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TITLE

A novel postgraduate Diversity in Medical Education leadership programme

Abstract

Background: Reduced retention and progression amongst ethnic minority staff is severely disrupting equality, diversity and inclusion (EDI) within healthcare with negative impacts on patient care. There is a lack of diversity in postgraduate leadership roles with systemic issues and insufficient support. To help address these issues at an individual level, we developed the Diversity in Medical Education (DiME) programme which aims to close the gap between ethnic minority individuals and training programme director (TPD) positions.

Approach: Over six months, the programme consisted of a series of learning days on action learning sets and effective meetings, mock interviews with Associate Deans, networking events, mentoring, access to coaching, and subsequently forming a peer network. Participants were recruited from a wide range of primary and secondary care specialties and ethnic minority backgrounds.

Evaluation: A qualitative evaluation was undertaken. Lessons learned included providing protected time to participate in professional development, facilitating flexibility of opportunities, and enhancing understanding and encouragement for individuals to progress as an ethnic minority leader. Interviews revealed programme benefits, barriers and challenges participants faced in reaching leadership positions, and suggested recommendations to enhance DiME. Benefits included the development of technical and non-technical skills, feeling valued and supported, and peer networking.

Implications: DiME is a novel postgraduate programme to support ethnic minority TPDs in overcoming barriers to leadership positions through building networks and sharing valuable skills. Systemic and institutional barriers impede ethnic minority individuals reaching senior leadership positions, yet this initiative provides a small step through the implementation of an innovative programme.

Background

The lack of retention, recruitment and progression amongst staff from ethnic minority backgrounds is severely disrupting the enactment of equality, diversity and inclusion (EDI) within healthcare and sustained efforts to tackle workforce shortages. Within the United Kingdom (UK) public sector across health professions, the National Health Service (NHS) workforce is one of the most racially diverse; however, ethnic minority groups are under-represented in senior leadership roles (1). There are many systemic and institutional barriers which impede efforts by minoritised individuals to reach senior positions. This has resulted in doctors from ethnic minority groups continuing to have alarmingly worse training and career progression (2, 3). A mere 35.4% of NHS staff from a black background reported their organisation allowed equal opportunities for career progression across ethnic groups (4).

Lack of diversity in healthcare leadership roles has been linked to disparities in healthcare provision to different ethnic groups (5). Research has demonstrated that when minority ethnic staff felt engaged, motivated and valued, patient outcomes improved (6). Roger Kline's (7) work on 'Snowy White Peaks' also demonstrate that the minority ethnic population is excluded from senior management positions within the NHS. There have also been studies which demonstrate that having a diverse and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety. The People Plan and the Medical Workforce Race Equality standards are national priorities in improving diversity within the medical workforce leadership (1, 4).

Internationally, there is growing recognition of the need for equity in career progression within the clinical workforce (1-4). Addressing systemic barriers remains vital in achieving this; however, there is a parallel need to provide individual support to those from ethnic minority backgrounds aspiring to leadership roles, recognising the unique challenges they face. These include challenges such as lack of access to leadership and mentoring opportunities, lack of role models and lack of socialisation into senior leadership roles (2, 3).

In the UK postgraduate context, regional Healthcare Education Teams manage and support postgraduate medical education across specialties ensuring a diverse group of trainees. The structures of those involved in order of increasing responsibility and leadership, range from consultants who work closest to the trainees (clinical and educational supervisors), followed by training programme directors (TPDs), heads of school, associate and deputy deans. In the [blinded] region there is a blockage at the TPD level with reduced ethnic diversity representation (Figure 1). TPDs are senior doctors who lead and co-ordinate the training programme within their speciality. They oversee the assessment, placements and rotations of postgraduate training and provide support for other educators (8-10).

Figure 1: [blinded] Diversity Data (*PNTS = prefer not to say)

In this project, we aimed to better support ethnic minority TPDs by evaluating a novel programme. To our knowledge we are not aware of other programmes tailored towards TPDs. We sought to understand the lived experiences and EDI barriers in the leadership journey of minority ethnic participants that have been on the Diversity in Medical Education (DiME) programme.

