



The ROYAL COLLEGE of  
OPHTHALMOLOGISTS

## Differential Attainment Report

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# Data on Differential attainment in ophthalmology and monitoring equality, diversity, and inclusion: Recommendations to the RCOphth

December 2022



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[The Royal College of Ophthalmologists](#) (RCOphth) is the professional body for eye doctors, who are medically qualified and have undergone or are undergoing specialist training in the treatment and management of eye disease, including surgery. As an independent charity, we pride ourselves on providing impartial and clinically based evidence, putting patient care and safety at the heart of everything we do. Ophthalmologists are at the forefront of eye health services because of their extensive training and experience. The Royal College of Ophthalmologists received its Royal Charter in 1988 and has a membership of over 4,000 surgeons of all grades. We are not a regulatory body, but we work collaboratively with government, health and charity organisations to recommend and support improvements in the coordination and management of eye care both nationally and regionally.

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# Introduction and Purpose

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## Background

Prior to the roll-out of the new curriculum for Ophthalmology Specialty Training (OST) in 2024, the College has been required to evaluate differential attainment within our specialty by the General Medical Council (GMC). The College has noted increasing interest from members to develop a more proactive and visible approach to equality, diversity, and inclusion (EDI). An EDI committee exists within the College and the required work on differential attainment was seen as a useful first step to develop a more proactive strategy.

## What is differential attainment?

Differential Attainment (DA) is the systematic difference in professional and developmental outcomes between groups of doctors that share a common protected characteristic and those that don't. It is a difference in the average group performance and not at the individual level.<sup>1</sup>

Across all specialties, DA exists at medical school level and progressively impacts doctors at all levels of their career including recruitment into specialty training, outcomes at the annual review of competency and progression (ARCP) and specialty examinations. Due to differences in ability, differences between individuals are expected. Systematic differences in performance related to protected characteristics however, should not exist in a just and fair system.<sup>1</sup>

The most affected protected characteristics are ethnicity and gender. A systematic study by Woolf et al<sup>2</sup> found that socioeconomic status, schooling, language, parent's educational level, and motivation did not contribute towards the DA gap faced by ethnic minority doctors. It is often difficult to understand how professional organisations, such as medical royal colleges, can address something which relates to wider and challenging societal issues. Many colleges have active programmes to minimise DA and promote EDI and, although many factors within society or within the healthcare environment are not under the control of the College, there is still much that can be done.

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As Woolf<sup>3</sup> puts it:

***“Relationships with senior doctors were perceived as crucial to learning. At best seniors gave trainees confidence by providing them with opportunities to take responsibility for patients, giving constructive feedback and reassuring about problems including examination failure.”***

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It is therefore important to determine the extent in which DA is present within ophthalmology and for the RCOphth to develop strategies which can improve any areas of concern.

## Aims and objectives of the RCOphth DA group

**The College has created an informal DA sub-group involving:**

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Consultant Ophthalmologist  
Training Programme Director,  
Scotland, South-East

**Melanie Hingorani**

Consultant Ophthalmologist  
RCOphth Honorary Secretary

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**Mousindha Arjunan**

Ophthalmology Specialist Trainee FRCOphth  
HEE Leadership Fellow on Differential  
Attainment Alumni, PGCert MedEd

**Sunil Mamtora**

Ophthalmology Specialty Trainee,  
National Medical Directors Clinical Fellow  
Ophthalmologists Training Group Chair, MBBS

The group exists to collate current evidence relating to DA in ophthalmology and offer recommendations to the College on how to move forward in minimising DA, reporting to the College EDI committee. The agreed key tasks for the project reported here were:

1. To compare the data on gender and ethnicity of RCOphth members with those of all doctors licensed by the GMC including doctors in training and the UK population.
2. To compare the data on gender and ethnicity of RCOphth council members with those of all doctors licensed by the GMC including doctors in training and the UK population.
3. To compare the data on gender and ethnicity of RCOphth consultants and ophthalmology trainees licensed by the GMC, with those of all GMC licensed doctors and the UK population.
4. To compare the data on gender and ethnicity of 2021 ophthalmology applicants with those of 2021 ophthalmology appointments.
5. To evaluate the data on ethnicity of UK, European (EEA) and International Medical Graduates (IMG) ophthalmology doctors in training in relation to their ARCP outcomes
6. To evaluate the data on ethnicity of UK, EEA and IMG ophthalmology doctors in training in relation to their specialty exam outcomes.
7. To provide recommendations to the College based on data collected towards the aim of tackling DA within ophthalmology.

## Data Collection

Data was acquired using the RCOphth Equality and Diversity Data sets from 2018-2021 (provided by Beverley Russell, RCOphth Membership Coordinator and Evelyn Mensah, Consultant Ophthalmologist), UK 2011 census data (inclusive of all four devolved nations), the GMC State of medical education and practice reports for doctors in training<sup>4</sup> and for all doctors licensed by the GMC<sup>5</sup>, and Oriel software for ophthalmology recruitment.

# Results

## Gender

### Comparing gender of RCOphth members and Council members with the UK population and all doctors.

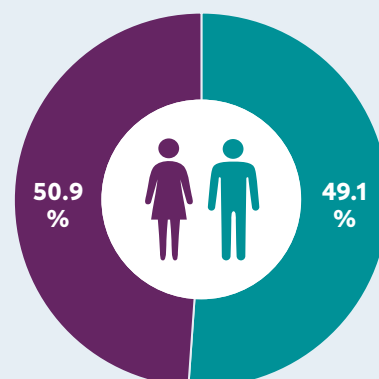
Overall, there are fewer female RCOphth Members and RCOphth Council Members, with no change in trend between 2018 and 2021.

