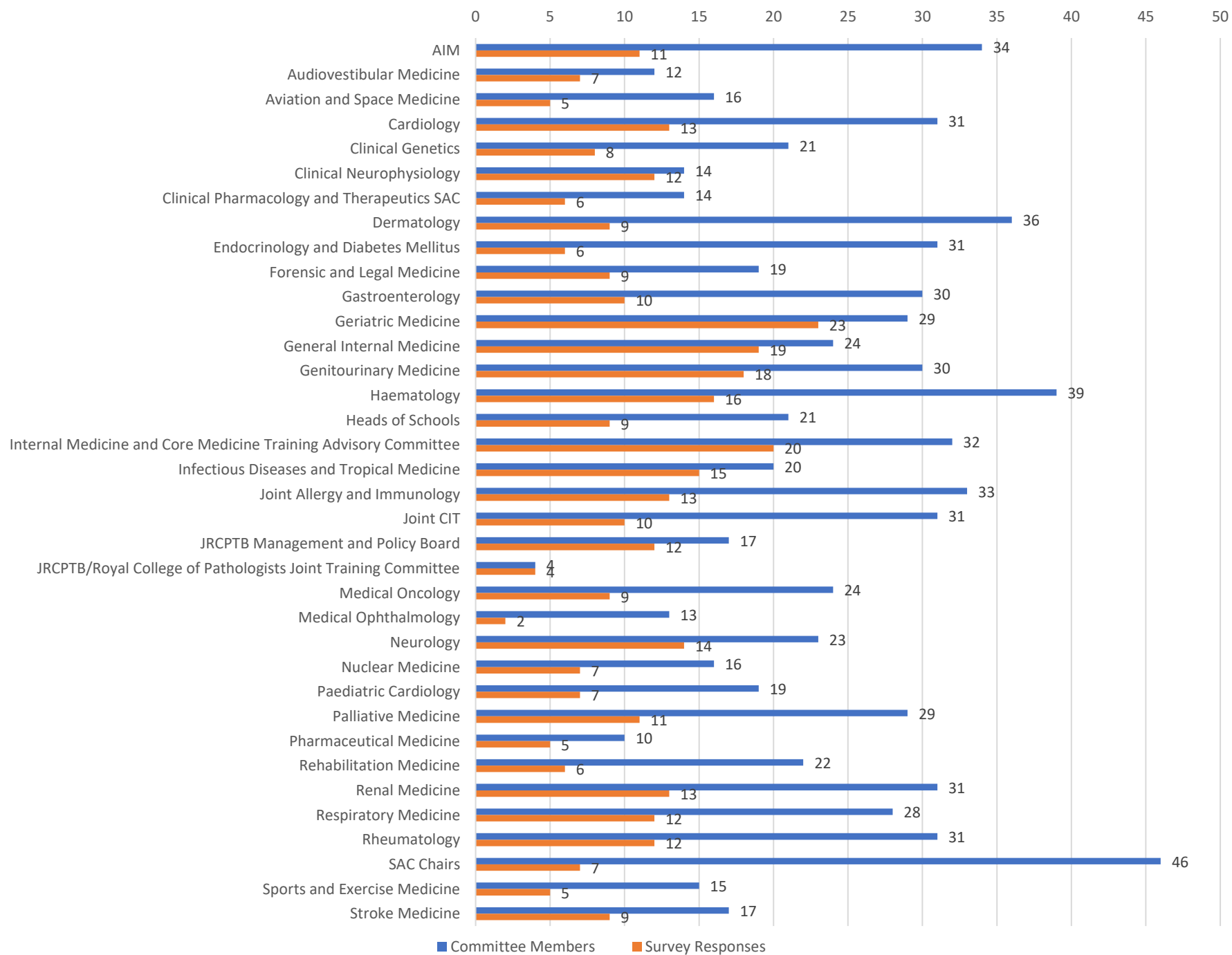
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[4] Equality and diversity guidance for curricula and assessment systems - GMC (gmc-uk.org)
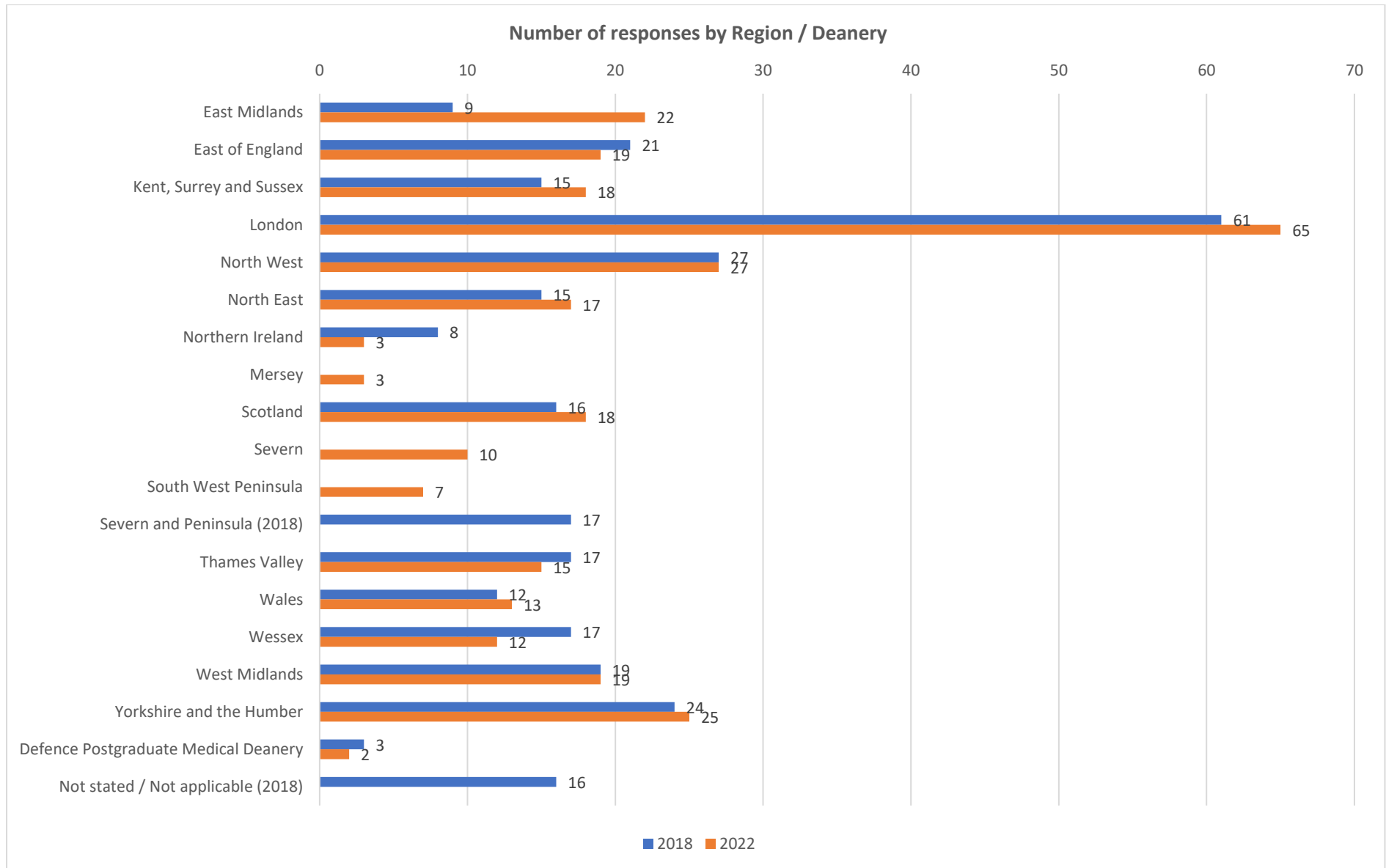[5] Census - Office for National Statistics (ons.gov.uk)

