Addressing differential attainment: making medical education fairer

Racism and ethnic inequalities have recently risen up the agenda in medicine, but they are sadly not new. Racism is a persistent and global problem with significant impacts across all aspects of society, including both healthcare and education. Given the scale of the problem, it is perhaps not surprising that achieving race equality can feel overwhelming – but it is possible and it is also essential. In this article **Dr Katherine Woolf** and **Dr Lois Haruna-Cooper** from University College London Medical School describe approaches to tackling a significant aspect of ethnic inequality within medicine: differential attainment.





describes the aap in achievement (examinations, training progression, recruitment success and promotion) between medical students and doctors of Asian, black and other minority ethnic groups compared with their white counterparts.1-4 It is now widely

Differential

attainment

acknowledged to result primarily from differential learning experiences.^{3,5}

Social interactions between teachers, learners and peers are important predictors of academic success.⁶ Students and trainees learn most from seniors they trust, who give them opportunities to take responsibility for tasks that stretch them appropriately, and who give constructive feedback.

Asian, black and other minority ethnic medical students and trainees can find it more difficult to get educational support, and are more likely to have relationships with seniors characterised by stereotyping and mistrust, resulting in barriers to achievement that are both practical and psychological.^{7–10} Claude Steele has shown how a negative atmosphere – a 'threat in the air' – caused by stereotyping can have real deleterious effects on students' performance.^{11,12}

What and how we teach our students will perpetuate these problems, unless we make efforts to create equitable learning environments. Here are some practical steps that those responsible for education and training can take to address racial discrimination and ensure equity:

- > Reflect on how your own identities (eg ethnicity, gender, religion, sexual orientation, class) have impacted your experience as a learner, patient, educator and clinician. This can help you connect with students from diverse groups.
- Consider who the majority of your extracurricular conversations are with. What barriers exist to other learners and how might you address these? Use learners' names, even those you are unfamiliar with; provide all learners with appropriate contact details and be explicit about what they can contact you about and when; schedule extracurricular activities to avoid prayer times and times difficult for learners with caring responsibilities or who live far from campus/work; encourage learners to discuss questions in pairs/groups before answering.

- > Make the effort to get to know your Asian, Black and other minority ethnic students and trainees by asking them about themselves. This demonstrates you care about them as people and engenders trust. It also reduces the risk of making assumptions based on stereotypes.
- > Ensure Asian, black and other minority ethnic students, colleagues and patients have the opportunity to speak and be heard. Encourage them to ask questions and give their opinions, whether formally via invitations to present or sit on committees, or informally. Listen carefully to what they say.
- > Educate yourself on how racism affects your learning environment, and how students and trainees may be affected. This includes more subtle forms of racism.
- Call out and challenge all forms of racism when you can, whether from patients, colleagues or anyone else. Challenging racism can be difficult, especially for people from minoritised groups, making it particularly important for white people and those in power to challenge it. Training is useful.
- > Take reports of racism seriously. Ensure you know the process for reporting and dealing with incidents in your organisation. Support victims in thinking through what actions they want to be taken, including more formal reporting.

Many doctors are also in leadership positions, which gives even more scope for effecting change. If you're a leader:



- > Be transparent about the problems your organisation(s) face. Discovering the extent of problems is likely to include data collection, but don't let difficulties getting high-quality quantitative data stop you taking any actions.
- > Take responsibility for addressing problems and be accountable. Ensure goals and outcomes are measurable and communicated to colleagues, students, trainees and patients. Be clear from the start what the results of failure and success will be.
- > Evaluate actions and ensure the results are published. This means others can learn from your successes and your mistakes, shows which interventions have the most impact, and highlights which areas need further development.
- > Make it easier to challenge racism. Provide training for people from all ethnic backgrounds on challenging racism, and find ways to improve reporting.

Dig deep. Racism is an entrenched global problem; it will not be dismantled in a day, but change is achievable. Plan strategically so meaningful and sustainable changes are embedded in policy and practice, and don't rely on an individual or one team.

Differential attainment is an institutional problem and requires institutional solutions, but these will be mobilised by individuals. Each of us can make a real difference to improve the fairness of medical education and training and thereby improve health.

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Suggested resources

 Inclusive teaching practice (aimed at undergraduate students): www.ucl.ac.uk/teaching-

learning/publications/2019/aug/ inclusive-teaching

- > London Deanery Differential Attainment Toolkit: https://london.hee.nhs.uk/ multiprofessional-facultydevelopment/differentialattainment/differentialattainment-toolkit
- > Decolonising the medical curriculum reading list: https://bit.ly/333daEC
- > Race Ethnicity Education journal: www.tandfonline.com/ loi/cree20 =