There is a disproportionate underrepresentation of female ophthalmologists, shown in the proportion of female ophthalmology doctors registered with the

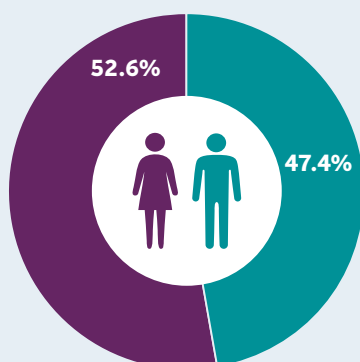
College compared with the proportion of all GMC licensed female doctors and with the UK population.

There is also a disproportionate underrepresentation in the proportion of female RCOphth Council members compared with all GMC licensed female doctors and with the UK population.

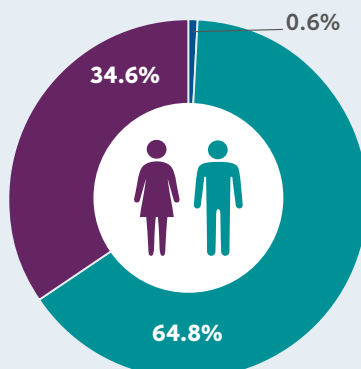
### 2018 & 2021 UK Population



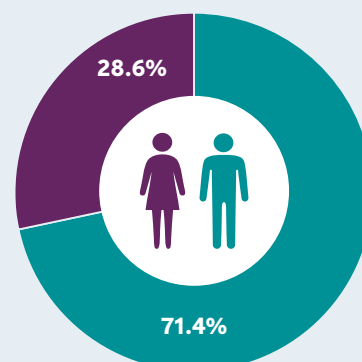
### 2018 GMC Licensed Doctors



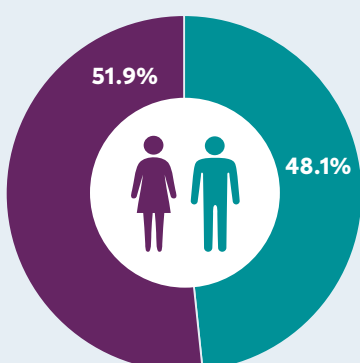
### 2018 RCOphth Members



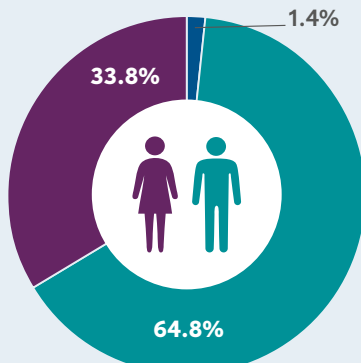
### 2018 RCOphth Council Members



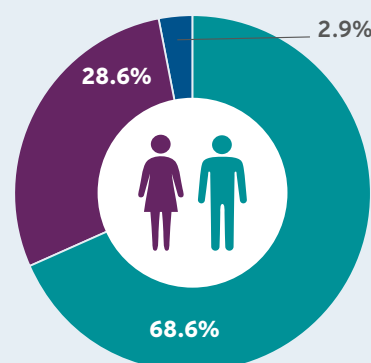
### 2021 GMC Licensed Doctors



### 2021 RCOphth Members



### 2021 RCOphth Council Members



● Male ● Female ● Unknown

**Tables 1 & 2. Comparison of gender of RCOphth members (including council members) with the UK population and all GMC licensed doctors. \*data from UK census 2011**

## 2018

	RCOphth Members (n)	RCOphth Members (%)	RCOphth Council (n)	RCOphth Council (%)	Total UK Population (n)*	Total UK Population (%)*	All GMC Licensed Doctors (n)	All GMC Licensed Doctors (%)
<b>Total Population</b>	<b>2,403</b>	–	<b>35</b>	–	<b>63,182,178</b>	–	<b>242,433</b>	–
Male	1,558	64.8	25	71.4	31,028,000	49.1	114,809	47.4
Female	831	34.6	10	28.6	32,154,000	50.9	127,624	52.6
Unknown	14	0.6	0	0.0	178	0.00	–	–

## 2021

	RCOphth Members (n)	RCOphth Members (%)	RCOphth Council (n)	RCOphth Council (%)	Total UK Population (n)*	Total UK Population (%)*	All GMC Licensed Doctors (n)	All GMC Licensed Doctors (%)
<b>Total Population</b>	<b>2,752</b>	–	<b>35</b>	–	<b>63,182,178</b>	–	<b>274,891</b>	–
Male	1,784	64.8	24	68.6	31,028,000	49.1	132,293	48.1
Female	929	33.8	10	28.6	32,154,000	50.9	142,598	51.9
Unknown	39	1.4	1	2.9	178	0.00	–	–

