Royal College of Obstetricians & Gynaecologists

The Race Equity Project (Phase One): Summary Report

December 2024

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Executive Summary

Within the obstetrics and gynaecology (O&G) workforce, healthcare professionals from minority ethnic backgrounds often report discrimination and unfair treatment. The 2023 General Medical Council workforce report highlights the need for more inclusive and supportive environments for all doctors, noting that international medical graduates in particular, who make up a significant portion of the workforce, face challenges related to racism and discrimination.[1]

The RCOG Race Equity Project was developed in 2024 as a presidential priority by Ranee Thakar. This report presents a summary of the first phase of our work to understand the problem and develop the second phase of the project to deliver support to combat it. Racism in the O&G workforce in the UK is an ongoing issue that affects both healthcare professionals and patients. The '**Levelling the Playing Field**' and '**Experiences of Racism**' papers from the Royal College of Obstetricians and Gynaecologists (RCOG) highlighted that doctors from Black, Asian and minority ethnic backgrounds face racism, harassment and discrimination, indicating that systemic racism and implicit biases persist within the workplace, influencing the work environment and potentially the quality of care provided.

Efforts are being made to create a more equitable workplace with inclusive teams and collaborative cultures. This report presents the current situation within the O&G speciality, and highlights the concerted effort being made to tackle racism in the workplace. The findings of our work to date will inform the second phase of this project to develop an antiracism care package to support the workforce.

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Introduction

In the United Kingdom (UK), 45% of the Fellows and Members of the RCOG who disclosed their ethnicity identify as Black, Asian, Mixed heritage or other minority ethnicity. These doctors along with other healthcare professionals such as midwives and nurses are an integral part of the NHS workforce.

A diverse O&G workforce brings significant value to both healthcare providers and patients. It creates a rich cosmopolitan tapestry of cultures and languages. Research indicates that patients from minority backgrounds experience improved patient outcomes, specifically in terms of morbidity and mortality, when they receive care from a diverse healthcare workforce.[2] The value of such a workforce is multifaceted, and benefits include improved patient care, enhanced team performance, increased patient trust and satisfaction, and improved organisational effectiveness.

Efforts to enhance diversity within healthcare settings should be prioritised to realise these benefits and improve the overall quality of care. However, for a diverse workforce to contribute to improving patient outcomes, they need to feel safe, empowered and supported as part of a team.

Despite a more diverse workforce, health inequalities persist for the population we care for. This discrepancy cannot be entirely attributed to socioeconomic circumstances – it is also influenced by the care provided and institutional prejudices and biases.[3]

Systemic racism in healthcare has deep historical roots and continues to contribute to ongoing distrust and disparities in healthcare access and treatment. The COVID-19 pandemic exacerbated existing racial disparities within the NHS workforce. Ethnically minoritised staff, including international medical graduates (IMGs), were more likely to experience bullying, harassment and discrimination, and have a higher likelihood of mortality or admission to intensive care units due to severe COVID-19 infection.[4,5]

The rise in deaths among marginalised healthcare workers during the COVID-19 pandemic was reported concurrently with the publication of the MBRRACE report, which stated that a Black woman faces a fivefold higher risk of dying during childbirth or the postpartum period.[3] Consequently, the UK Government faced mounting pressure to address healthcare disparities and racism within the healthcare system.

In response to these challenges, the RCOG Race Equity Project was developed in 2024 as a presidential priority by Ranee Thakar. This report presents a summary of the first phase of our work to understand the problem and develop the second phase of the project to deliver support to combat it.

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Differential attainment and career progression in the UK medical workforce

Medical Workforce Race Equality Standard (MWRES)

The MWRES was introduced in September 2020 and indicated that despite the medical workforce becoming more diverse (41.9% of the healthcare workforce are from a Black, Asian or minority ethnic background), healthcare professionals from Black, Asian and minority ethnic groups face discrimination and challenges to progression throughout their careers.[6]

The MWRES highlights unfair recruitment and interview processes that disadvantage Black, Asian and minority ethnic doctors over white doctors for consultant and senior medical posts. Black, Asian and minority ethnic doctors report higher rates of discrimination, harassment and abuse from staff than white doctors. Black, Asian and minority ethnic students are less likely to be recruited into medical school.[7] For those who are successful, General Medical Council (GMC) data shows that they face differential attainment through undergraduate and postgraduate exams.[8] They are less likely to be recruited into specialty, and when they are, they face differential attainment in their Annual Review of Competency Progression (ARCP) outcomes.[9]

In addition, a survey by the Medical Schools Council looked at data on professors in each specialty, including O&G, since 2005 and grouped by ethnicity.[10] They found that although doctors from a Black, Asian or Mixed ethnic group make up 40% of the O&G workforce, they make up fewer than 10% of the professors (Figure 1).

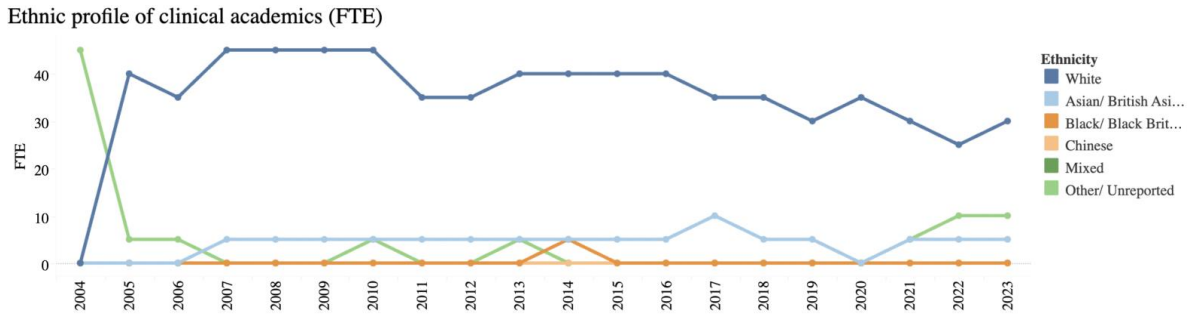

Figure 1.The ethnic profiles of fulltime clinical academics. Survey by the Medical Schools Council, 2020.

