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RCR
The Royal College of Radiologists

# Equality, Diversity and Inclusion in the RCR

January 2022

This paper sets out the way forward for equality, diversity and inclusion (EDI) at The Royal College of Radiologists (RCR). It builds on work undertaken previously, while also pointing to where we want to go in future.

There are three main areas of focus which were agreed by the equality, diversity and inclusion taskforce: differential attainment / awarding, a welcoming College and our boards and committees. Its focus is on Fellows and members, with work on the staff of the RCR having been taken forward separately. Each action has an identified Officer of the RCR to be responsible for its delivery.





## 01 Differential Attainment / Awarding

In 2014, a paper was published looking at success rates at the clinical radiology FRCR 2B (CR2B) examination: 'Performance in the FRCR (UK) Part 2B examination: Analysis of factors associated with success' K.E. Hawtin, H.R.T. Williams, L. McKnight, T.C. Booth. The conclusion was that: 'The FRCR 2B examination is non-discriminatory for UK candidates with respect to gender and ethnicity. Poorer performance of non-UK trained candidates is a consistent outcome in the literature.'

In the same year, the RCR commissioned an independent review of all FRCR examinations. The report and its annexes were published in full on the RCR website in 2015. A number of areas of excellent practice were noted along with recommendations for improvements, many of which have been implemented or are being worked on. Annex 4 was a statistical analysis of the exams considering protected characteristics. This was limited by availability of data at the time, as declaration of protected characteristics of examinees is voluntary. It was reported that non-white candidates scored significantly lower than white candidates in the clinical radiology First Part Physics MCQ paper. No significant issues were found in other exams, although with the caveat of limited data.

The review report recommended changes to content preparation and standard setting for the CR2B exam. This was related to concerns about demonstrating a consistent standard for all candidates rather than any concerns about how standards were applied to any sub-groups of candidates. We have a project in place to address these issues. The CO2B exam has long been more standardised, but we have a project in place to review and update this as well.

We share data from each exam sitting with the General Medical Council (GMC). This is matched with complete demographic data held by the GMC and has been reported on publicly via the GMC website. The reporting tool no longer allows for detailed analysis (as it used to), but at the overall level of all RCR examinations across both specialties since 2014 there is a significant difference in pass rates between white and BME UK graduates.

We have a contractual arrangement for statistical support from the Membership of the Royal Colleges of Physicians of the United Kingdom (MRCP(UK)) organisation. This includes provision of an annual 'dashboard' summary of exam data which goes to the Fellowship Exam Board. There are indications that for UK trainees, white candidates on average perform better than non-white candidates (although not always in all exams). The statistical significance of this for each individual exam is unclear.

We have changed our recruitment processes for examiners. All posts are clearly advertised (as they have been for some time) and applicants are scored and ranked against defined criteria. In 2015, we first analysed the gender and ethnicity of all examiners and compared it with what we knew about who had applied for positions and with the wider UK membership by age-groups. This offered reassurance that the breakdown of examiners was reasonably representative of those who applied and of those Fellows in the age-groups most likely to become examiners. In 2020, the overall make-up of examiners was still reasonably representative of the UK membership.

In 2016, we introduced an annual induction day for anyone appointed to an examining role of any sort. These days include an interactive session on equality and diversity led by an external expert, which always receives very good feedback. All RCR staff also receive equality and diversity training.

**...the evidence points to improving the learning experience for ethnic minority students.**

In recent years, RCR representatives have participated in meetings organised by the British Medical Association (BMA), Health Education England (HEE), GMC and others to address issues around differential attainment – some of which led to the publication of the report: *Understanding differential attainment across medical training pathways: A rapid review of the literature.*

The general consensus emerging from work like this, and given that differences in performance can be seen in all forms of examination (for example, not just those where the candidate is identifiable to an examiner), is that reasons for difference are often subtle and related to the wider environment of training rather than simply as a result of deliberate or unconscious bias by examiners.