## 2022

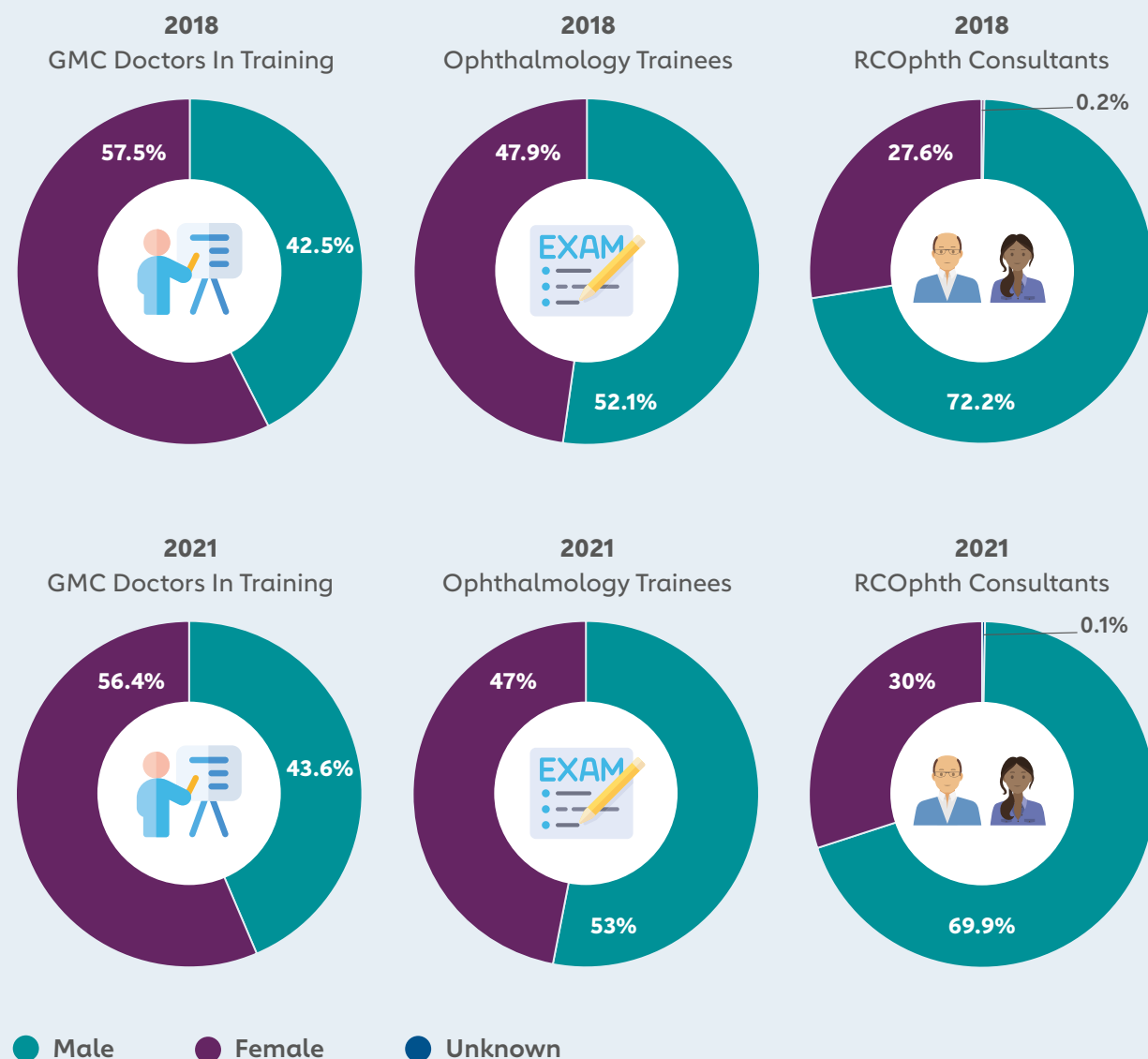
			RCOphth Council (n)	RCOphth Council (%)
<b>Total Population</b>			<b>34</b>	–
Male			22	64.7
Female			12	35.3
Unknown			0	0.0

## Comparing gender of RCOphth members with the UK population and all doctors.

Currently, the proportion of female ophthalmology consultants (30.0%) and trainees (47.0%) is less than that of the UK female population (50.9%) and female GMC licensed doctors (51.9%).

Overall, there are fewer female consultants than trainees.

There is less gender disparity amongst ophthalmology trainees but still fewer female trainees compared with the total number of doctors in training.



**Tables 3 & 4. Comparison of gender of RCOphth consultants and GMC licensed ophthalmology trainees with the UK population, all GMC licensed doctors and all doctors in training.**

*\*data from UK census 2011*

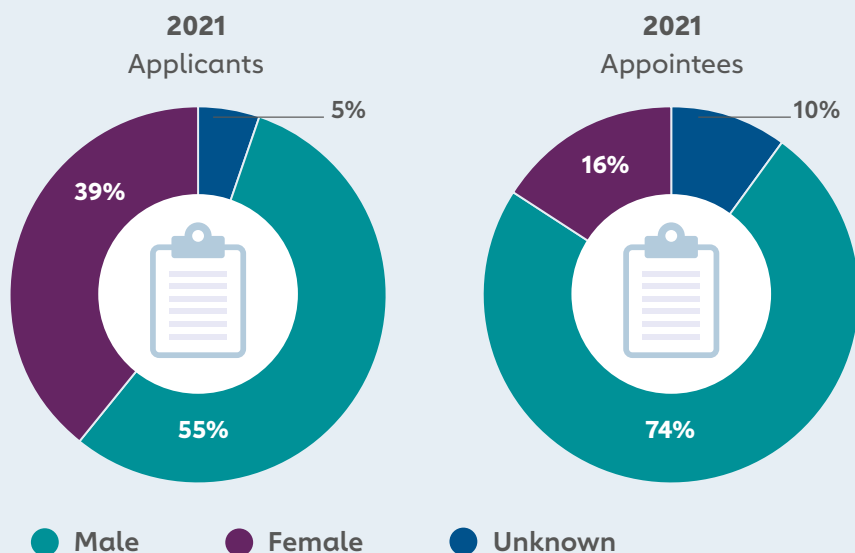
2018	RCOphth Consultants (n)	RCOphth Consultants (%)	GMC licensed Ophthalmology Trainees (n)	GMC licensed Ophthalmology Trainees (%)	All GMC Licensed doctors (n)	All GMC Licensed Doctors (%)	Total UK Population (n)*	Total UK Population (%)*	All Doctors In Training (n)	All Doctors In Training (%)
<b>Total Population</b>	<b>1,451</b>	<b>-</b>	<b>655</b>	<b>-</b>	<b>242,433</b>	<b>-</b>	<b>63,182,178</b>	<b>-</b>	<b>59,276</b>	<b>-</b>
Male	1,048	72.2	341	52.1	114,809	47.4	31,028,000	49.1	25,174	42.5
Female	400	27.6	314	47.9	127,624	52.6	32,154,000	50.9	34,102	57.5
Unknown	3	0.2	0	0.0	-	-	178	0.00	-	-