Approach: Diversity in Medical Education (DiME) programme

[blinded] developed a positive action measure to promote leadership amongst minority ethnic TPDs. The initiative sought to address EDI issues and equip participants with leadership skills based on their needs. The design of DiME incorporated consultation and feedback with TPDs prior to being implemented. It took nearly one year to develop, primarily by [blinded] and then [blinded], modelled on a future leaders program and working closely with minority ethnic leaders at different levels to understand their leadership journeys, and what they wanted develop. For example, networking and lack of awareness of opportunities was a key issue so became a strong focus of the programme.

DiME aims to support ethnic minority individuals in their leadership journey (box 1). Over a six month period, the programme consisted of two learning days on action learning sets and effective meetings, mock interviews with Associate Deans, a networking event, mentoring, coaching and being part of a network (WhatsApp) group. Sessions were mostly held online given the wide geographical spread of participants, and typically lasted half a day. Action learning sets and mock interviews provided the opportunity for networking tackling a range of specific EDI issues and gaining confidence in applying for senior positions.

In terms of educational theory, DiME most closely aligned with social learning approaches which acknowledges that individuals create and construct meaningful educational experiences. There was a strong focus on networking to help unlock the political and financial support that might enable an individual to negotiate identity development as they move through 'Landscapes of Practice' to become senior leaders (11, 12). Through incorporating these educational design elements into the DiME structure, the goal was to support activities (e.g. action learning sets) that would foster self-motivation and collaboration in reaching senior leadership positions.

Box 1. Learning outcomes for DiME

Evaluation

To evaluate DiME we used a qualitative approach to explore the impact and understanding of the programme. We observed sessions of the DiME programme to contextualise the study, understand participant experiences and introduce the research to participants. All interview participants were provided with an information sheet, were given the opportunity to ask any questions and signed a consent form. Semi-structured interviews took place via telephone or Zoom. All interviews were recorded and transcribed verbatim. Researchers also made field notes. Approval for the study was obtained from the Hull York Medical School Ethics Committee (21/22 39). All data were thematically analysed. Thematic analysis (13) was chosen as it is an appropriate method of analysis for seeking to understand experiences, thoughts, or behaviours across a dataset. The six-step process of thematic

analysis was followed: 1. data familiarisation, 2. generating initial codes, 3. searching for themes, 4. reviewing themes, 5. defining and naming themes, and 6. producing the report (13). The project team included an ethnically diverse group, holding both clinical and non-clinical roles, and those who had lived experience of being from a minority group and reaching a leadership position.

Seven participants took part from a range of primary and secondary care specialties and ethnic minority backgrounds. Primary medical qualifications were also from a range of different countries, as well as the number of years of work experience in clinical, leadership and training programme director roles.

Participants revealed many benefits of what worked well during DiME including the development of technical and non-technical skills, feeling valued and supported by their employer, peer networking and support, improved confidence and motivation, and flexibility of delivery modality (see Table 1). Having the opportunity to network with peers from similar backgrounds was one of the most important aspects of the programme for participants. The networking opportunities helped individuals to feel part of a group and share their stories in a safe space. There is an acknowledgement that knowing people within different organisations can help individuals to take the next steps in their careers.

Table 1: Benefits of DiME

Participants highlighted barriers of DiME and challenges they faced in reaching leadership positions. A lack of time and heavy workload was mentioned by all participants as a barrier to taking part in the programme and not fully engaging in the session content. Many were unable to make time to attend all of the sessions, despite understanding their benefit and importance. Further challenges included lack of time and negative impact on development, lack of opportunities and negative impact on confidence, and lack of understanding about how to develop their career and how to overcome challenges (see Table 2).

Table 2: Barriers for ethnic minority staff to reach leadership positions

Implications

Through evaluation of the DiME programme we learnt about crucial changes needed at a systemic and institutional level to enable equal opportunities for individuals from ethnic minority backgrounds pursuing leadership pathways. We further learnt of the role of the DiME programme in supporting this, and how it can further evolve. Lessons learned from the initiative included: to protect time for individuals to take part in TPD and professional development roles; to enhance organisational support for ethnic minority TPDs; to enhance educational training for TPD roles; to support development of psychological safety through ability to openly share and make issues visible; to provide more career development and enhancement, including capacity building; and to extend the programme and the resources dedicated to it, including better provision of mentors (see Table 3). Supporting attendees to actually attend the programme is crucial, such as mandating attendance to all sessions and requesting extra study leave allowances. Protected time from clinical commitments is needed as the time required competes with study leave. It would also be helpful to develop time management into the actual contents of the programme.