Data from NHS Digital indicate ethnicity pay gaps, with Black, Asian and minority ethnic doctors doing the same work as their white colleagues, but without it being recognised in their job plans. The Nuffield Trust report on ethnicity pay gaps found that for consultants, there is a large (and statistically significant) basic pay gap, with a 4.9% higher salary for white compared with minority ethnic consultants.[11] This is equivalent to £387 additional basic pay in December 2017 (or an annual gap of around £4,638) for white consultants.

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The RCOG Race Equality Taskforce

The RCOG Race Equality Taskforce (RET) was launched in 2020 under the presidency of Mr. Edward Morris. Three workstreams were developed:

Workstream 1

The work of RCOG: how RCOG products should be improved to address racial inequity in women's health.

Workstream 2

Workforce and education: tackling differential attainment and racism and bias experienced by members during their careers.

Workstream 3

Addressing racial inequities in health outcomes for women and girls: identifying and addressing research gaps, raising awareness and political engagement.

Dr Ranee Thakar, then Senior Vice President for Global Health, led workstream 2. The group included the Vice Presidents for Education and Workforce, the differential attainment lead, the educational supervisor lead, a training programme director, a Specialty, Associate Specialist and Specialist (SAS)/locally employed doctor (LED) representative, an O&G trainee and a medical student representative, with support from academics, midwives and RCOG staff.

RET activities:

- Regional focus groups on causes of differential attainment and racism in the workplace, and initiatives to overcome this. The key message was that doctors working in O&G are facing discrimination that affects their career progression, and further work by the RCOG to raise awareness and to tackle racism and differential attainment is required.
- Development of a differential attainment dashboard to aid in early identification of trainees who may benefit from educational support measures, and enable the trainees to reach their goals. The dashboard has been distributed to all Heads of Schools and is in use nationally.
- Development of the Coaching Skills training pilot, to provide doctors with training to coach doctors in their region to tackle barriers to career progression.
- Support for IMGs, who face unique challenges. The group worked with Professor Mala Rao, NHS employers, the BMA, the GMC and other Royal Colleges to develop the **guide to induction** resource for IMGs recruited to the NHS.
- Published analyses of trends in differential attainment, racism and discrimination within O&G.[12]
- Published the TOG article: A Race to the Finish Line.[13]
- Review of the **GMC work on tackling differential attainment** and a gap analysis of what more the RCOG could consider to address differential attainment in O&G.

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- The RET group secured funding from Ferring Pharmaceuticals to develop eLearning content on **Tackling Racism**. This content is also referenced by the National Institute for Health and Care Research eLearning modules on **research in obstetrics & gynaecology**.

Experiences of the RCOG racism and discrimination survey

A survey was conducted in 2023 as part of the RCOG's RET. Responses were received from consultants, LEDs and SAS doctors currently employed in the UK. The response rate was 7.6% (272 responses). The key findings are shown in Figure 2 below.

Those who reported experiencing or witnessing racial harassment or discrimination experienced the following: n (%)	
Feeling disconnected or isolated from the rest of my team	97(35.7%)
Feeling underrepresented/like I don't have a voice in my workplace	96(35.3%)
Decrease in my confidence at work	94(54.5%)
Negative impact on the quality of my work	72(26.5%)
Increase in my stress levels	126(46.3%)
Negative impact on my mental health	84(30.9%)
Suicidal thoughts	4(1.5%)
Having to take a sick day	27(9.9%)
Negative impact on my physical health	42(15.4%)
Negative impact on my personal life	74(27.2%)
Turning down an opportunity	49(18%)
Considering leaving or left my job	89(32.7%)

Figure 2. Consequences respondents reported to their wellbeing and mental health after experiencing or witnessing racial harassment or discrimination.

Additional findings:

- The main perpetrators of racial harassment were senior medical colleagues and other clinical staff.
- In-grouping and out-grouping in the workplace can make different doctor cohorts feel ostracised. UK graduate (UKG) doctors were perceived to have greater opportunities than IMG doctors.
- The impact of racial harassment and discrimination in the workplace resulted in doctors feeling disconnected, underrepresented, and experiencing increased stress and physical illness leading to days off work.
- IMGs face unique challenges compared with UKGs. They highlighted the need for improved induction programmes and support to settle into the workplace. IMGs also reported frustration and a lack of support from senior colleagues. They were repeatedly asked to focus on service provision rather than skill development.

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- SAS doctors and LEDs also face similar issues, with limited opportunities for career progression and a lack of support from consultants.
- Intersectionality, such as race and nationality or race and gender, can compound career challenges.
- 42% of respondents who had experienced or witnessed racism or discrimination in the workplace reported it (Figure 3). Over half refrained from reporting these incidents due to concerns about being overlooked for career advancement, being categorised as troublemakers, or believing that no action would be taken (Figure 4).
- 59% of respondents want more career support for doctors from diverse ethnic backgrounds. Respondents would support mandatory teaching on identifying, reporting and preventing discrimination and unconscious bias, and more diversity on interview panels. A designated speak-up guardian or body would also be beneficial.
- The survey highlighted the need for further interventions to tackle racism and racist language, as well as promote fairness in recruitment and career progression.