2021	RCOphth Consultants (n)	RCOphth Consultants (%)	GMC licensed Ophthalmology Trainees (n)	GMC licensed Ophthalmology Trainees (%)	All GMC Licensed doctors (n)	All GMC Licensed Doctors (%)	Total UK Population (n)*	Total UK Population (%)*	All Doctors In Training (n)	All Doctors In Training (%)
<b>Total Population</b>	<b>1,463</b>	<b>-</b>	<b>676</b>	<b>-</b>	<b>274,891</b>	<b>-</b>	<b>63,182,178</b>	<b>-</b>	<b>66,137</b>	<b>-</b>
Male	1,023	69.9	358	53.0	132,293	48.1	31,028,000	49.1	28,812	43.6
Female	439	30.0	318	47.0	142,598	51.9	32,154,000	50.9	37,325	56.4
Unknown	1	0.1	0	0.0	-	-	178	0.00	-	-

### Comparing gender in recruitment to ophthalmology.

A significant minority of candidates did not disclose their gender.

There continues to be a gender gap in recruitment, with less female doctors applying and being appointed.



**Table 5. Breakdown of gender in ophthalmology specialty recruitment in 2021**

2021	Ophthalmology Applicants 2021 (n)	Ophthalmology Applicants 2021 (%)	Ophthalmology Appointments 2021 (n)	Ophthalmology Appointments 2021 (%)
<b>Total Population</b>	<b>605</b>	–	<b>90</b>	–
Male	335	55	67	74
Female	238	39	14	16
Unknown	32	5	9	10

## Ethnicity

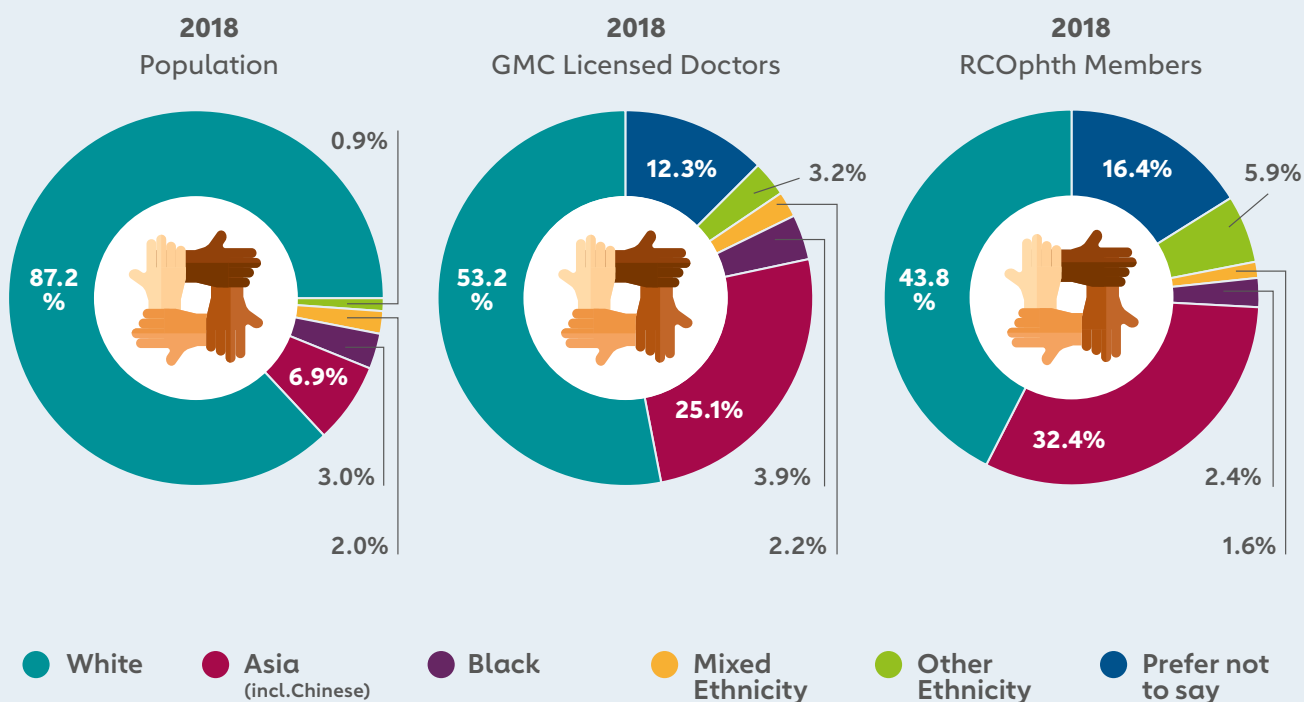
### Comparing ethnicity of RCOphth Members and Council Members with the UK Population and all Doctors.

There was no Black, Mixed or Other Ethnic group Council representation in 2018, demonstrating underrepresentation:

- Compared with the proportion of Black, Mixed and Other Ethnic RCOphth members.
- Compared with the total Black, Mixed and Other Ethnic and GMC licensed doctor population.
- Compared with the UK Black, Mixed and Other Ethnic population.

There is no real trend for change, apart from the addition of 1 Mixed Ethnic group member in 2021.