Table 3: Lessons learned through the DiME programme

Internationally, ethnic minorities face many barriers in reaching senior leadership positions in health profession education settings (1, 3, 5). This study has shed further light on many of the systemic and institutional barriers existing in the local context. The findings illustrate the importance of the DiME programme in supporting ethnic minorities to overcome some of these challenges and reach their leadership potential. Many of the participants revealed there to be a lack of opportunities for them in their progression and many felt unaware of or discouraged from applying for certain roles. These findings echo the NHS literature which highlighted that just 35.4% of NHS staff from a black background believed their trust allowed equal opportunities for career progression across ethnic groups (4). DiME helped to overcome these EDI issues, whilst also creating a supportive network and

providing essential skills for future careers. However, issues with protected time and organisational understanding of needs hindered some of the impact.

Strengths of this work include the explicit focus on an under-represented area of ethnic minority career progression which is in dire need of research and support. The initiative embedded educational design principles to support participants with flexible tailored approaches. Limitations include the small sample size and lack of longitudinal data to track movement into leadership positions to fully evaluate programme aims. Whilst the innovation aimed to enhance the skills required to attain leadership positions, it did not address the wider external and systemic factors that impede progression. Next steps could better integrate the programme over a sustained period of time to facilitate participants developing across landscapes of practice in their leadership journeys.

In conclusion, DiME is a novel postgraduate programme to support ethnic minority TPDs in overcoming barriers to leadership positions. There are wider systemic and institutional barriers that impede ethnic minority individuals reaching leadership positions – these must be addressed to achieve equity. However, the DiME initiative highlights the value of innovative programmes to provide leadership development support at an individual level. Without such attempts by educators, organisations and policy makers, participants face a range of EDI barriers and are likely to be hindered further in career development. With more resources and development, programmes such as DiME could be rolled out further and better support ethnic minority TPDs.

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Box 1. Learning outcomes for DiME

By the end of DiME we expect participants:

1. To identify and pursue leadership opportunities through reflective practice (e.g. coaching), practical skills (e.g. mock interviews) and discovery (e.g. networking)
2. To understand and learn in a collaborative environment
3. To be equipped with leadership skills to translate to their practice (e.g. effective meetings)

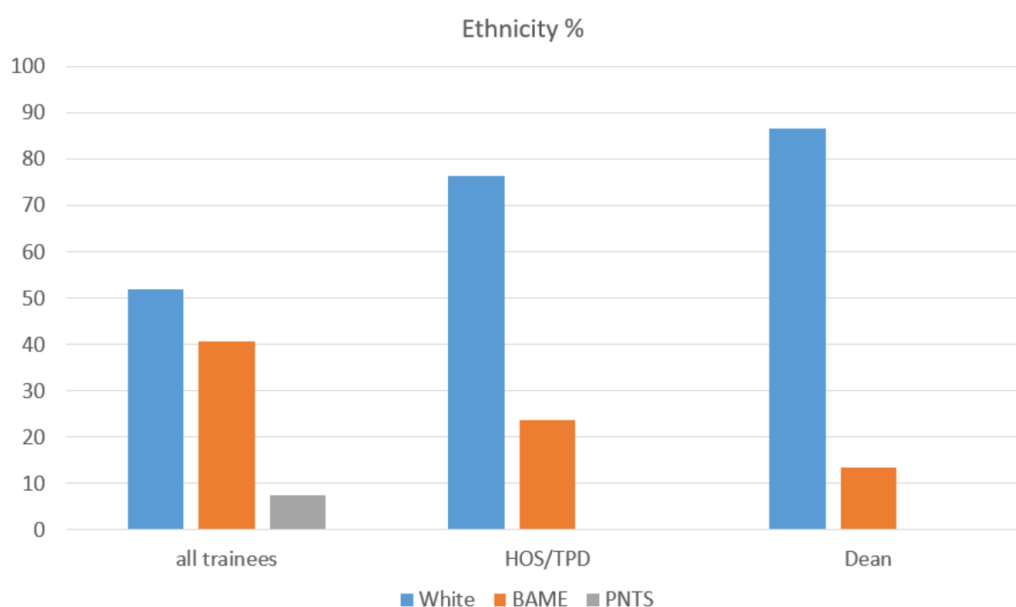


Figure 1: [blinded] Diversity Data (*PNTS = prefer not to say, HOS = Head of School, TPD = Training program director)