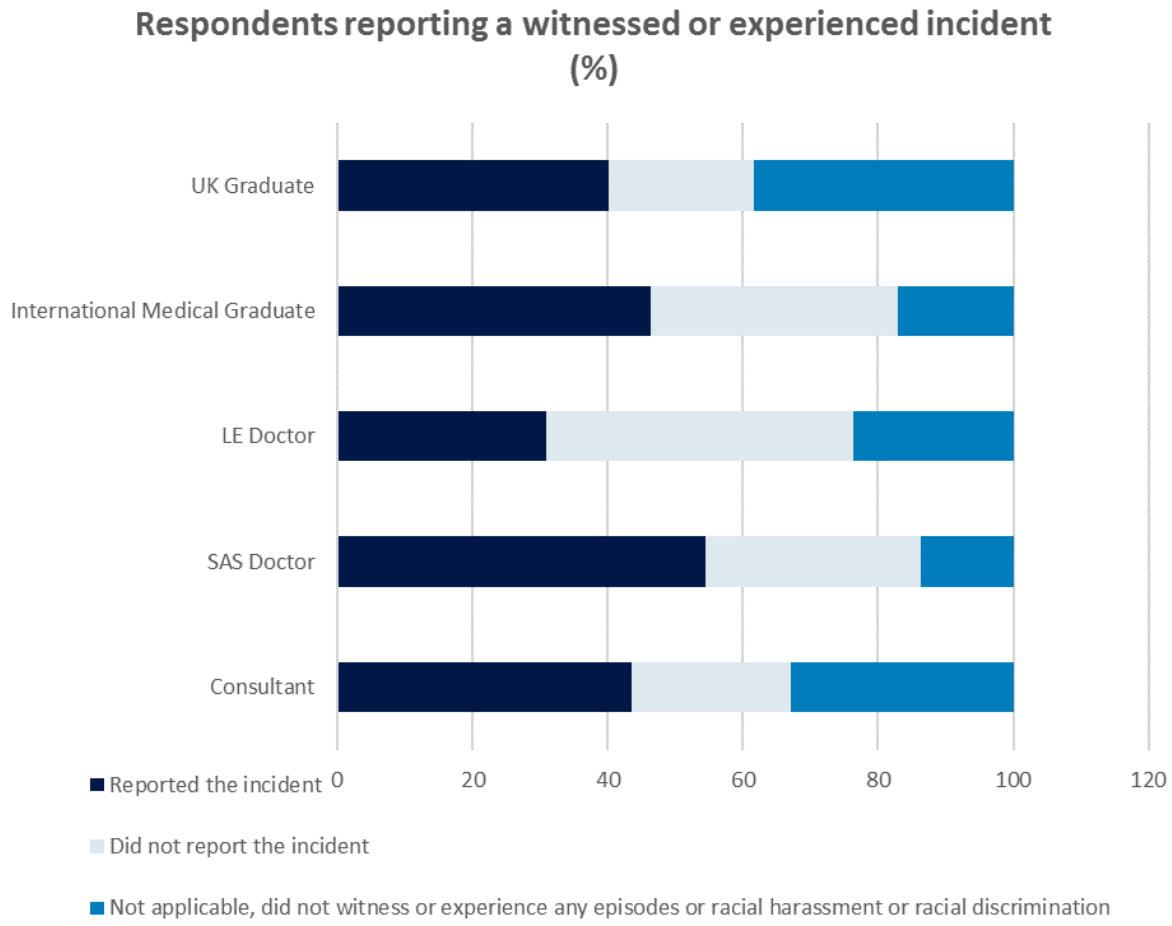

Figure 3. The respondents answer to "whether they reported when they experienced or witnessed an incident of racism or discrimination."

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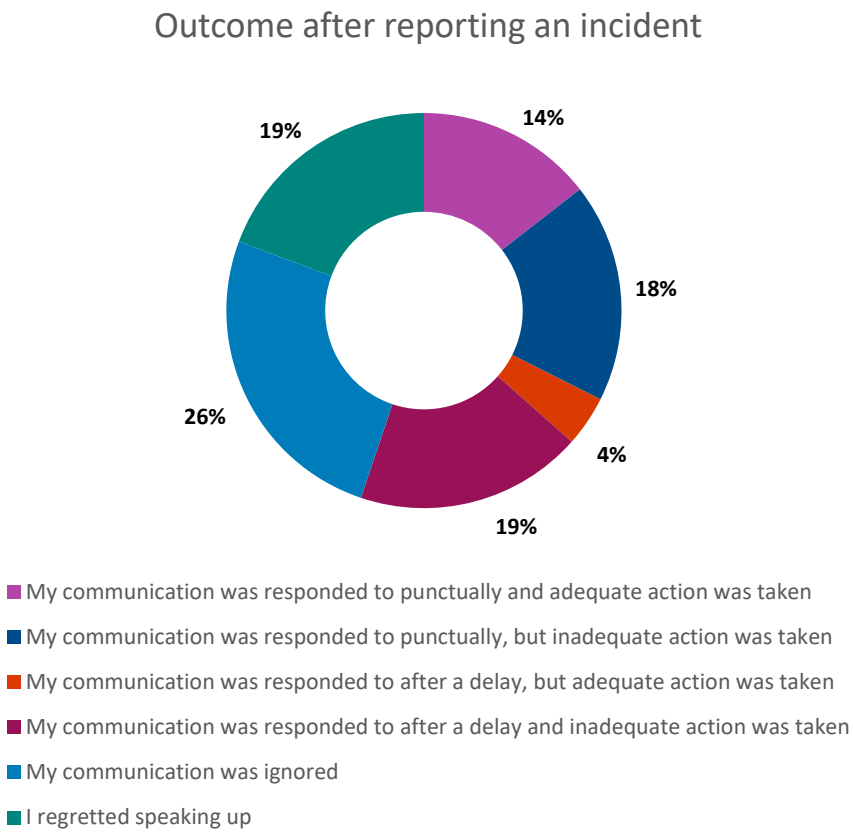

Figure 4. Outcome after reporting an incident. This chart illustrates the outcome and whether there were delays in receiving a response.