In 2021, 15.8% of overall RCOphth members and 20.0% of RCOphth Council members did not disclose their ethnic status when this report was published. However, in 2022, ethnic status data for all Council members was acquired which demonstrated more diversity and the importance of members disclosing their information to the College



**Tables 6 & 7. Comparison of ethnicity of RCOphth members (including council members) with the UK population and all GMC licensed doctors. \*data from UK census 2011**

2018	RCOphth Members (n)	RCOphth Members (%)	RCOphth Council (n)	RCOphth Council (%)	Total UK Population (n)*	Total UK Population (%)*	All GMC Licensed Doctors (n)	All GMC Licensed Doctors (%)
<b>Total Population</b>	<b>2,403</b>	<b>–</b>	<b>35</b>	<b>–</b>	<b>63,182,178</b>	<b>–</b>	<b>242,433</b>	<b>–</b>
White	1,052	43.8	23	65.7	55,073,552	87.2	129,087	53.2
Asian (incl. Chinese)	778	32.4	8	22.9	4,373,339	6.9	60,852	25.1
Black	57	2.4	0	0.0	1,904,684	3.0	9,477	3.9
Mixed Ethnic Group	38	1.6	0	0.0	1,250,229	2.0	5,419	2.2
Other Ethnic Group	142	5.9	0	0.0	580,374	0.9	7,827	3.2
Not given/ Prefer not to say	395	16.4	0	0.0	0	0.0	29,771	12.3

2021	RCOphth Members (n)	RCOphth Members (%)	RCOphth Council (n)	RCOphth Council (%)	Total UK Population (n)*	Total UK Population (%)*	All GMC Licensed Doctors (n)	All GMC Licensed Doctors (%)
<b>Total Population</b>	<b>2,403</b>	<b>–</b>	<b>35</b>	<b>–</b>	<b>63,182,178</b>	<b>–</b>	<b>274,891</b>	<b>–</b>
White	1,157	42.0	16	45.7	55,073,552	87.2	140,809	51.2
Asian (incl. Chinese)	886	32.2	11	31.4	4,373,339	6.9	77,670	28.3
Black	56	2.0	0	0.0	1,904,684	3.0	14,821	5.4
Mixed Ethnic Group	70	2.5	1	2.9	1,250,229	2.0	7,044	2.6
Other Ethnic Group	217	7.9	0	0.0	580,374	0.9	13,041	4.7
Not given/ Prefer not to say	435	15.8	7	20.0	0	0.0	21,506	7.8

	RCOphth Council (n)	RCOphth Council (%)
<b>Total Population</b>	<b>34</b>	<b>–</b>
White	17	50.0
Asian (incl. Chinese)	16	47.1
Black	0	0.0
Mixed Ethnic Group	1	2.9
Other Ethnic Group	0	0.0
Not given/Prefer not to say	0	0.0

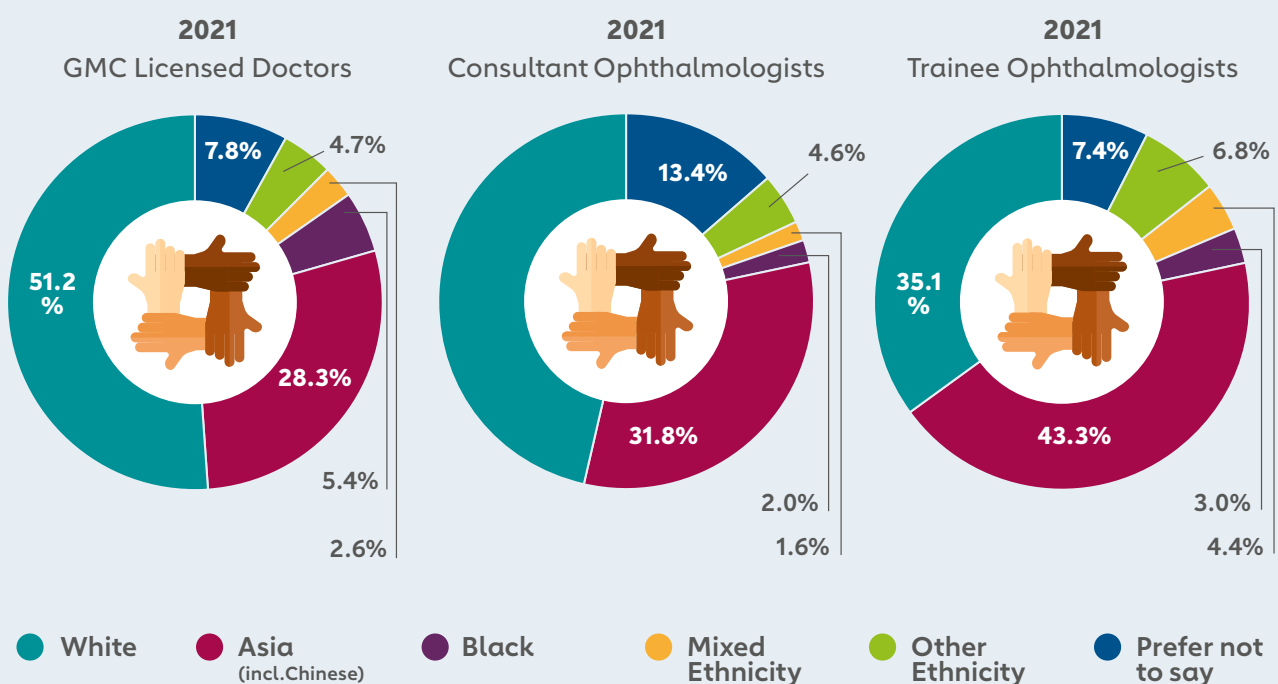
### Comparing ethnicity of RCOphth consultants and GMC licensed ophthalmology trainees with the UK population, all doctors and all doctors in training.

In 2021, White consultant ophthalmologists make up the largest ethnic group (46.7%), with a slight decrease compared with 2018 (49.2%).