Protected Characteristic (bold)	2018 N= 302 responses	2022 N=295 responses	Differences in % overall composition of committee members (2018 – 2022) where differences exceed 5%
Age	18% 55-64 3% 65+	31% 55-64 9% 65+	**13%** more members are in the **55 – 64** age group in 2022 **6%** more members are over the age of **65** in 2022
Sex	44% Female 55% Male	49% Female 49% Male	**6%** fewer members are **male** members in 2022
Disability / Illness	Yes 6% had a disability	17% have physical / mental health condition or illness lasting 12+ months	**11%** more members reporting having a **disability / illness** in 2022
Gender Reassignment	No data collected	97% gender same as sex registered at birth, with 2% 'prefer not to say'.	This data relates to 2022 only
Caring responsibility	30% Yes 66% No	59% Yes 44% No	**29%** more members report having caring responsibilities in 2022
Country of Birth	No data collected	74% (UK combined) Other 19% Republic of Ireland 2%	This data relates to 2022 only

Note: For all other data, % differences in category responses did not vary by more than 5% from 2018 – 2022, indicating that the overall demographic profile of JRCPTB committee members is relatively stable in terms of ethnicity, sexual orientation, religion, marital or civil partnership status and having taken pregnancy or maternity leave. More detailed information follows in the graphs below.

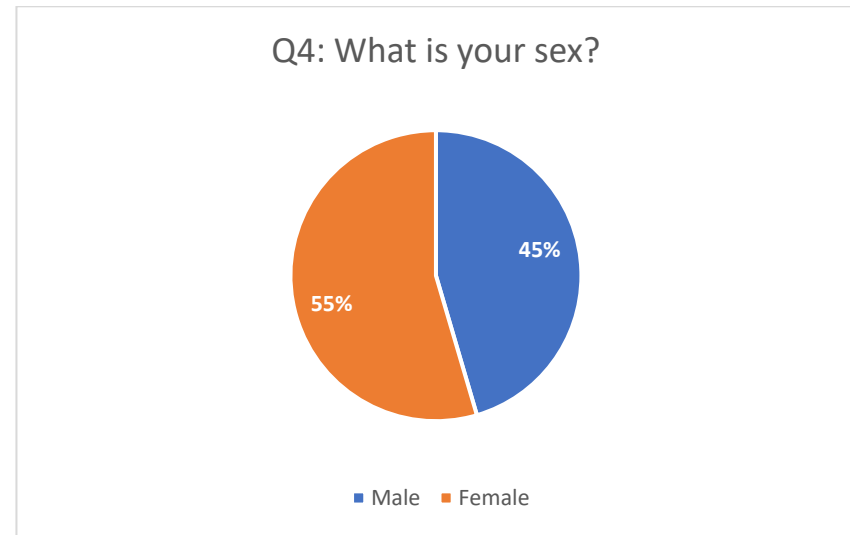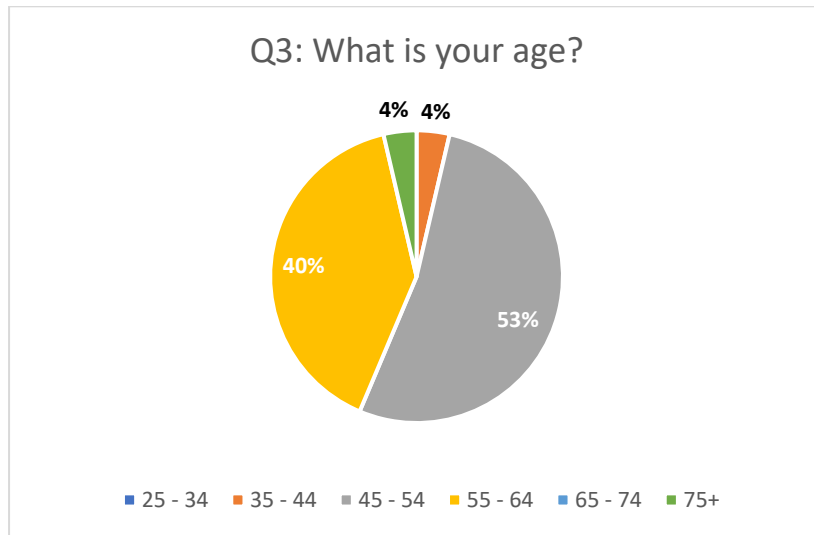Committee response: Numbers of responses compared to membership (2022 data)

Committee	Committee Members	Survey Responses
AIM	34	11
Audiovestibular Medicine	12	7
Aviation and Space Medicine	16	5
Cardiology	31	13
Clinical Genetics	21	8
Clinical Neurophysiology	14	12
Clinical Pharmacology and Therapeutics SAC	14	6
Dermatology	36	9
Endocrinology and Diabetes Mellitus	31	6
Forensic and Legal Medicine	19	9
Gastroenterology	30	10
Geriatric Medicine	29	23
General Internal Medicine	24	19
Genitourinary Medicine	30	18
Haematology	39	16
Heads of Schools	21	9
Internal Medicine and Core Medicine Training Advisory Committee	32	20
Infectious Diseases and Tropical Medicine	20	15
Joint Allergy and Immunology	33	13
Joint CIT	31	10
JRCPTB Management and Policy Board	17	12
JRCPTB/Royal College of Pathologists Joint Training Committee	4	4
Medical Oncology	24	9
Medical Ophthalmology	13	2
Neurology	23	14
Nuclear Medicine	16	7
Paediatric Cardiology	19	7
Palliative Medicine	29	11
Pharmaceutical Medicine	10	5
Rehabilitation Medicine	22	6
Renal Medicine	31	13
Respiratory Medicine	28	12
Rheumatology	31	12
SAC Chairs	46	7
Sports and Exercise Medicine	15	5
Stroke Medicine	17	9

Q1: Which region are you based in?

Number of responses by Region / Deanery

Region / Deanery	2018	2022
East Midlands	9	22
East of England	21	19
Kent, Surrey and Sussex	15	18
London	61	65
North West	27	27
North East	15	17
Northern Ireland	8	3
Mersey		3
Scotland	16	18
Severn		10
South West Peninsula		7
Severn and Peninsula (2018)	17	
Thames Valley	17	15
Wales	12	13
Wessex	17	12
West Midlands	19	19
Yorkshire and the Humber	24	25
Defence Postgraduate Medical Deanery	3	2
Not stated / Not applicable (2018)	16	

■ 2018 ■ 2022

Q2: Which Board(s) and/or Committee(s) do you sit on, and what is your role on that Board or Committee? (2022 only)

The following pie charts reflect the % overall composition of members occupying **Chair or Vice Chair committee roles only** by demographic (n = 55).

Q3: What is your age?

4% 4%
40%
53%

■ 25 - 34 ■ 35 - 44 ■ 45 - 54 ■ 55 - 64 ■ 65 - 74 ■ 75+

Q4: What is your sex?

45%
55%

■ Male ■ Female

Q5: Is the gender you identify with the same as your sex registered at birth?

100%
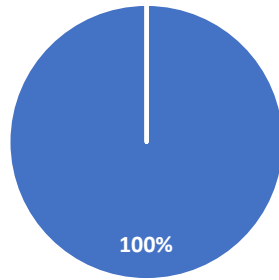
■ Yes ■ No

Q6: Which of the following options best describes your sexual orientation?

2% 2%

96%
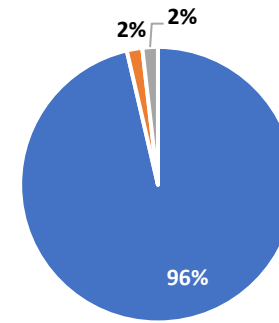
■ Heterosexual ■ Gay /Lesbian ■ Prefer not to say

Q7: What is your legal marital or registered civil partnership status?