Leadership and management positions

The MWRES report for 2023 reveals a significant increase of 61.7% in the number of minority ethnic individuals occupying very senior management pay bands since 2018.[4] The proportion of minority ethnic representation at the executive board level has risen to 11%, an increase from 9% in 2021.

The MWRES study reveals that approximately 47.5% of doctors, dentists and consultants are from a minoritised background. In addition, the report highlights that a white applicant is 1.59 times more likely to be appointed when shortlisted for a senior management position; this was reported as 1.52 in 2022.

The RCOG provides data to MWRES on RCOG membership and Council positions. The infographic below displays the ethnicity of Fellows and Members in 2020 and 2024 (Figure 5). The number of UK Members from a Black, Asian and minority ethnic group increased from 42% in 2020 to 45% in 2024. The number of Council positions held by UK Members from a Black, Asian and minority ethnic group also increased from 27% in 2020 to 31% in 2024. More work is needed to encourage Fellows and Members to disclose their ethnicity.

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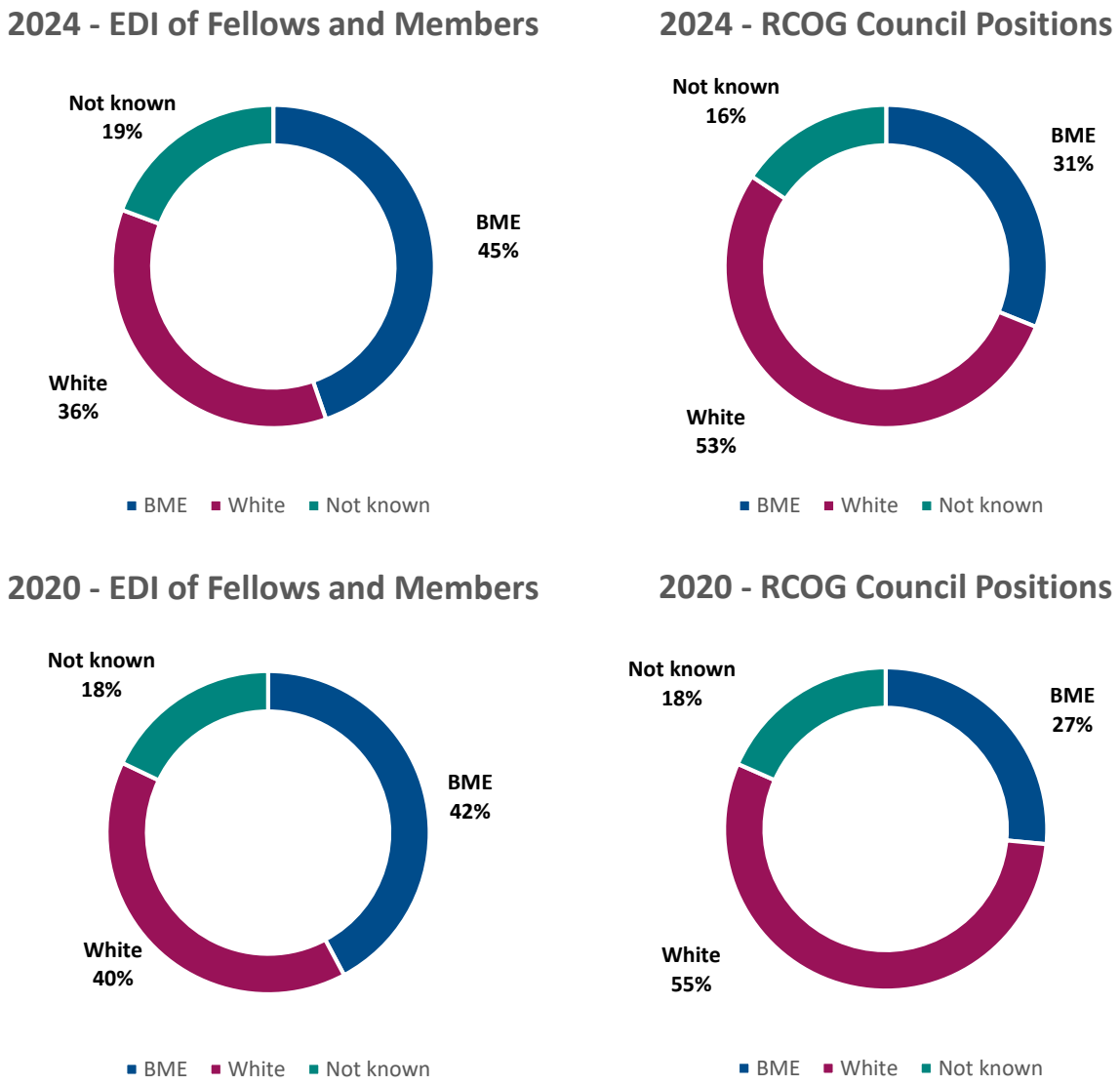

Figure 5 Ethnicity Representation in RCOG Fellows and Members and RCOG Council Positions 2020 vs 2024.

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GMC Data on Differential Attainment

Postgraduate exams

The **GMC education data toolkit** presents MRCOG pass rates by demographics and training school. In 2018, the UKG pass rate was 70%, while the IMG pass rate was 45%. Pass rates among Black, Asian and minority ethnic UKGs were observed to be 10% lower than those of white UKGs, indicating potential disparities in outcomes. These findings highlighted the need to address systematic issues across examinations, training and the broader medical education system. The RCOG has implemented measures to improve the support provided to candidates and promote equity in examination and assessment standards and outcomes.