In 2021, Asian trainees (43.3%) make up the largest ethnic group amongst trainee ophthalmologists, with an increase compared with 2018 (39.8%).

In 2021, Black doctors make up the lowest proportion of ophthalmology trainees (3.0%) and consultants (2.0%) compared with other ethnic groups. This is lower than the current proportion of Black GMC licensed doctors (5.4%) and doctors in training (6.4%).

There is no change in the trend of the number of Black, Mixed or Other ethnic group ophthalmology consultant and trainees between 2018 and 2021.



**Tables 8 & 9. Comparison of ethnicity RCOphth consultants and ophthalmology trainees with the UK population, all GMC licensed doctors and all doctors in training. \*data from UK census 2011**

**2018**

	RCOphth Consultants (n)	RCOphth Consultants (%)	GMC licensed Ophthalmology Trainees (n)	GMC licensed Ophthalmology Trainees (%)	All GMC Licensed doctors (n)	All GMC Licensed Doctors (%)	Total UK Population (n)*	Total UK Population (%)*	All Doctors In Training (n)	All Doctors In Training (%)
<b>Total Population</b>	<b>1,451</b>	<b>-</b>	<b>655</b>	<b>-</b>	<b>242,433</b>	<b>-</b>	<b>63,182,178</b>	<b>-</b>	<b>59,276</b>	<b>-</b>
White	714	49.2	247	37.7	129,087	53.2	55,073,552	87.2	34,975	59.0
Asian (incl. Chinese)	416	28.7	261	39.8	60,852	25.1	4,373,339	6.9	14,573	24.6
Black	27	1.9	20	3.1	9,477	3.9	1,904,684	3.0	2,448	4.1
Mixed Ethnic Group	18	1.2	30	4.6	5,419	2.2	1,250,229	2.0	1,987	3.4
Other Ethnic Group	59	4.1	42	6.4	7,827	3.2	580,374	0.9	2,145	3.6
Not given/ Prefer not to say	217	15.0	55	8.4	29,771	12.3	0	0.0	3,148	5.3

**2021**

	RCOphth Consultants (n)	RCOphth Consultants (%)	GMC licensed Ophthalmology Trainees (n)	GMC licensed Ophthalmology Trainees (%)	All GMC Licensed doctors (n)	All GMC Licensed Doctors (%)	Total UK Population (n)*	Total UK Population (%)*	All Doctors In Training (n)	All Doctors In Training (%)
<b>Total Population</b>	<b>1,468</b>	<b>-</b>	<b>676</b>	<b>-</b>	<b>274,891</b>	<b>-</b>	<b>63,182,178</b>	<b>-</b>	<b>66,137</b>	<b>-</b>
White	683	46.7	237	35.1	140,809	51.2	55,073,552	87.2	35,811	54.1
Asian (incl. Chinese)	465	31.8	293	43.3	77,670	28.3	4,373,339	6.9	18,114	27.4
Black	29	2.0	20	3.0	14,821	5.4	1,904,684	3.0	4,224	6.4
Mixed Ethnic Group	23	1.6	30	4.4	7,044	2.6	1,250,229	2.0	2,438	3.7
Other Ethnic Group	67	4.6	46	6.8	13,041	4.7	580,374	0.9	3,062	4.6
Not given/ Prefer not to say	196	13.4	50	7.4	21,506	7.8	0	0.0	2,488	3.8

### Comparing ethnicity in recruitment to ophthalmology\*.

There are less than five Black doctors appointed in ophthalmology. Further granularity of Asian data is required.

No Mixed ethnic group was appointed. A large portion of candidates are not disclosing their ethnicity.

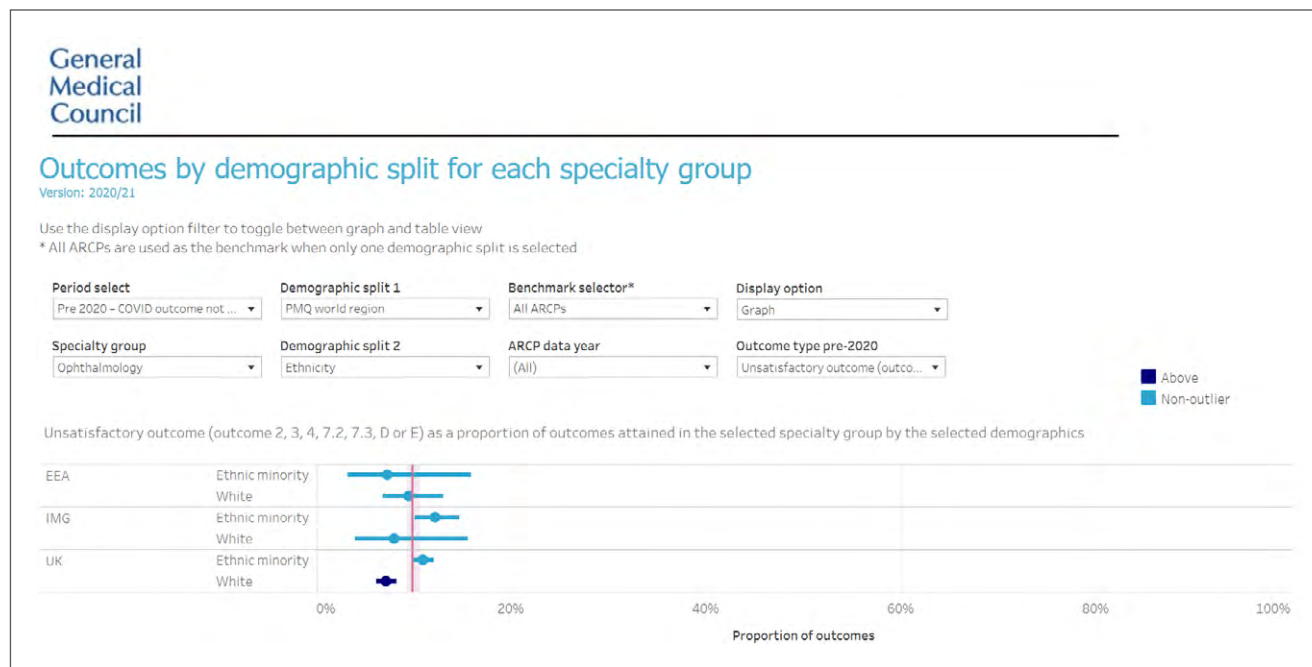
\* Exact numbers not provided for anonymity if <5 doctors fall under a particular ethnicity as it makes individuals identifiable.