Table 1: Benefits of DiME

What worked well	Data to support
Development of technical and non-technical skills	<i>"I think it's a very good role in terms of developing educational knowledge and also understanding the infrastructure of curriculum delivery within the HEE set-up. Also there's been more understanding in terms of the operational aspect of curriculum delivery." (Interview 2)</i>
Feeling valued and supported by Health Education England	<i>"I think it is working and with the increasing amount of people coming from different backgrounds, I think it is enriching. Even if they don't go ahead just having the knowledge and having the opportunity." (Interview 4)</i>
Peer networking and support	<i>"It was very good. It was quite interactive and I met a lot of other colleagues who are from same type of background like me, so that was good to interact with them. Yeah it was a very useful session." (Interview 3)</i> <i>"...the fact that there's someone there who you could speak to and, you know, and professionally, even in this current role, the more people you are in contact with the more you listen to each other, you learn so much. You are with likeminded people. Yes, you know, they are encouraging you to apply. They are encouraging you to think ahead." (Interview 4)</i>

Improved confidence and motivation	<i>"I feel more confident. I spoke to colleagues. I only have positive things to say. It was an excellent day and I really enjoyed it." (Interview 7)</i> <i>"...a programme like this sort of just opens your mind. It just makes you a bit more proactive, just makes you take the next step. It's not the question whether you get it or not, you know, that's beyond the point. The point is that, you know, it has given me an incentive to just say, okay when's the next thing coming up or, you know, for the interview, the mock interview. It doesn't matter if you don't reach it. (Interview 4)</i>
Modality of delivery	DiME has been delivered mostly online which was helpful during the post covid era. The sessions attended by individuals were well organised and informative. The interactive nature of the session was praised to help the discussion the complex issues. The meetings were spaced out over time which facilitated flexibility in how the programme was run.

Table 2: Barriers for ethnic minority staff to reach leadership positions

What didn't work so well	Data to support
Lack of time and impact on development	<i>"...my day job doesn't allow me a lot of time to for this role and I can't develop further that way. So that is a barrier for me." (Interview 2)</i> <i>"I think I was a bit relieved to step down from it [senior roles] because quite a bit of it is the administrative burden. So within surgery course there is probably the role where we have the highest number of trainees to look after and I have to say that my email traffic since I've left the role has probably reduced easily by fifty</i>

	<i>percent or more. So that's a big change. It's one of these roles where I've got to ask myself why do I want to do the same similar role again because from a professional development point of view, I'm not sure if I'm going to get a lot out of it." (Interview 2)</i>
Lack of opportunities and impact on confidence	<i>"...they told me that I did very well but I've not done a TPD role before, so that is why I didn't get the TPD role. When the TPD came out they asked me to apply for it. But I've seen quite a few people that start from a college TPD role...they said, no you've not done a TPD role before, that was the reason why. That was the feedback that I was given due to my lack of experience. When you don't have the opportunity to get the experience then how do you progress. (Interview 7).</i> <i>"If you are not from one of the local schools or if you're not white Caucasian, you may find yourself.....it could be self-imposed, I'm not blaming, you know, everything on someone else but it's like I'm good enough for a post, for a job if it is advertised. Most of the times, to be fair, we don't even find out about the jobs because it's word of the mouth, you know, you're not every day on NHS job vacancy site, check for it. Things come, things go. People just get picked up because someone alerted someone there's a job vacancy there, they could speak to someone, get the right amount of information about the job. Appear for interview, appointed. So there is an element of self, you know, doubting a little bit there as well. So I think that way has broken some barriers where you have met some people who are in a similar position but have done very well. So I think that was a good, you know, the imposter syndrome we all have to some extent. Not necessarily everyone has but definitely something which, you know, I've seen</i>