Katherine Woolf, associate professor in medical education at UCL, has worked extensively on this issue. This brief article from 2020 summarises her key messages, notably:

> *'When differential attainment was first reported in 1995, it was assumed that biased examiners were marking down ethnic minority candidates. This belief still prevails despite strong evidence that the effects are similar in machine marked multiple choice examinations and despite research showing a lack of bias in examiner marking.*
>
> *Another common belief is that differential attainment results from learner deficits among ethnic minority candidates. However, differences remain after controlling for pre-university attainment and socioeconomic status, own and parents' first language, motivation for being a doctor, study habits, living arrangements (home or away), and personality.*
>
> *It is important to ensure that examinations are unbiased... and it is also unhelpful to assume everyone arrives at medical school with equivalent experiences and resources, but focusing solely on trying to "fix" examinations or student deficits risks stigmatising learners and misallocating resources.*
>
> *Instead, the evidence points to improving the learning experience for ethnic minority students. Learning is social, and interactions between students, teachers, and peers critically affect outcomes, yet these are patterned by ethnicity.'*





In 2021, we have collaborated with Widening Participation Medics Network (WPMN) on the RadReach initiative aimed at encouraging under-represented groups to choose a career in Clinical Oncology (CO) or Clinical Radiology (CR). The RCR is committed to deepen our work on differential attainment, led by the Medical Directors of Education and Training (MDET) in each faculty.

**Specific actions to take forward are as follows:**

| Actions | Responsibility |
|---|---|
| **Speciality Entry** | |
| **1.** Continue to support and promote the RadReach initiative. | MDETs |
| **2.** Seek further outreach opportunities in medical schools via undergraduate committee. | MDETs |
| **3.** Ensure recruitment resources are inclusive. | MDETs |
| **4.** Ask HEE to routinely share with us EDI data for recruitment to CO and CR and to publish data for all specialties as a benchmark. | MDETs |
| **FRCR Examinations** | |
| **5.** Publish annual data on the performance of different groups for each part of FRCR examination. | MDETs |
| **6.** Publish annual summaries of the composition of examining groups by ethnicity and gender. | MDETs |
| **7.** Continue the reform of the CR2B exam to introduce more standardisation of content and more justifiable marking and standard-setting methods. | MDETs |
| **8.** Continue the reform of the CO2B exam to ensure appropriate and standardised assessment of relevant clinical skills. | MDETs |
| **9.** Ensure diversity in the examiner pool. | MDETs |

**The RCR is committed to deepen our work on differential attainment.**

*continued...*

**“...reasons for difference are often subtle and related to the wider environment of training rather than simply as a result of deliberate or unconscious bias by examiners.**

| Actions | Responsibility |
|---|---|
| **Annual Review of Competence Progression** | |
| **10.** Continue work started in 2019 to embed routine QA and reporting of ARCPs into the RCR training function. | MDETs |
| **11.** Monitor published ARCP outcome data as part of QA. | MDETs |
| **12.** Discuss concerns about specific programmes with individual heads of training and regional specialty advisors (RSAs). | MDETs |
| **13.** Share overall findings and good practice with heads of training and RSAs, including seeking a diverse pool of educational supervisors. | MDETs |
| **14.** Undertake research to evaluate the correlation between examination and ARCP outcomes for different trainee groups. | MDETs |
| **15.** Undertaking research to investigate the experience of workplace-based assessments for different trainee groups. | MDETs |
| **16.** Evaluate the quality of educational supervisor reports and collaborate with postgraduate deans to review the themes within the feedback and use this information to upskill educators and improve the quality of support offered. | MDETs |
| **Other** | |
| **17.** Review ‘Supervisor skills’ and ‘Working with trainees who need extra support’ courses to deepen content on differential attainment. | MDETs |
| **18.** Include discussion of differential attainment at trainee welcome events. | MDETs |
| **19.** Produce FRCR exam preparation resources for both CO and CR. | MDETs |
| **20.** Ensure we engage with and respond to GMC differential attainment workplan request in areas we are not yet working on. | MDETs |





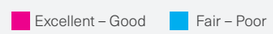
# 02 A welcoming College

The RCR strives to be a place where all our Fellows and members feel welcome and is a natural home for them from when they first become interested in a career in CR or CO, to long after they have retired.