**Table 10. Breakdown of ethnicity in ophthalmology specialty recruitment in 2021**

2021	Ophthalmology Applicants 2021 (n)	Ophthalmology Appointments 2021 (n)
<b>Total Population</b>	<b>597</b>	<b>~110</b>
White	153	43
Asian (incl. Chinese)	234	38
Black	~37*	<5*
Mixed Ethnic Group	~34*	<5*
Other Ethnic Group	68	15
Not given/Prefer not to say	71	9

## Summary

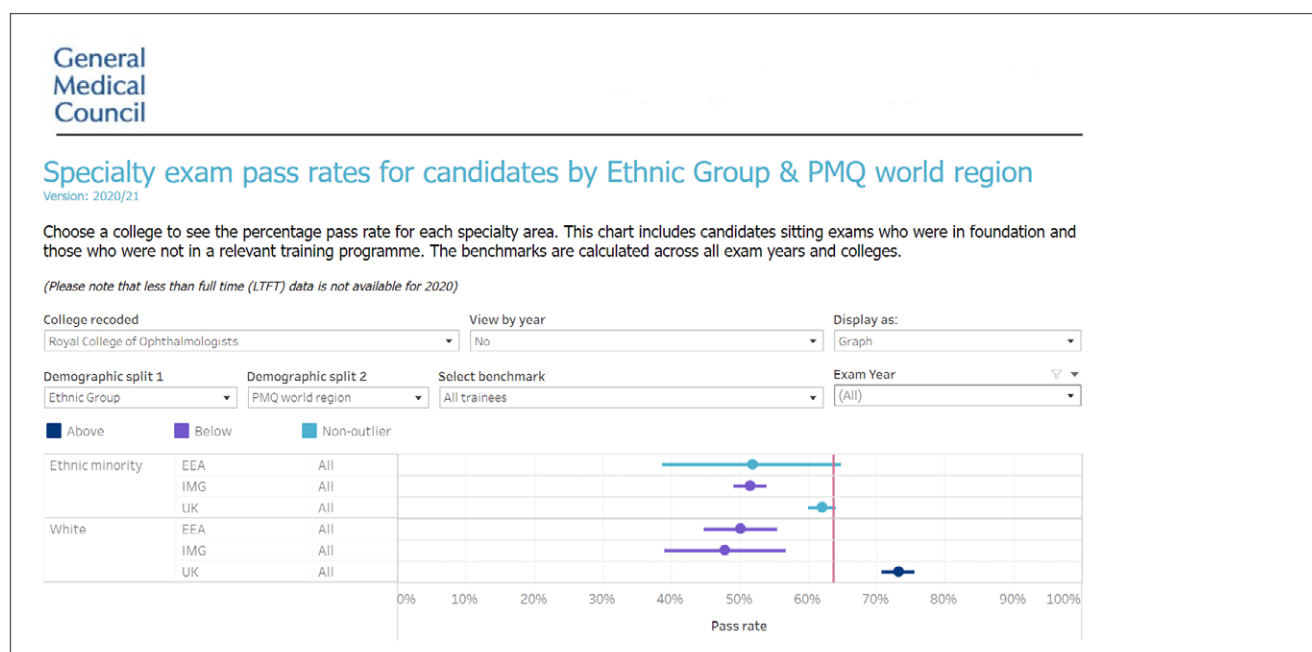
There are very few unsatisfactory ARCP outcomes in ophthalmology. However, you are more likely to have a good outcome (Outcome 1) if you are a White UK Graduate (2% unsatisfactory outcome) compared with being a UK BME Graduate (5%), followed by an IMG (7%).



## Exam outcomes

### Summary

The chart below demonstrates that White UK Graduates are likely to pass their exam by 70% on the first attempt compared with UK BME Graduates (60%). The percentage drops significantly for those who are IMG BME (50%)/IMG White (45%) or EEA Graduates BME (50%)/EEA White (52%).



# Overall summary of findings

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1. A large proportion of RCOphth members do not disclose their ethnicity or gender. This is concerning as it renders our demographic data incomplete and thus limits our ability to fully examine the extent of differential attainment within ophthalmology and to accurately monitor changes over time. We need to understand the reasons why, whether the failure to disclose is in itself indicative of concerns about potential negative outcomes for those disclosing, and support members to be willing to disclose.
2. There is consistent underrepresentation of females in ophthalmology recruitment (applying and being appointed), trainee, consultant and Council bodies.
3. There is consistent underrepresentation of ethnic minority groups in the RCOphth Council body in comparison to White Council members.
4. Within ophthalmology training, Asian members make up the largest ethnic group. There is, however, significant underrepresentation of Black trainee ophthalmologists in comparison with the overall number of doctors in training and of GMC licensed doctors.
5. White members make up the largest proportion of RCOphth consultants followed by Asian members and Other Ethnic group members. There is underrepresentation of Black and Mixed ophthalmology consultants in comparison with the overall number of doctors in training and of GMC licensed doctors.
6. More granular data is needed for Asian ethnicity information for more accurate comparison of RCOphth members against the total UK doctor population where more Asian subcategories exist.
7. There are persistently fewer Black doctors applying and being appointed in the speciality, with lack of representation in the trainee body, consultant and Council bodies
8. Information about other protected characteristics is missing, such as age, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief and sex.
9. Very little information about the Primary Area of Qualification is available.
10. You are more likely to have a worse ARCP and Exam outcome if you are not a White UK Graduate.