4%

2%

7%

15%

73%
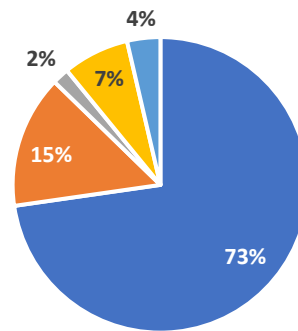
■ Married ■ Never married and never in a civil partnership ■ Separated but still legally married ■ Divorced ■ Widowed
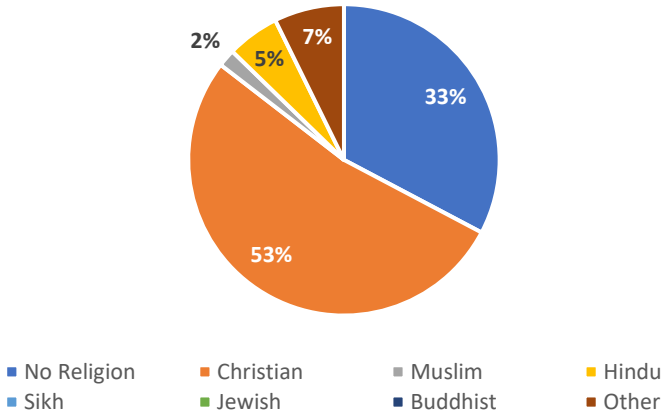
Q8: What is your country of birth?

Legend: England, Wales, Scotland, Northern Ireland, Republic of Ireland, Other

- England: 71%
- Wales: 4%
- Scotland: 7%
- Northern Ireland: 5%
- Other: 13%
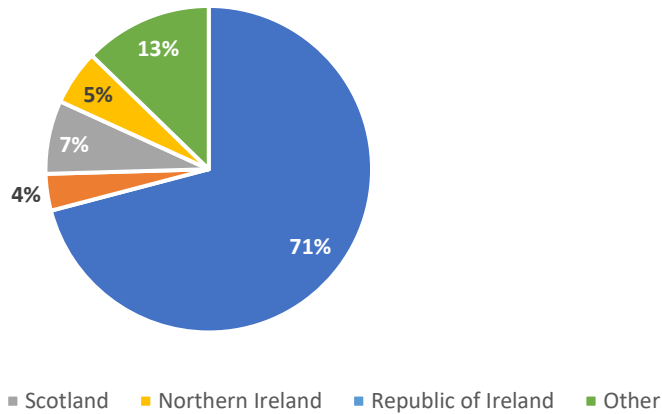
Other included: India (2), Poland (2), Canada, Jordan, British Colony of Hong Kong

Q9: What is your ethnicity?

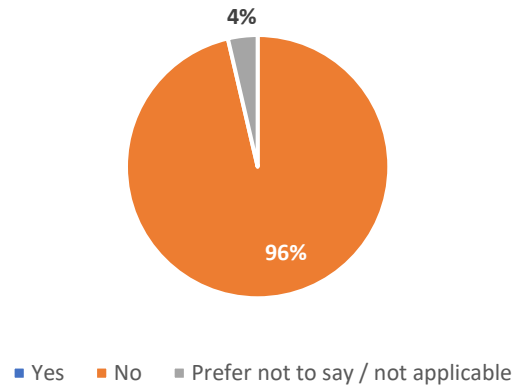Legend: White, Black, Asian, Mixed Race, Other

- White: 82%
- Asian: 13%
- Mixed Race: 2%
- Other: 4%

Q10: What is your religion?

Legend: No Religion, Christian, Muslim, Hindu, Sikh, Jewish, Buddhist, Other

- No Religion: 33%
- Christian: 53%
- Muslim: 2%
- Hindu: 5%
- Other: 7%
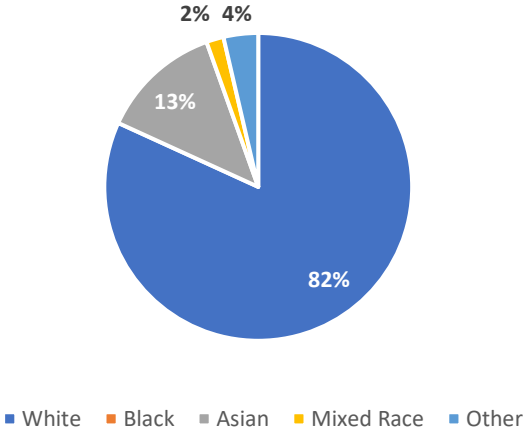
Other included: Chinese, Mixed Arab, Caucasian

Other included: Catholic (4)

Q11: Are you pregnant, on maternity leave, or have returned from maternity leave in the last 12 months?
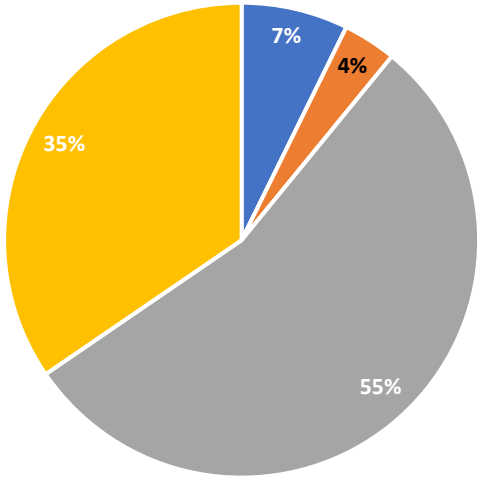
4%

96%

■ Yes ■ No ■ Prefer not to say / not applicable

Q12: Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
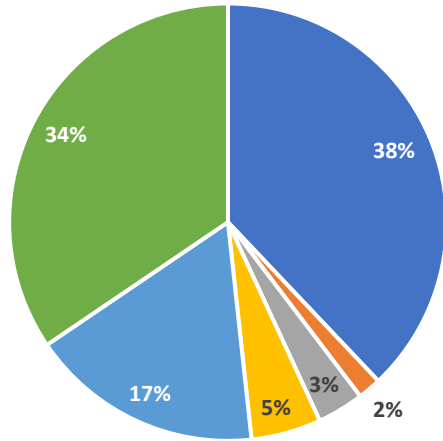

- Yes
- No

11%

89%
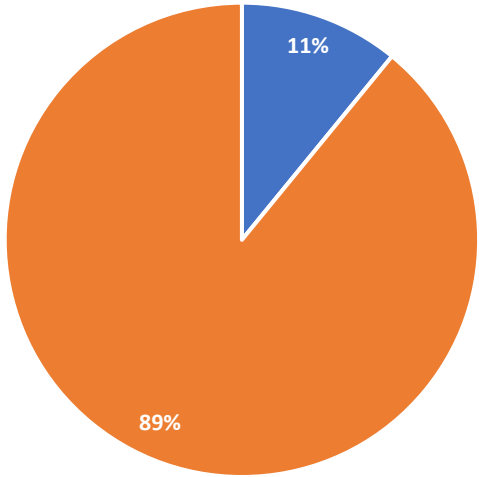
## Q13: Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

- Yes a little
- Yes a lot
- Not at all
- Prefer not to say / not applicable

7%

4%

35%

55%

Q14: Do you have caring responsibilities (tick all apply)?


