

Experience of ethnic minority and IMG practitioners: research to improve fairness in the management of concerns

PSA Research conference: Witness to Harm 17 October 2024

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Purpose of our presentation







To share the findings of our research and discuss the relevance to organisations attending the conference



To connect with your network and learn from your experiences, knowledge, and ideas to identify any further ways we can work together



We are in listening mode We want to work together to achieve positive change

Practitioner Performance Advice within NHS Resolution Resolution



Around 1,000 new requests for advice each year

No threshold for contacting us

Crown Dependencies

patients and staff

• Adviser team are senior staff with diverse backgrounds – medical, HR, legal, practitioner representative bodies

Independent, expert advice – focus on fairness, resolution, safety of

Coverage – doctors, dentists, pharmacists; Eng, Wales, NI,

Majority of services at no cost







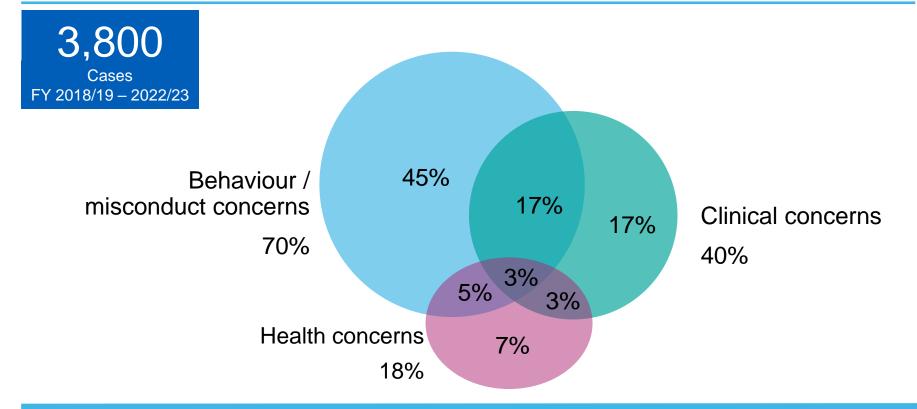
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Reported concerns - overall





Advise / Resolve / Learn

Research context



Research across the system indicating bias which can lead to practitioners having discriminatory experiences of regulatory/organisational interventions

| Care Quality Commission | Ethnic minority-led GP practices: impact and experience of CQC regulation (2022) |
|----------------------------|---|
| NHS England | People Plan 2020/21 - action for us all Medical Workforce Race Equality Standard (MWRES) (2021) NHS equality, diversity, and inclusion improvement plan (2023) |
| General Medical Council | Fair to refer? (2019) |
| NHS Resolution | Practitioner Performance Advice Insights Higher rates of cases for practitioners from ethnic minority groups and IMGs (2022, 2023) In clinical assessments, those who first qualified outside of the UK are more frequently found to be performing at the expected level compared to their colleagues who qualified in the UK (2022) Black or black British practitioners are significantly more likely to face exclusion than those from other ethnic groups (2022) |

Why does this matter?

- Individual, direct experience of discrimination and non-inclusive cultures - impact on quality of patient care
- As a national advisory body, we need to have a clear position in this area
- NHS Resolution input is specified in the MWRES report: A commitment to collaborate The First Five
- NHS Resolution's <u>Being fair 2</u> report aims to promote the value of a person-centred workplace that is compassionate, safe and fair.







The research

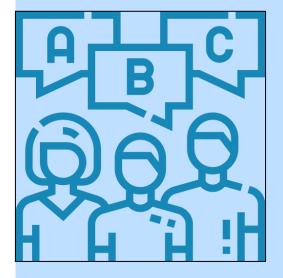


| Strategic priority | Share data and insights as a catalyst for improvement |
|--------------------|--|
| Research question | • What are the experiences of those ethnic minority and International Medical Graduate practitioners who are the subject of Advice cases? |
| Methodology | Qualitative research through interviews with practitioners who were the subject of Advice cases Commissioned to be independently conducted by Opinion Research Services Designed to explore the individual's experience in-depth, rather than be entirely representative |
| Sample | 11 practitioners – acknowledge small sample of annual casework Sufficient commonality in the issues to: draw out common themes make practical suggestions to provide a fair, consistent service to all |
| Findings | Pages 13-33 of the report Findings resonated with experiences of Advice staff |

Advise / Resolve / Learn

Research findings: Overview





Mixed findings. Most participants noted:

- Negative experiences with their employer
- Mixed experiences with Advice
- Mixed experiences of NHS culture
- Mixed long-term impacts

Findings overview



Negative experiences with employer

- Poor communication
- Not following procedure
- Racist attitudes
- Context of the concern not considered
- Divide between HR and management

Mixed experiences with Advice

- Impersonal treatment
- Employer not held to account
- Poor communication
- Supportive
- Responsive
- Good listening skills

Findings overview continued



Mixed experience of NHS culture

- Bullying, discrimination and blame
- Unwillingness to address cultural issues
- Reluctant to listen to practitioners
- Demonising / ostracising
 practitioners
- Admiration and pride for the NHS
- Positive impact of cultural and ethnic diversity

Mixed long term impacts

- Trauma
- Stress
- Mental ill-health
- Defensive practice
- Loss of faith in NHS processes
- Greater empathy for colleagues
- Desire to improve working practices

Our responses to the research



To share learning and discuss collaboration, we engaged with:



Key messages from that engagement:

- · welcomed the research and acknowledged the findings
- · wanted a strong and directive call for action from Advice
- clarity needed on Advice's offer to practitioners
- benefits of early intervention or action; including addressing potential bias in processes
- support/information for practitioners throughout their career starting with induction

Our responses to the research



Advice initial action plan



Working collaboratively with other organisations

The change we want to achieve



Practitioners working in the NHS have an <u>equitable and</u> <u>fair experience</u> of the management of concerns about their practice which is not affected by their diversity.



Resources published on 20 March 2024



• Research report:

- An exploration of the experiences of ethnic minority practitioners and International Medical Graduates of the management of concerns about their medical practice
- Insights paper:
 - Experiences of ethnic minority and IMG practitioners; Research to improve fairness in the management of concerns
- Case studies:
 - Positive experience case study
 Negative experience case study

• Advice action plan:

Initial internal Advice action plan summary

• Webpages:

o Our EDI commitment Lived experience research Health system EDI initiatives What Advice can do











Thank you, questions and discussion

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