## Limitations

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As part of our data analysis, we compared the gender and ethnicity amongst RCOphth members, RCOphth council members, RCOphth consultants and licensed doctors in training within ophthalmology. Comparisons of RCOphth consultants and ophthalmology trainees was done using RCOphth membership EDI summary reports and the GMC reference tables relating to the state of medical education and practice reports.<sup>4,5</sup> We recognise that these datasets are not directly comparable, and may therefore lead to discrepancies in the accuracy of the overall numbers of ophthalmology consultants and trainees, especially those without RCOphth membership and those not currently licensed by the GMC but used these as the best available data at this time.

We also recognise that whilst RCOphth members include specialty, associate specialists and locally employed doctors, the lack of direct comparison of ethnicity and gender of these cohorts in relation to RCOphth consultants and ophthalmology trainees is a significant limitation. We endeavour to explore this data in future reports, by updating the College's membership data collection portal. We also encourage all members to complete their membership data fully so that we can capture data of all groups accordingly.

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# Recommendations

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These draft recommendations are based on analysis of the data in this report, discussions so far related to the data with RCOphth committees and by reflections of mentors and mentees from the RCOphth reverse mentoring program conducted between January and July 2022.<sup>6</sup> The recommendations have been presented under the headings provided by the GMC in their request for evidence from the College. An action plan will be agreed with The Royal College of Ophthalmologists, influenced and informed by feedback from College members to this report.

## 1. GMC – The working and learning environment

### **Valuing diversity and visible representation in RCOphth leadership and governance**

#### **Inclusive programmes of learning and assessment**

##### **Improve data collection**

- Clearly advertise why we are collecting demographic information to reduce the number of unknowns.
- Look into exam data and demographics more thoroughly to target interventions and support accordingly. This could be through tailored courses and workshops inviting all doctors but ensuring we take positive action measures by especially mentioning affected groups.
- Organise a survey to collect further quantitative data to gather information that is missing. In addition, acquire qualitative data of trainee and consultant perspectives about negative experiences relating to DA that are expressed by our members. It is also important to collect more data about training opportunities or lack of (eg surgical), demographics of those who have applied for consultant and fellowship posts and who attained them etc.
- Revise recommendations accordingly based on better data.

##### **Courses**

- Create a 'soft landing course' as paediatricians have for IMGs, and involve those who have faced the challenges in developing the course.
- Find ways of promoting equal opportunities for trainees with protected characteristics including less than full time trainees.
- Consider disseminating anti-racist training courses and conscious decision making courses. This can be done via the new INSPIRE platform or as stand alone courses supported by the College.

##### **Start open conversations about EDI**

- The College to support the cascade of the reverse mentoring program (consider training programme directors (TPDs) and College Tutors).
- Consider EDI when discussing all policies.
- Consider creating leadership opportunities for those who are underrepresented in the council (eg Black trainees/consultants), eg invite them to sit in meetings.

- Run focus groups for key groups, starting with Black medical student organisations/ junior doctors groups (FY1/FY2 groups) to understand career aspirations and plans and perceptions of a career in ophthalmology.

#### Recruitment

- To improve inclusivity within the specialty, we need to consider how best to encourage more Black and female applicants as well as ensuring there are no systematic biases during the application and recruitment system.
- Monitor our data and review drop out rate for these particular groups.

#### Improve communication

- Share the information in this report in an accessible format for publication and for sharing with members on the College website and in the Annual Report. This is to demonstrate transparency, show where our gaps lie and continue to publish regular data including trends.
- Develop regular communication about EDI on the website and in College publications to raise awareness amongst our members, particularly trainers, as well as demonstrate it is at the top of our agenda.
- Use social media effectively and improve visibility of EDI and College work in this area.

## 2. GMC – Who supports learning?

### Support for trainers and early learning needs analysis

The GMC recommends strengthening positive trainer-trainee relationships, building confidence to manage perceived biases and acknowledging DA exists so trainers can customise trainees' support.<sup>7</sup>

- Continue reverse mentoring work.
- Train the trainers course improvements.
- Strengthen the role of educational supervisors and how others see them with formal training on EDI. This could be incorporated in the 'Train the Trainers course'.
- Encourage coaching and mentoring training for trainers by the College with more support for trainers so they are more engaged and empowered to tackle DA and also guide trainees.
- Provide or signpost trainers to resources on what to do if a trainee approaches them with a problem.
- Incorporate anonymised vignettes related to discrimination in the difficult scenarios that are used in the Train the Trainers course, remembering that a trainee may be in a *difficult situation*, rather than a *difficult* trainee.

### 3. GMC – What supports learning?

**Support for UK trainees preparing for high-stakes summative assessments and recovery from failed attempts**

#### Offer support

- Find or signpost to external support services for those wishing to apply for mitigating circumstances or for those who require emotional support following a failed summative assessment.
- Candidates to advise on what feedback they would like following exams to allow them to tailor their future revision planning.

## Get in Contact

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The College's work in differential attainment is ongoing and greatly relies on feedback from its members. For any further feedback, suggestions or queries, please direct them to:

**[communications@rcophth.ac.uk](mailto:communications@rcophth.ac.uk)**

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