Data from 2022 shows an improved pass rate of 78% for white and Black, Asian and minority ethnic UKGs. The IMG ethnic minority pass rate improved from 48% to 60% (Figure 6). However, there is still work to do to support IMGs within the training programme to pass the MRCOG exam.

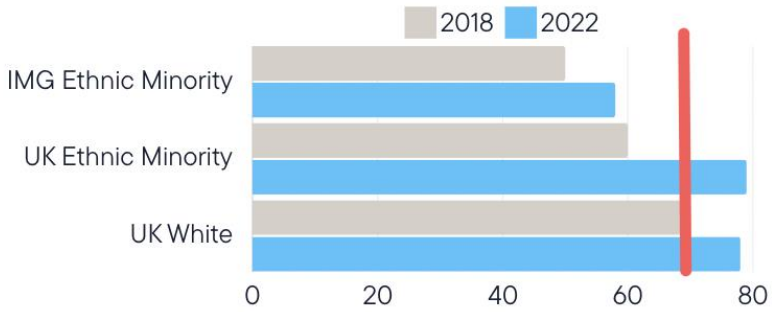

Figure 6. MRCOG pass rates in 2018 and 2022. The red line shows the pass rates of white UKGs in 2018. All cohorts should be at or above this line.

There are significant gaps in pass rates between UKG and IMG doctors across ethnicities (Figure 7). In 2021/2022, 80% of Black UKG trainees passed the exam, compared with 35% of Black IMG trainees; 71% of white UKG trainees passed the exam, compared with 42% of white IMG trainees. This may imply a lack of familiarity with the UK examination structure.

In 2022/23, 3,327 candidates who did not disclose their ethnicity: 40% of UKG trainees and 35% of IMG trainees did not disclose their ethnicity. The group that did not disclose their ethnicity had the lowest pass rate. More work is required to increase the number of candidates completing demographic data.

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Postgraduate exam % of those attempting the MRCOG exam/those passing the exam, by ethnicity and primary medical qualification, in 2021/2022 and 2022/2023

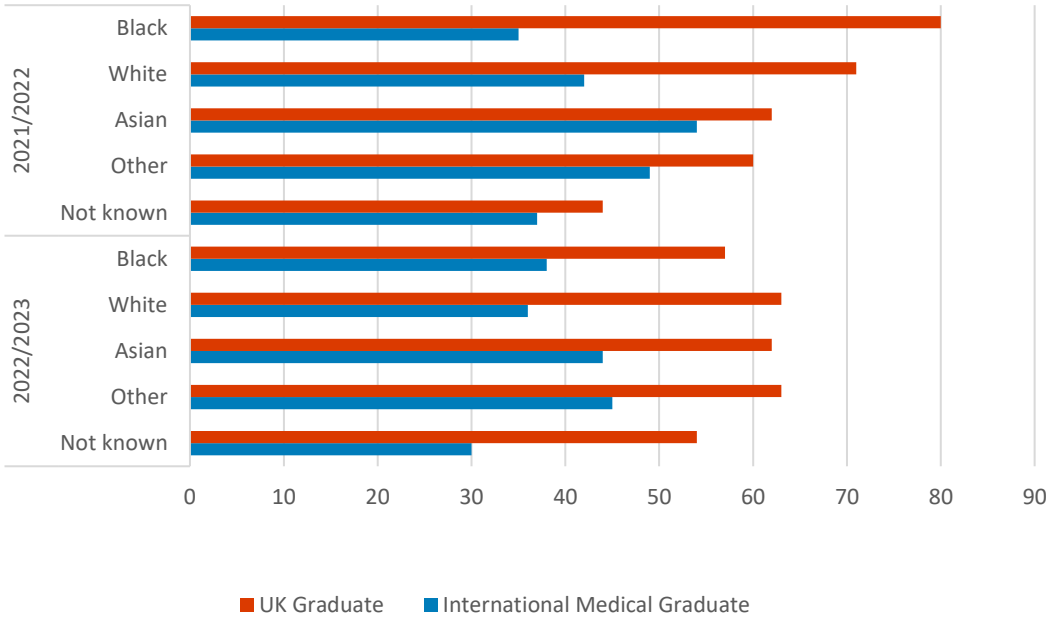

Figure 7 shows the percentage of those passing the MRCOG exam by ethnicity and primary medical qualification.

The RCOG have introduced an unconscious bias video as part of the mandatory induction training for all examiners, alongside a new set of Part 3 Examiner Regulations. The new regulations introduce a five-year term limit to support the recruitment of new examiners and contain an updated role description. Within the revised role description, the RCOG proposes to make it a mandatory requirement for all examiners to complete the RCOG **Tackling Racism** eLearning module, and the uptake of this will be monitored.

Recruitment

The **GMC education data tool** displays data on recruitment into the O&G specialty training programme. The infographic below displays the data from 2014 and 2021 (Figure 8). In 2014, more IMG doctors applied than other groups, but were least likely to be appointed. White UKG doctors were most likely to be appointed, with a rate of 90%.

In 2021, UKGs from a minority ethnic background and white UKGs had similar rates of appointments. However, there is still a significantly lower rate of IMGs appointed than UKGs.