- Primary carer of a child/children (under 18 years)
- Primary carer of a disabled child/children (under 18 years)
- Primary carer of a disabled adult/adults (over 18 years)
- Primary carer of an older person or persons (65 years and over)
- Secondary carer
- None of the above

Q15: What is your working pattern?
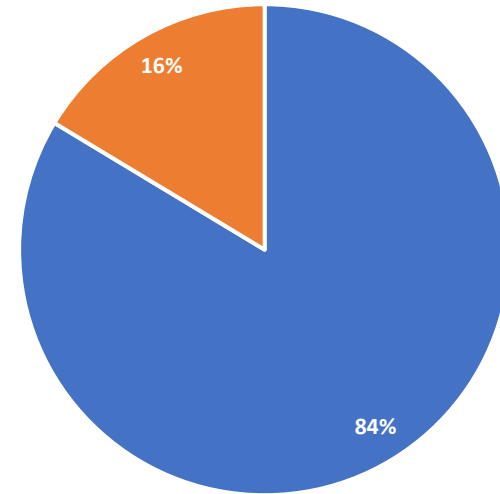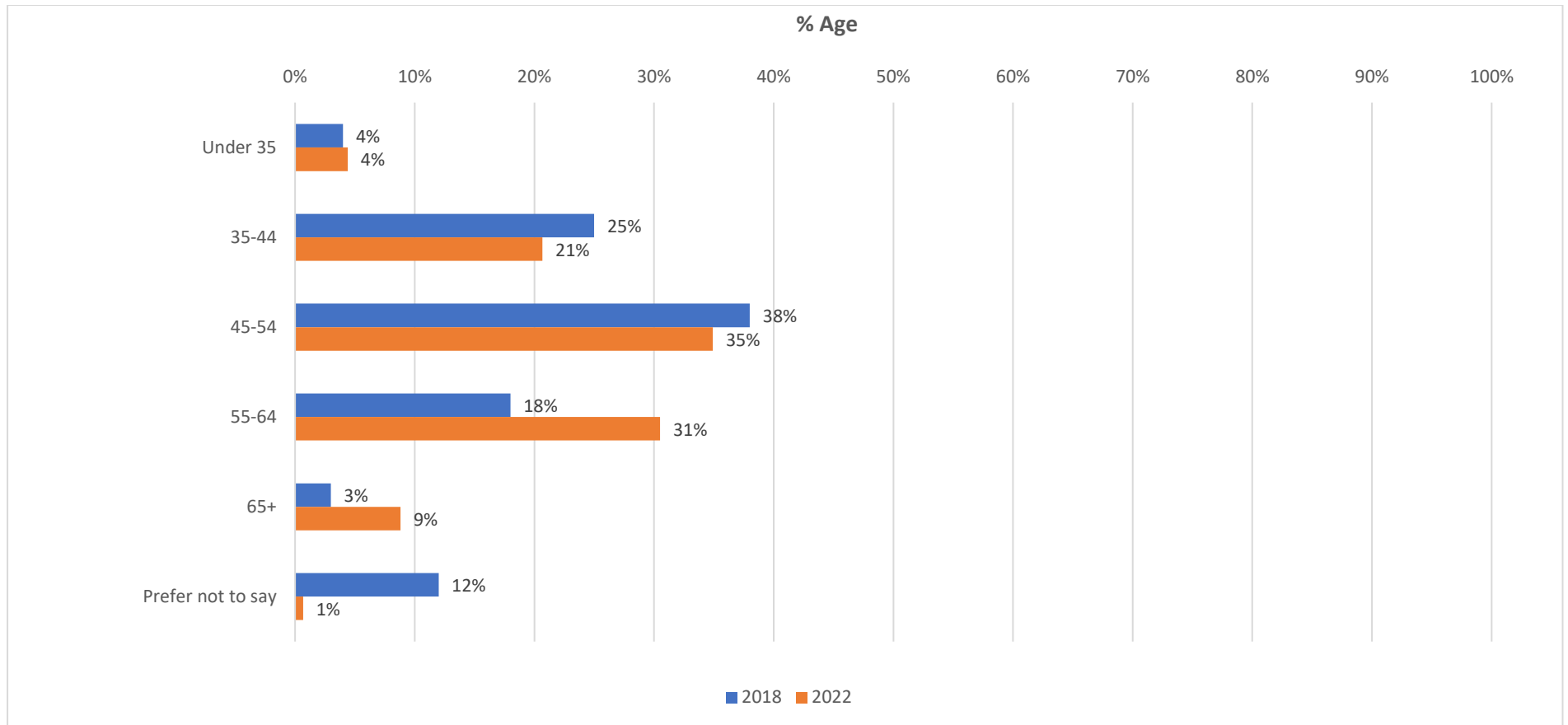

- Full time
- Part time

% roles on committees (N=374 due to members sitting on multiple committees or selecting multiple roles)
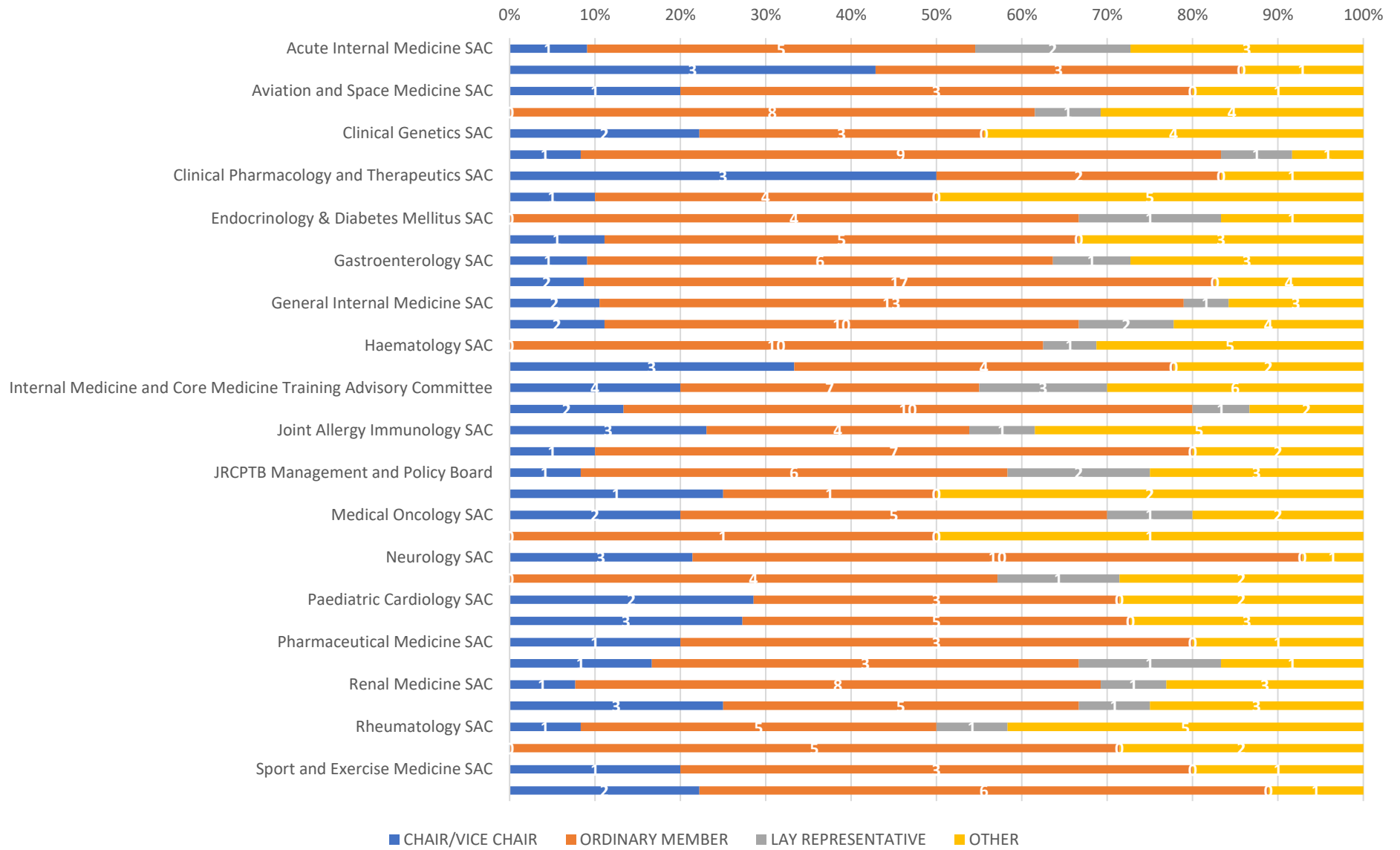
Details and numbers for 'Other' roles include:

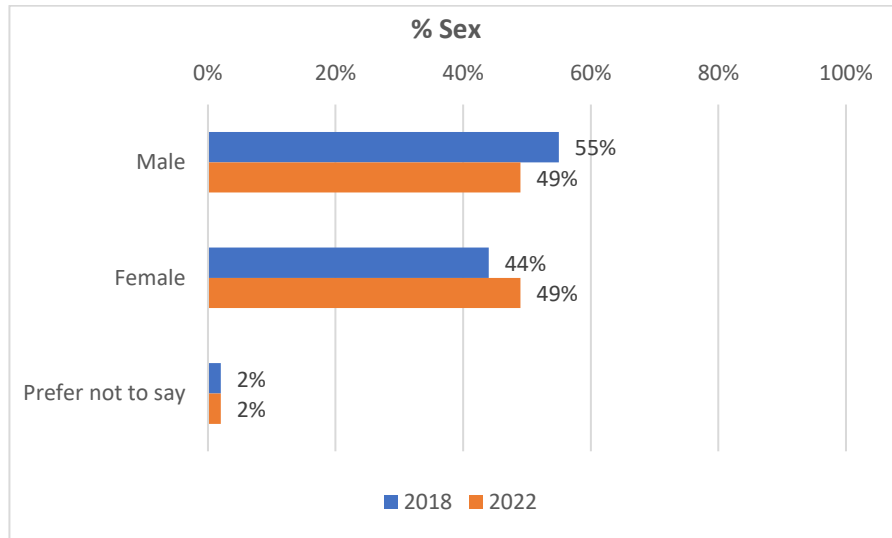|			
Trainee representative	7	None of these	
Certificate Eligibility for Specialist Registration (CESR) lead	3	Nuclear Medicine Training Programme Director	
Curriculum Lead	3	Pan London/Kent, Surry and Sussex GUM Specialty Training Committee	
Co-opted member	2	Quality Lead and Vice Chair	
Conference Of Postgraduate Medical Deans (COPMED) Rep ("Lead dean")	2	RCP London ID Joint Specialty Committee	
Quality Lead	2	RCP Vice President for Education and Training	
Recruitment representative / lead	2	RCPath member	
Academic Dean Factulty of Forensic and Legal Medicine		Registrar of the Faculty	
Clinical Advisor Health Education England (HEE), Lead Dean Rep		Representing Specialty Certificate Examination (SCE) Board	
Convenor of Diploma in HIV Medicine		Rheumatology Curriculum Lead	
Co-opted British Society for Haematology (BSH) representative		Society of Acute Medicine (SAM) trainee representative	
Co-opted academic representative		Specialist Society representative	
Curriculum Development Committee		Specialist Registrar (SpR) representative	
Deputise for the Executive Director of Education at the RCP		TPD Respiratory Medicine West Midlands Health Education England (HEE)	
Deputy Training Programme Director (TPD) for Cardiology for region.		Trainer, Quality Lead, Deputy Training Programme Director (TPD)	
Federation Board		Training Programme Director (TPD)	
Federation Medical Director for assessments		Workforce + European Union of Medical Specialists (UEMS) representative	
International Management and Policy Board (MaP); Mrcp MaP.		Workforce lead	
Lead Dean			

Q3: What is your age?

% Age

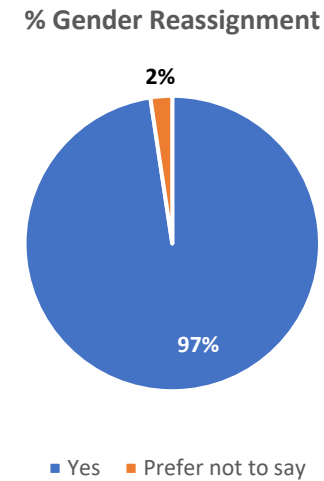| Age	2018	2022
Under 35	4%	4%
35-44	25%	21%
45-54	38%	35%
55-64	18%	31%
65+	3%	9%
Prefer not to say	12%	1%

■ 2018 ■ 2022

The age categories differed in time-span for the 2018 and 2022 questions, and so the 2018 categories have been combined for the purposes of comparison.
The original 2018 results are included below.

Breakdown of answers (%) for 2018					
35-39	7%	45-49	21%	60-64	6%
40-44	18%	50-54	17%	65+	3%

Q4: What is your sex?

% Sex

	2018	2022
Male	55%	49%
Female	44%	49%
Prefer not to say	2%	2%

Q5: Is the gender you identify with the same as your sex registered at birth? (2022 only)

% Gender Reassignment

- Yes: 97%
- Prefer not to say: 2%

Q6: Which of the following options best describes your sexual orientation?

% Sexual Orientation

	2018	2022
Prefer not to say	8%	5%
Heterosexual	88%	89%
Other	3%	6%
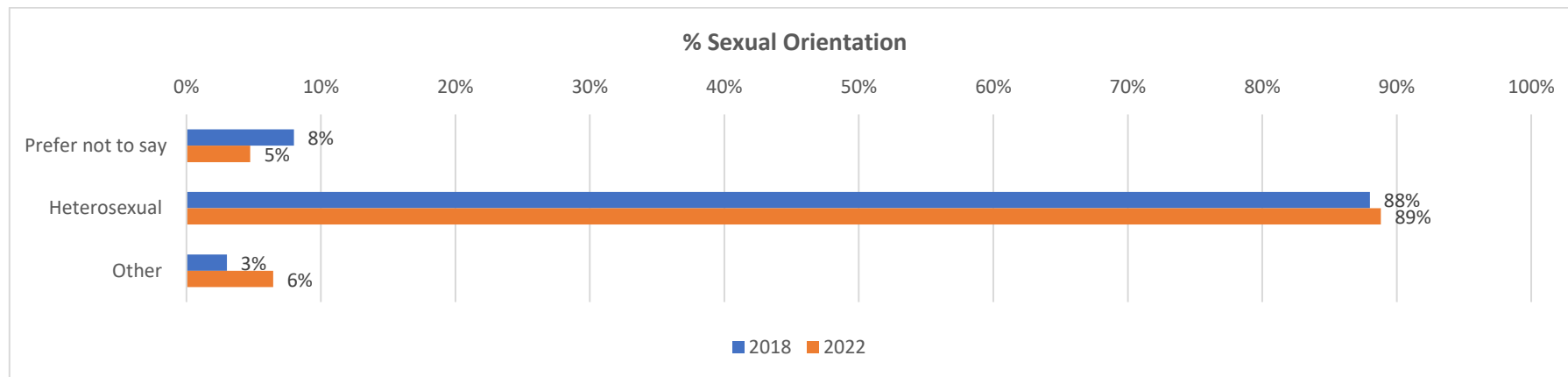
This question in 2022 contained additional options for 'Gay or Lesbian' (response = 6%) and 'Bisexual' (response = 0%). For the purposes of comparison with the 2018 data these have been combined under the 'Other' category.
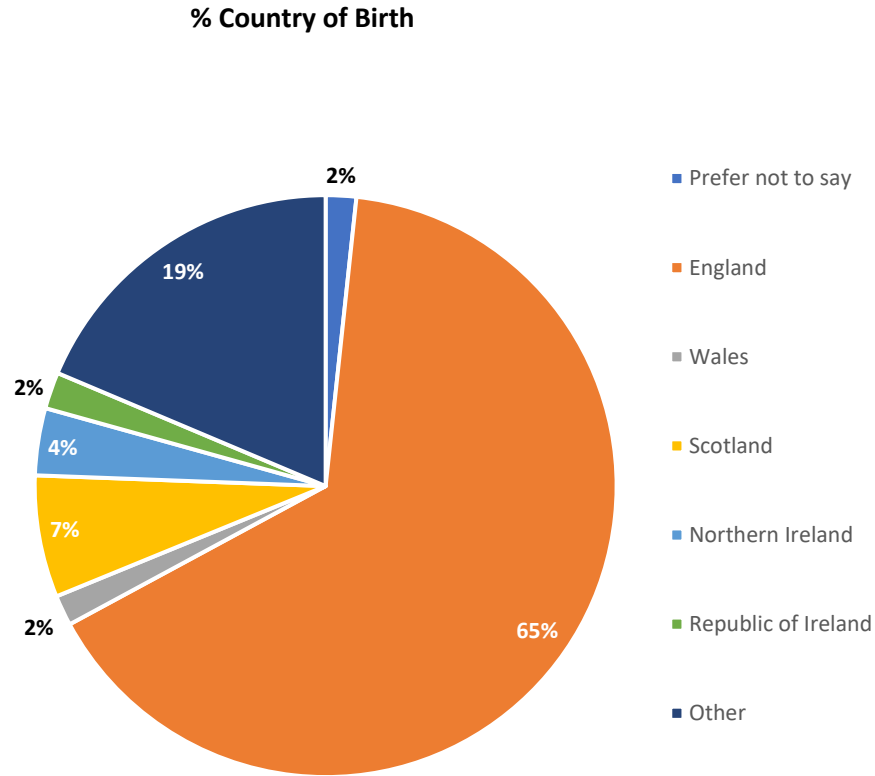
Q7: What is your legal marital or registered civil partnership status?