	<i>in myself and when I talk to friends, colleagues, we just have a little doubt.”</i> <i>(Interview 3)</i> <i>“...when I applied for the job [TPD] and trainer, new trainer, I applied for a job and the person I approached to find out about the job said, you would not be selected, you just sometimes....and you already go with the mind-set, “I’m not likely to be picked up”. But you learn, you know, you have to take everything...but that’s the sort of thing that I’m saying, sometimes you have a doubt in your own head but equally you don’t have someone to tap on your shoulder and say, “there is a vacancy if you’re interested, apply for it”. (Interview 3)</i>
Lack of understanding and encouragement to progress as an ethnic minority leader	<i>“...perhaps there is still under representation within the medical leadership group in terms of certain groups of the profession if you like. So that’s probably a big part of it and I represent this group, based on my background. So just really to understand it more and perhaps to see how colleagues from a similar kind of minority background like myself perceive how things are or what other challenges, all the positive aspects of what they’ve done. That was primarily the reason and also to hopefully get something out that we can pass it on to our trainees.” (Interview 5)</i> <i>“I’m not seeing a strong kind of push to encourage ethnic minority consultants to apply. I’m not sure if that’s the right way to go...or it’s very obvious. These roles are probably quite a lot of hard work, a lot of commitment and that person would need to really want to do it, to make it work. I think that there should be probably some movement to try and enable people to take these roles up, such as giving them the right educational training. Giving them the right kind of knowledge in</i>

	<i>terms of operationally and how HEE works and deliver. I think if you could provide all this right knowledge then the people who are suitably motivated will probably just come forward.” (Interview 2)</i>
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Table 3: Lessons learned through the DiME programme

Lessons learned	Data to support
Before DiME: Embedding the programme within the organisation to better understand diversity	<i>“There are still people in my organisation that need to embrace diversity a bit more and, you know, that’s the best way of putting it because all the way through, you know, there are people that make it up and there are different people, you know, having different personalities, different approaches. But what I will say is that there are still people within the organisation, like in sort of the leadership, you know, roles that has quite a lot more to do to try to improve the sort of approach to managing the diversity. But you have a lot of good people that, you know, look at things just on the merit side with what they can do without trying to put other things into perspective. There are other people that needs to embrace that in different ways. it seems to be like the senior positions isn’t it where there’s a lack of diversity.” (Interview 6)</i>
Before DiME: Implement the programme at an earlier level, rather than waiting till in a TPD position	<i>“I know that they do different things for let’s say for trainees and things like that because what I wanted to say is that you sort of started off a bit early because some of the things make it difficult for someone who is from, you know, IMG or ethnic minorities that you don’t really know what is required for this role until you’re much, much advanced. So, if there are things to help people prepare a bit more like, you know, you’re happy with the advantage of knowing the process a lot earlier on so they can view their CV, ahead of other people and other people can also do this, they know they have the skills, they</i>

	<i>have the knowledge, but they don't know how to do things like CV. So, this programme it would be useful, to try, also kind of moving down to maybe newly qualified consultant, questions about supervisees and things like that so they will be able to progress in education if they are interested in doing that."</i> <i>(Interview 6)</i>
During DiME: Support attendees with protected time to attend	<i>"The other thing that would make a big difference is if we had administrative support. So a lot of our time is doing what I would consider administrative work or tasks that could be potentially delegated...I've struggled to make the sessions because they clash with clinical commitments. I mean what would be useful if there really was a meaningful degree of support for us to do it. We should be given time off from our clinical commitments." (Interview 2)</i> <i>"I really want to be part of this system. I really want to belong. I really want to understand the system. I really want to find out ways that I'm not getting it right to correct it so I made it my priority. The only one I've not been to yet is the interview which I've arranged for January. So get time to do it that was the thing." (Interview 6)</i>
Post DiME: Ensure mentoring and more informal support is available	<i>"Mentoring, coaching, I think is very important. I did try to contact HEE to see how I can access the coaching on there. I've not been successful but she did send me the link to access the coaching. I think that would be very helpful mentoring, coaching. Yeah it's important to relevant leaders." (Interview 7)</i> <i>"As it happens, and after the appraisal, we were just chatting for few minutes and I was just going to get up and go out and appraiser asked me, what else could you do? So I hesitantly said, oh actually I want to apply for TPD but I'm</i>

	<i>not sure and I'm not even sure whether, it was just something that I happen to qualify for. And that gentleman said there's a vacancy coming up, I'll forward it to you. I applied and I got it. That person did me a favour because if I wouldn't have known the vacancy would have gone without me applying also. I'm not saying that someone will get you the job but just a little informal " (Interview 4)</i>
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