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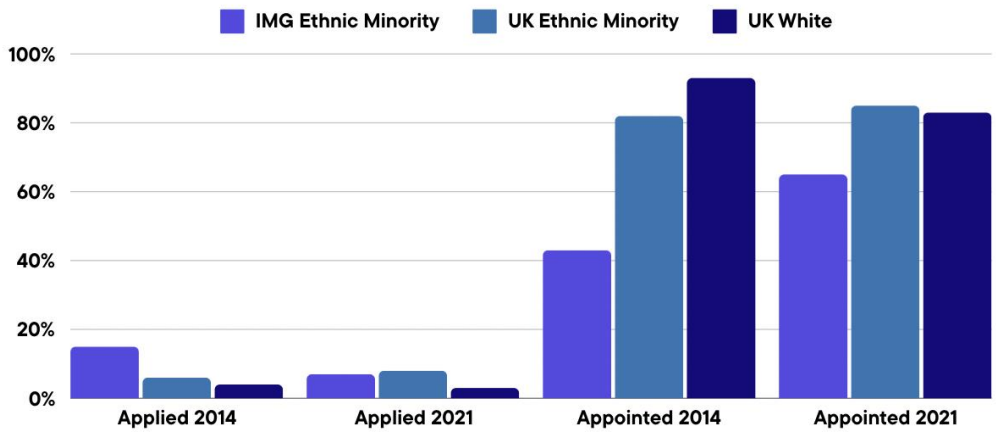

Figure 8. Appointment rates by doctor group (2014 vs 2021): In 2021, appointment rates for UKGs, regardless of ethnicity, aligned while IMGs continued to experience lower appointment rates.

ACRP Outcomes

The **GMC differential attainment toolkit** publishes data on ARCP outcomes for all deaneries across the UK. Figure 9 below displays the developmental outcomes 2, 3 and 4. There does not appear to be the same improvement as seen in the examination and recruitment data. The ARCP outcomes are awarded by local ARCP panels, so the lack of improvement may relate to awareness, support and training at a deanery level.

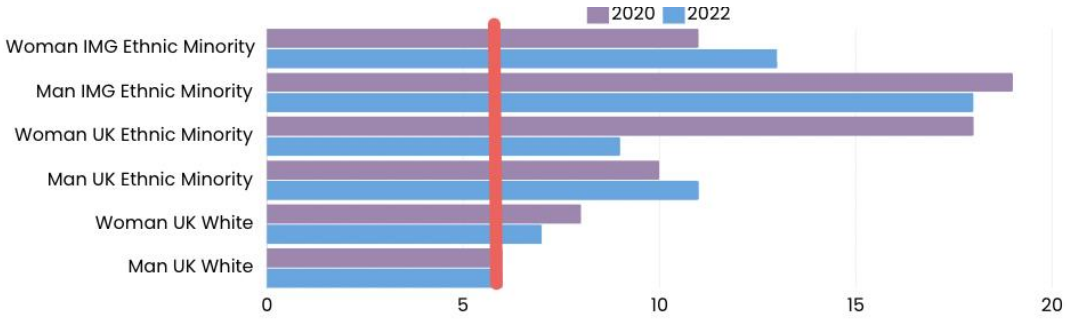

Figure 9. Developmental outcomes 2, 3 and 4 in 2020 and 2022. The red line represents the male, white, UK cohort.

Subspecialty training

Subspecialty trainees are recruited via subspecialty training units. Once appointed, doctors register with the RCOG, and the ARCPs are organised and hosted by the RCOG. The infographic below displays the demographics of the current trainees within the subspecialty data, which is broadly similar to the ethnicity data collated from the Training Evaluation Form survey (Figure 10).

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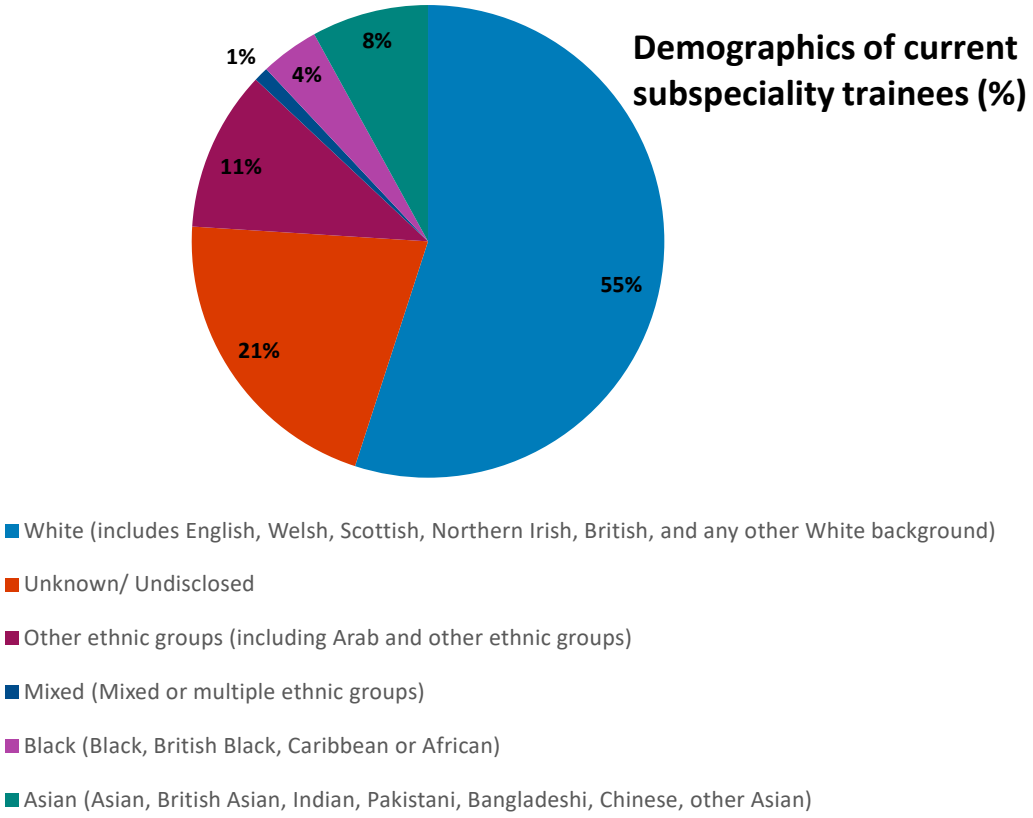

Figure 10. Demographics of Subspecialty Trainees in 2024: This figure presents the demographic breakdown of subspecialty trainees, highlighting the diversity within the trainee population.