% Marital Status
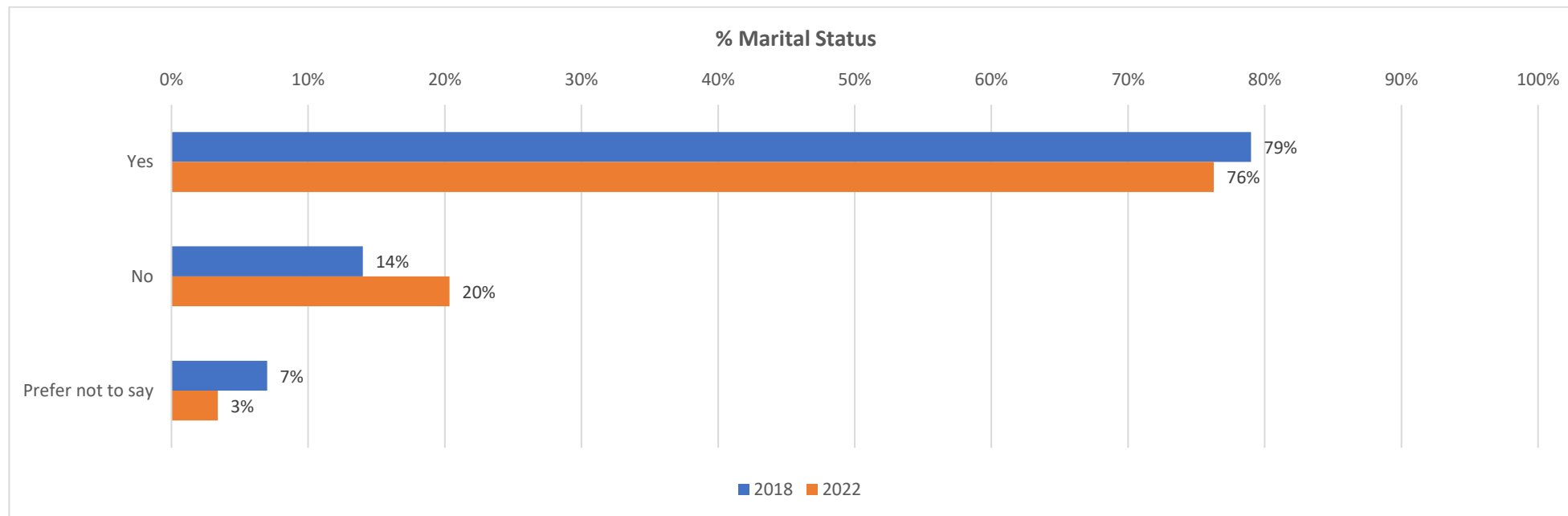
This question for 2022 included several options, but the data for these have been combined into 'yes' and 'no' categories for the purposes of comparison with the 2018 data. The question for 2018 was 'Are you married or in a civil partnership'. The full breakdown of detailed responses for 2022 are as follows:

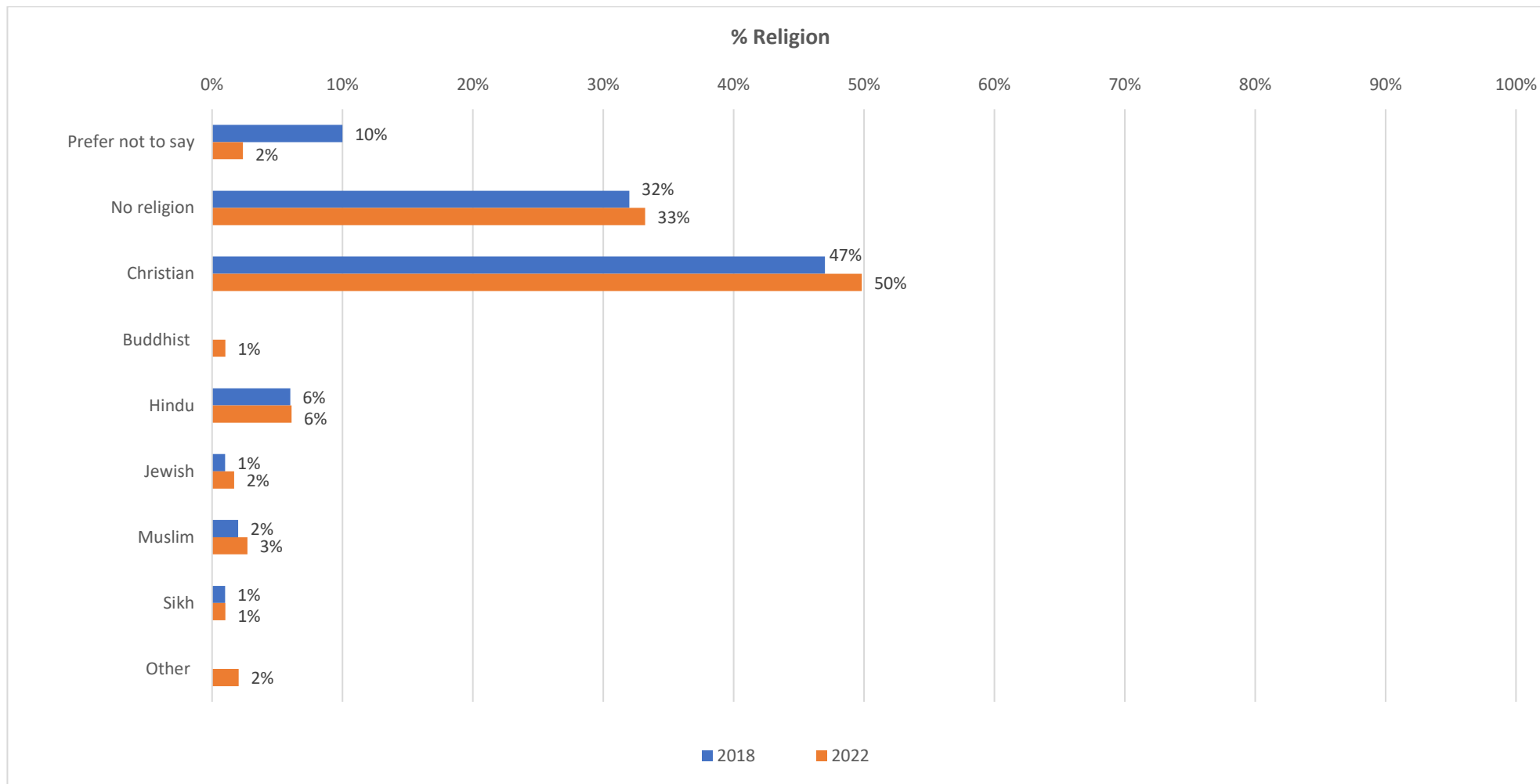| Breakdown of answers (%) for 2022			
No		**Yes**	
Never married and never registered a civil partnership	15%	Married	75%
Divorced	5%	In a registered civil partnership	1%
Prefer not to say	3%	Separated, but still legally married	1%
Widowed	1%	Separated, but still legally in a civil partnership	0%
Formerly in a civil partnership which is now legally dissolved	0%		
Surviving partner from a registered civil partnership	0%		