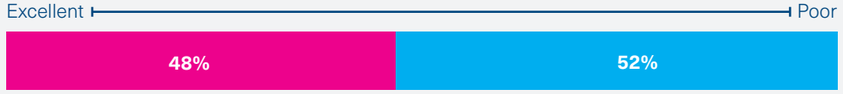
In order to ascertain whether this is the feeling of Fellows and members, we ask the following question in the members survey: ***As a member, how would you rate the sense of belonging you feel to the ‘RCR community’ and its shared values and aspirations?***

In our 2020 membership survey, 52% overall rated this as ‘excellent’ or ‘good’; with 13% rating it as ‘poor’. If looking at the figures by location, 48% of UK respondents rated the sense of community as ‘excellent’ or ‘good’ compared with 69% for global respondents. Regarding gender, women were more likely to answer this question positively, both in CR and CO. 49% of white respondents rated this as ‘excellent’ or ‘good’, while 61% of ethnic minority respondents rated this ‘excellent’ or ‘good’. While there aren’t lower scores from ethnic minority respondents compared to white respondents, these figures are still felt to be too low and that there is wide variation of individual experience.

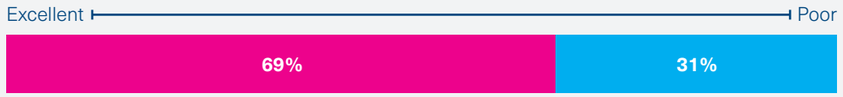
**Rate the sense of belonging you feel to the ‘RCR community’ and its shared values and aspirations.**



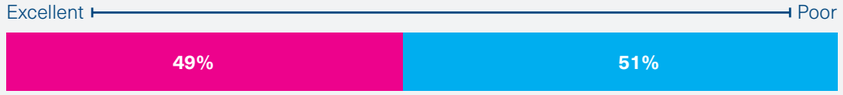

**UK respondents**




**Global respondents**




**White respondents**




**Ethnic minority respondents**

**“**
**...there is wide variation of individual experience.**

**The below are actions that we are committed to taking to become a more welcoming College.**

| Actions | Responsibility |
|---|---|
| **21.** Ensure our social channels are engaging with shareable content and represent the diversity of the RCR. | VPs |
| **22.** Review our brand – including tone of voice – to ensure that it is inclusive and speaks to/engages all our members. | PRCR |
| **23.** Develop segmented communications to ensure members receive information of direct interest to them. | MDMB |
| **24.** Establish an RCR Insight Group of members, weighted to ensure representation and enabling us to get regular feedback on priorities, policy issues, communications and more. | MDMB |
| **25.** Create a new website, which enables personalisation to ensure that members can find the information that is relevant to them and keep up to date on key issues. | PRCR |
| **26.** Review all our communications and marketing assets, to ensure that they are engaging, inclusive and considered useful by members. | MDMB |
| **27.** Review our ‘front of house’ protocols to ensure they remain welcoming to those accessing the RCR via telephone. | MDMB |

***VPs:*** *Vice-Presidents*
***PRCR:*** *President of the RCR*
***MDMB:*** *Medical Director for Membership and Business*