Trainee evaluation feedback

The Training Evaluation Form (TEF) survey enables doctors in the O&G specialty training programme to share anonymous feedback about their experiences in the training centres. In the 2024 survey, data were collected on rota design, burnout and wellbeing at work.

Of those completing the survey, 70% were UKGs; 51% were white, 24% were Asian, 11% were Black, 6% were of other minority ethnic background, 5% were of Mixed ethnic background and 3% did not disclose information on their ethnicity.

Key findings:

- Workload intensity was greater for IMG and European Economic Area (EEA) doctors.
- EEA doctors reported higher rates of exhaustion/burnout, physical and mental health conditions and work-related injuries than other doctors, which may be related to the intensity of work that they are experiencing.
- Each group, based both on ethnicity and primary medical qualification, had equitable access to study leave to attend courses.
- Black trainees were more likely to report that they intended to have out of programme (OOP) time later in their training, but were the least likely to have taken OOP time.

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- Allyship, mentorship and sponsorship may be helpful for the Doctors in the training programme, as well as a review of the recruitment systems to ensure fairness in opportunity.
- Further information is required to assess why the IMG doctors were less likely to request OOP time.
- Asian trainees were most likely to report experience of behaviours that eroded their professional confidence or self-esteem. Similarly, IMG doctors reported facing more of these negative behaviours. In total, 42% of TEF respondents who experienced or witnessed these behaviours reported it.
- There are difficulties in offering a transparent process that addresses discriminatory behaviour, educates the perpetrator and changes the department's culture.
- Most doctors in all groups agreed that they had opportunities to develop leadership skills during their placement.
- Of those IMG doctors who had seriously thought about leaving the profession, the reasons cited were lack of work-life balance, stress and workload.
- The IMG group was more likely to respond “never” to questions relating to unnecessary investigations, implying confidence with their clinical skills and acumen.
- Throughout the survey the group that did not wish to disclose their ethnicity scored higher rates of burnout, negative workplace behaviours and working poorer rotas.

GMC Gap Analysis for O&G

In addition to the work undertaken by the RCOG to date, the activities outlined below capture activity across GMC domains. The GMC capture this activity across specialities to understand work being done to deliver fair training and mitigate differential attainment.

GMC domain	RCOG Activity
Develop interview practice resources	Ensure existing online resources are widely promoted to those applying to the training programme.
Support in the workplace	Continued advocacy for all doctors to have access to appropriate educational supervision and career advice.
Education and exams are responsive to educational disparities	An RCOG Educational Toolkit has been developed and is available on RCOG Learning including a module on differential attainment. There is also a Tackling Racism course available on RCOG learning and the workplace behaviour toolkit on the RCOG website. A survey is planned to explore engagement with the toolkit and seek feedback from those accessing these resources to help evaluate the content and whether it meets their needs.

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	The Equality and Diversity Impact Assessment tool was implemented for all RCOG educational and clinical products, to meet the general equality duty, ensure products do not discriminate and promote equality for all groups.
	The RCOG Exams & Assessment Committee are piloting three new honorary roles to provide additional clinical faculty support: one role will support ways to narrow attainment gaps in examination outcomes and two roles will look at enhancing feedback to candidates, Heads of School and examiners.
Supporting research	The RCOG is supporting research to understand how colonialism influences the text and guidelines that govern O&G training, how it influences the experiences of trainees and educational supervisors, and whether structural changes will result in better outcomes and experiences for doctors and patients.

Focus group survey on differential attainment

The RCOG Race Equity Project group met with six regional differential attainment officers to collate data on activities to reduce differential attainment nationally. Key themes included:

Support for IMGs	Several regions highlighted initiatives aimed at supporting IMGs. This includes enhanced induction programmes, tailored educational support and initiatives to help IMGs settle into the region effectively.
Differential attainment reduction	Discussion on strategies and initiatives to reduce differential attainment among minority ethnic doctors, such as the establishment of committees to provide support and resources for educators.
Equality, diversity and inclusion (EDI)	EDI issues were prominently discussed across regions. Initiatives included training for educators, support groups for diverse trainees and efforts to improve cultural awareness and inclusivity within training programmes.
Data	There was a common emphasis on the importance of data collection, analysis and sharing. Regions highlighted the use of dashboards to monitor trainee progress, identify disparities and inform support strategies. Challenges with data accessibility and the need for improved collaboration with organisations like the GMC were also discussed.
Professional support and wellbeing	Support mechanisms for trainees, including mentoring programmes, peer support initiatives, and resources for professional and personal wellbeing, were highlighted as critical for trainee success and retention.
Collaboration and networking	The meeting underscored the importance of collaboration among deaneries and national bodies like the RCOG. Forums such as these were seen as essential for sharing good practice, fostering closer working

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	relationships and developing collaborative solutions to common challenges.

Effects of Strategies to Tackle Racism in Healthcare: A Systematic Review

Okeahialam et al 2024 (Unpublished)

As part of the race equity project a systemic review of literature available on interventions to address racism was conducted. NHS annual spending on dedicated EDI roles is approximately £40 million. This accounts for less than 0.03% of the resource budget in the NHS for 2023/24. Discrimination and harassment, of which racism is the most common, costs the NHS £2.3 million a year.