Q8: What is your country of birth? (2022 only)

% Country of Birth

Legend:
- Prefer not to say
- England
- Wales
- Scotland
- Northern Ireland
- Republic of Ireland
- Other

Pie chart values: 2%, 19%, 2%, 4%, 7%, 2%, 65%

Numbers of answers for 'Other' category					
India	15	Brunei	1	Nigeria	1
Germany	3	Burma	1	Portugal	1
Malaysia	3	Croatia	1	Romania	1
Malta	3	France	1	Saudi Arabia	1
Poland	3	Greece	1	Singapore	1
Australia	2	Iran	1	Slovakia	1
Canada	2	Ireland	1	Tansania	1
Kenya	2	Italy	1	Uganda	1
South Africa	2	Jordan	1	USA	1
British Colony of Hong Kong	1	Malawi	1		

Q9: What is your ethnicity?
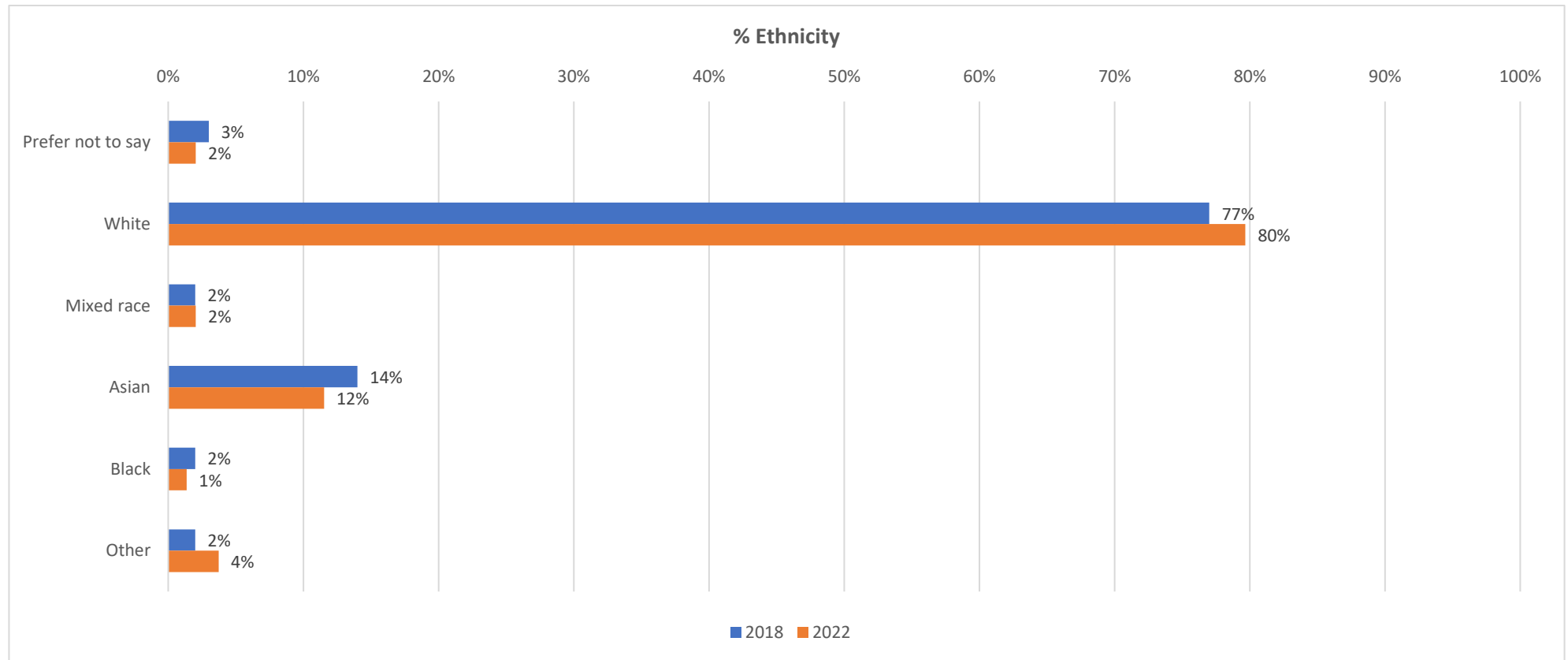
Single answers for 'Other' (2022 only)			
African-Arab	Eastern Mediterranean	Middle Eastern	Unknown
Burmese	Indian	Mixed Arab and Caucasian	White, Ashkenazi Jew
Chinese	Malay	Mixed Mauritius/English	

Q10: What is your religion?

% Religion

| Religion	2018	2022
Prefer not to say	10%	2%
No religion	32%	33%
Christian	47%	50%
Buddhist		1%
Hindu	6%	6%
Jewish	1%	2%
Muslim	2%	3%
Sikh	1%	1%
Other		2%

■ 2018 ■ 2022

Single answers for 'Other' (2022 only) include 'Atheist', 'Catholic' and 'Church of England'.

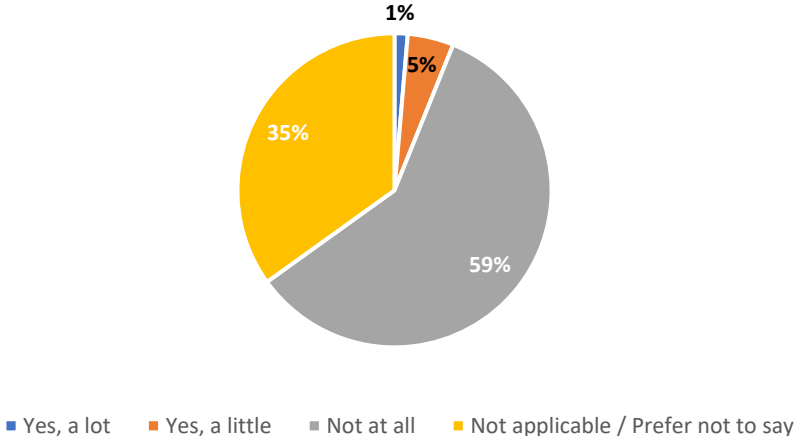**Q11: Are you pregnant, on maternity leave, or have returned from maternity leave in the last 12 months?**