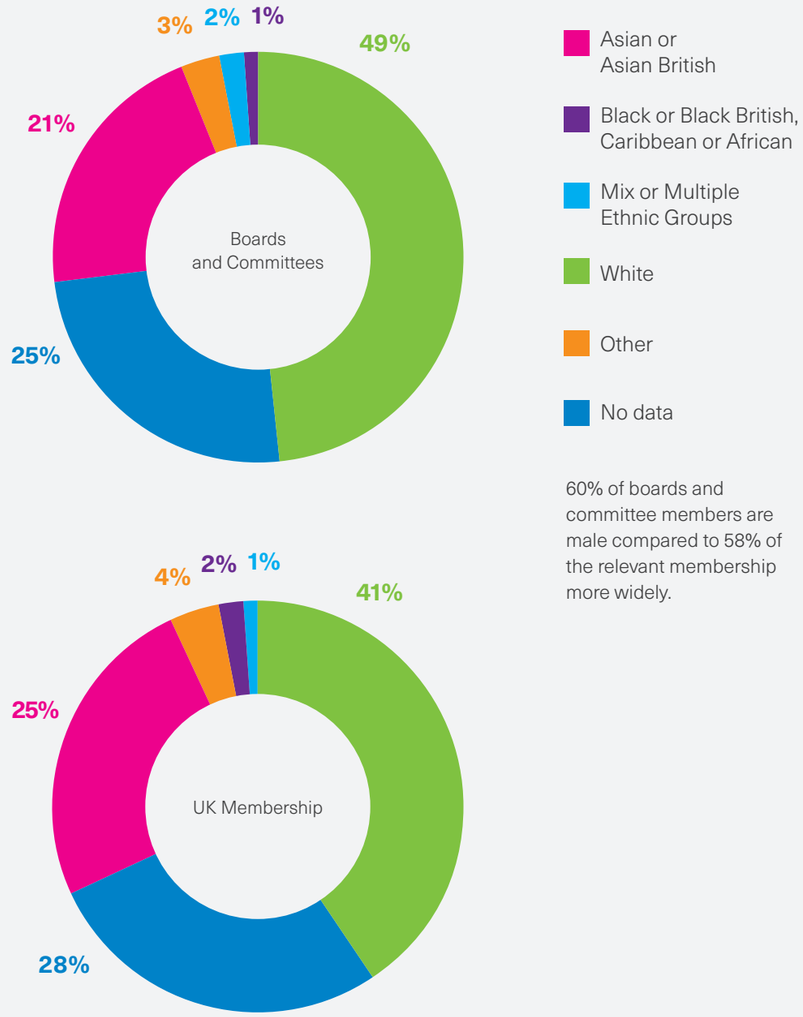


# 03 Board and Committees

We have a large number of boards and committee positions, which are advertised through an open call to stand. They are filled by a mixture of selection following open application and, for more senior positions, open election.

Equality and diversity monitoring has been conducted for RCR board and committee roles for many years. A monitoring form is sent to everyone nominated for, or applying for, a Council, Honorary Officer, board or committee role. Submitting this data to the RCR is voluntary, which accounts for the lack of complete data below. A council paper reports on diversity in boards and committees annually.

**As of June 2021, our boards and committees consist of the following makeup:**




60% of boards and committee members are male compared to 58% of the relevant membership more widely.

**The below are actions we're committed to taking to ensure our boards and committees reflect the full diversity of our Fellows and members:**

| Actions | Responsibility |
|---|---|
| **28.** Ensure a diverse range of committee members are represented in communications about boards and committees. | VPs (Faculty specific boards) and PRCR |
| **29.** Where board and committee members are selected, ensure selection panels have received training on unconscious bias. | VPs |
| **30.** Where board and committee members are chosen by another organisation, communicate to that organisation about the need to consider EDI when choosing a candidate to sit on our board or committee. | VPs |
| **31.** Ensure a commitment to equality and diversity is part of every role description for board and committee members. | VPs and PRCR |
| **32.** Ensure vacancies are publicised through as many channels and specifically state that all applicants are welcome. | MDMB |





## 04 Other

**While sections 1–3 were identified as priorities, there are other actions the RCR is committed to taking in other areas of the RCR:**

| Actions | Responsibility |
|---|---|
| **33.** Publish speaker monitoring for RCR Learning to highlight diversity of speakers. | VPs |
| **34.** Consider diversity when inviting contributions to RCR Learning resources. | VPs |
| **35.** Promote EDI as integral to RCR work at every opportunity. | All – PRCR lead |
| **36.** Consider diversity when assembling RCR faculties for national and international meetings. | VPs |
| **37.** Better promote the Honours available to RCR Fellows and members to encourage diversity of nominations. | PRCR |
| **38.** Ensure guidance documents have been considered through the lens of all protected characteristics. | MDPP |

***MDPP:*** *Medical Director for Professional Practice*

## 05 Reporting

The RCR will provide an annual report to Council on the progress against each of these actions, which will be published on our website.

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