There are three levels of EDI interventions described in the literature, including:

- improving awareness around diversity
- cultural competence
- social/racial injustice.

Methods

6,853 articles were initially identified. A total of 61 studies were selected for full-text review.

Key findings

EDI interventions may improve knowledge, awareness, clinical skills and a willingness to change behaviour. Interventions were delivered using several methods, including didactic, group discussion, game-based learning or a combination of methods.

Studies using interventions with increased contact time reported significant improvements in many of their reported outcomes.

However, there is no evidence to suggest that these interventions reduce the racism that healthcare professionals from a minority ethnic background experience.

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Next Steps

In summary, the RCOG reports '**Levelling the Playing Field**' and '**Experiences of Racism**', as well as the analysis of TEF data, all suggest that racism exists within the workplace. These experiences have a significant impact on the physical and mental health of doctors, and the care they provide to patients.

Interviews with differential attainment leads showed there are some powerful and positive programmes in place to support doctors in the training programme. However, this excludes those found to be more affected, namely, SAS and LE doctors and consultants.

Tackling racism in the workplace remains a priority for the NHS. However, there is a reluctance to report racism at all tiers of the medical workforce. This may be because of poor reporting and recording procedures, concern regarding the effects of reporting on career progression and concerns they may be labelled as 'troublemakers'.

There is a need for a concerted effort, from leaders to frontline workers, to push for better reporting, recording and action when acts of microaggression and racism occur. Currently, there are no systems in place within the NHS to support this. Studies describe a disconnect between NHS trust priorities and anti-racism measures and results of staff surveys. Wang et al suggests that this disconnect may be due to middle managers who may not see tackling racism as a trust priority or may not know what to do with the accusations.[14] This aligns with the **RCOG survey** on experiences of racism, which found that 75% of concerns raised are ignored or have inadequate action. Furthermore, MWRES reports suggest that strategies to increase representation from Black, Asian and minority ethnic groups in senior staff groups are improving, but often these leaders are unsupported within their roles.[4]

A systematic review (unpublished) has highlighted that all interventions used within healthcare have been targeting a single aspect, usually the medical workforce, with strategies that are in place for a short period of time. As a result, the impact of such interventions was measurable and positive at the end of the programme, but on evaluation 3 to 6 months after the intervention, these effects had been lost. This highlights the need to reinforce the intervention over a longer time period, to lead to a cultural change.

The RCOG therefore propose to develop resources to incorporate a multilevel programme of intervention as an antiracism care package. These resources will cover the following areas:

- Anti-Discrimination Leadership
- Diverse and Inclusive Teams
- Support for Doctors
- Empowerment
- Psychological Safety

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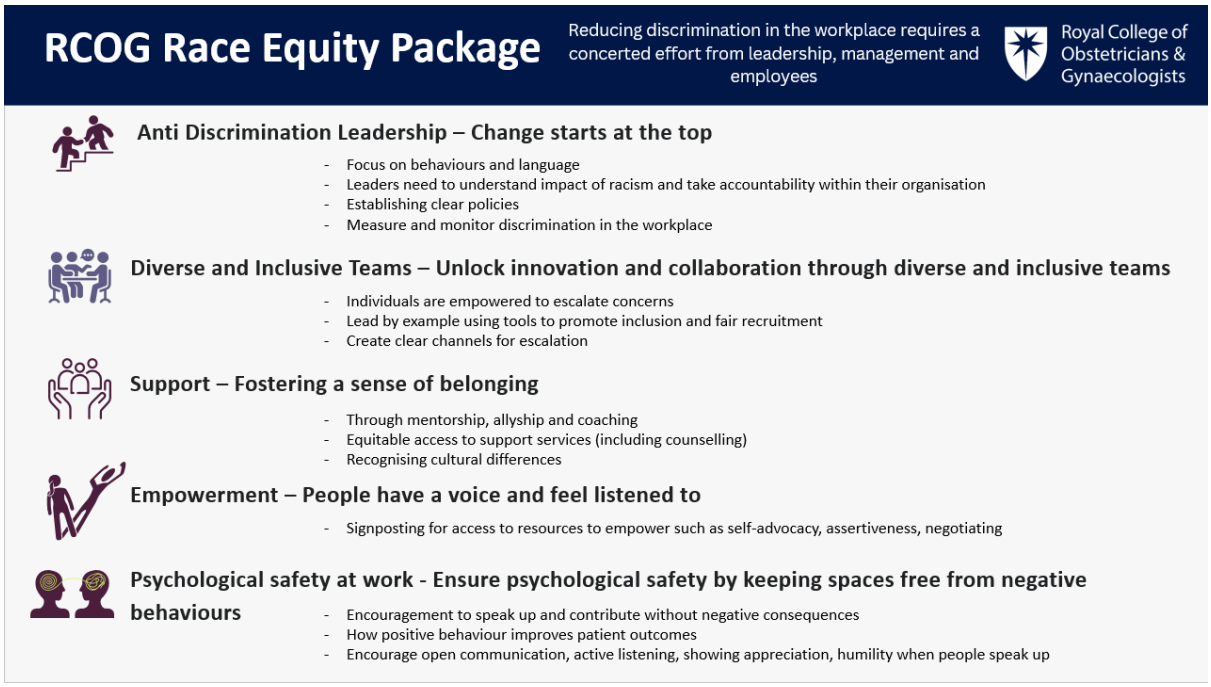
Upon development the objective would be to pilot, integrate, and evaluate the antiracism care package. Reducing discrimination in the workplace requires a concerted effort from leadership, management and employees.



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