% Maternity Leave

	2018	2022
Prefer not to say / not applicable	4%	12%
Yes	2%	2%
No	94%	86%

Q12: Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

% Disability/Illness

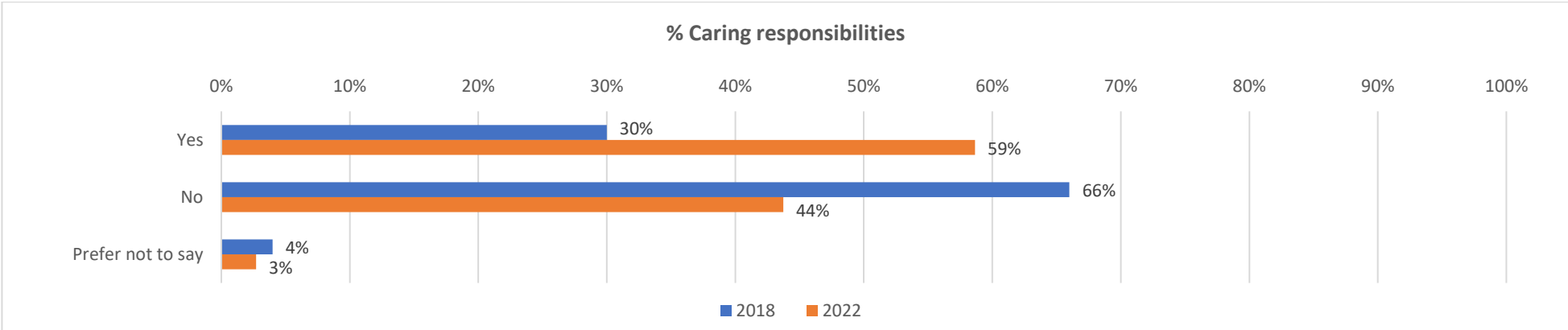|	2018	2022
Prefer not to say	4%	2%
Yes	6%	17%
No	90%	81%
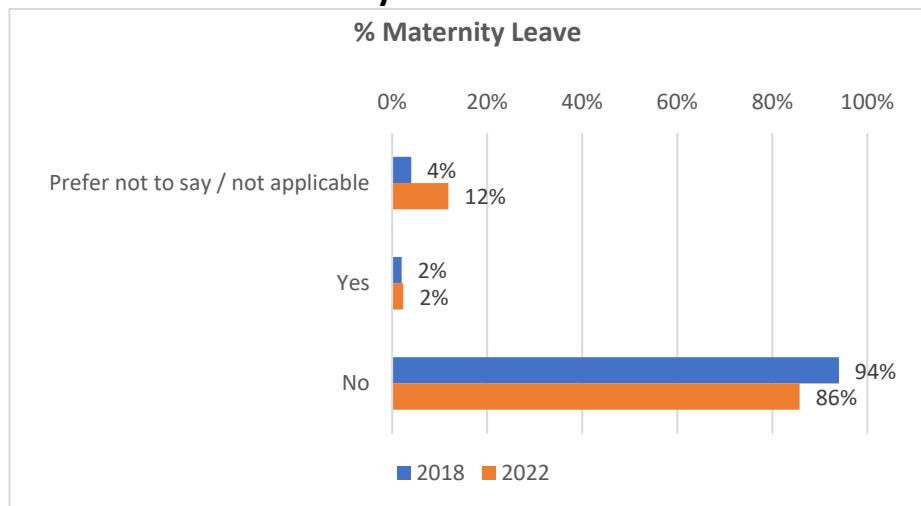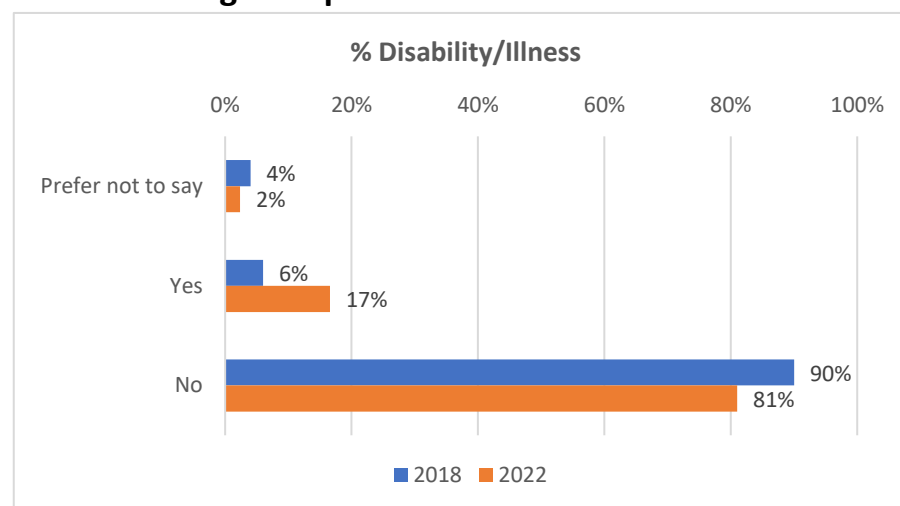
The question for 2018 was 'Do you have a disability, long-term illness or health condition'.

Q13: Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities? (2022 only)

% impact of disability/illness

Legend: ■ Yes, a lot ■ Yes, a little ■ Not at all ■ Not applicable / Prefer not to say

Q14: Do you have caring responsibilities (tick all apply)?

% Caring responsibilities

	2018	2022
Yes	30%	59%
No	66%	44%
Prefer not to say	4%	3%

Legend: ■ 2018 ■ 2022

In 2022 there were multiple options for caring responsibilities, and respondents were able to select more than one, therefore the total number of responses for this question is higher **(n = 310).** Where relevant the selected answers have been combined into 'yes' and 'no' for the purposes of comparison to 2018 data.

Breakdown of answers (%) for 'Yes' – 2022 only			
Primary carer of a child or children (under 18 years)	38%	Primary carer of disabled adult (18 years and over)	2%
Secondary carer	11%	Primary carer of disabled child or children	1%
Primary carer of older person or people (65 years and over)	5%		

Q15: What is your working pattern?
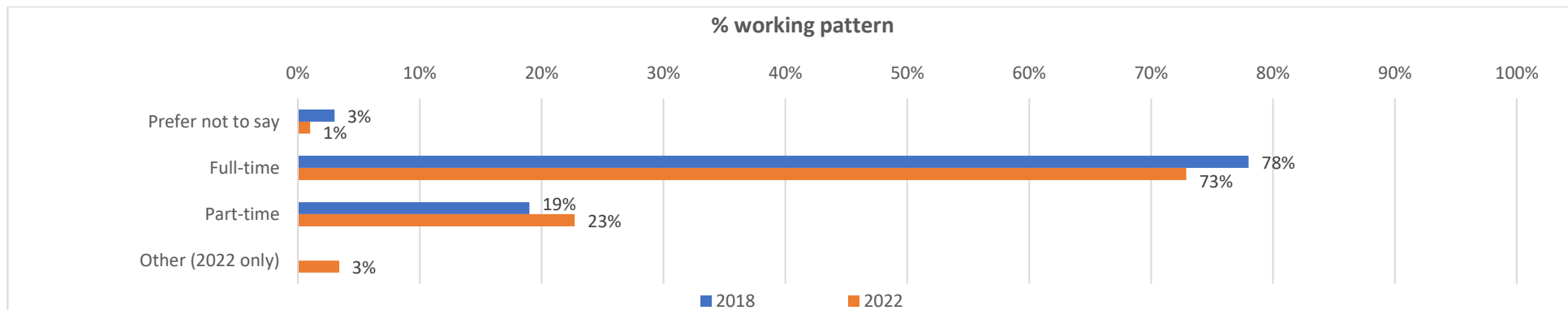
Answers for 'Other' (2022 only) include 'Retired (4)'; 'Retired due to ill health'; 'Freelance'; '10 sessions in 4 days'; '9 PAs'.