Examining equality

A survey of royal college examinations

May 2006
Editorial board

A publication from BMA Science & Education and the Equal Opportunities Committee

Co-chairs, Equal Opportunities Committee  Dr Sam Everington  
                  Professor Aneez Esmail

Director of Professional Activities  Professor Vivienne Nathanson

Head of Science & Education  Dr Caroline Seddon

Project manager  Hilary Forrester

Research and writing  George Roycroft

Editorial secretariat  Emily Hoy  
                  Gemma Jackson  
                  Joanna Rankin  
                  EeMun Chen  
                  Simon Young  
                  Darshna Gohil  
                  Nicola Fookes

British Library Cataloguing-in-Publication Data. 
A catalogue record for this book is available from the British Library.

ISBN: 1-905545-03-7

Produced by BMA Marketing and Publications

© British Medical Association – 2006 all rights reserved. No part of this publication may be 
reproduced, stored in a retrievable system or transmitted in any form or by any other means that be 
electrical, mechanical, photocopying, recording or otherwise, without the prior permission in writing of 
the British Medical Association.

Exaining equality – a survey of royal college examinations
Equal Opportunities Committee

This report was prepared under the auspices of the Equal Opportunities Committee of the British Medical Association, whose membership for 2005/06 was as follows:

Dame Deirdre J Hine  
President, BMA

Dr Michael Wilks  
Chair, BMA Representative Body

Mr James N Johnson  
Chair, BMA Council

Dr David Pickersgill  
Treasurer, BMA

Professor Aneez Esmail  
Co-chair, Equal Opportunities Committee

Dr Sam Everington  
Co-chair, Equal Opportunities Committee

Dr E Borman  
Dr K Bullen  
Dr T John  
Dr G Rae  
Dr K Agrawal (Co-optee)  
Mr H Bajwa (Co-optee)  
Dr T Cartwright-Terry (Co-optee)  
Mr P Deemer (Co-optee)  
Dr G Dilliway (Co-optee)  
Dr P Hettiaratchy (Co-optee)  
Dr R Hogg (Co-optee)  
Dr M Kapasi (Co-optee)  
Dr P Miller (Co-optee)  
Mr M Oko (Co-optee)  
Dr J H Roberts (Co-optee)  
Professor B Sandhu (Co-optee)  
Ms L Thomas (Co-optee)  
Dr J Varney (Co-optee)  
Mr C Darke (Observer)  
Mr D Lambe (Observer)  
Mr J Waters (Observer)  
Mr K McFadden (Observer)  
Dr C Fabre (Deputy member)

Approval for publication as a BMA policy report was recommended by BMA Board of Professional Activities on 13 March 2006.
BMA equal opportunities policy statement
The British Medical Association is committed to equality in the provision of its services to its members and stakeholders. This ensures that all members, those applying for membership, and other service users will receive the highest possible standards of service from the BMA, irrespective of race, ethnicity, gender, sexual orientation, marital status, age, disability, chronic illness, religion or beliefs.

Our equal opportunities policy has been developed to ensure that BMA members and staff are fully aware of our commitment to provide equality of opportunity in all of our functions. Furthermore, the BMA will monitor the implementation and application of our equal opportunities policy and ensure that it reflects and meets the requirements of the increasingly diverse membership, which we seek to serve.

BMA members may obtain further guidelines about equal opportunities from the BMA website at www.bma.org.uk or by contacting the Science and Education Department at info.science@bma.org.uk
Contents

Executive summary .................................................................................................................................1

Introduction ........................................................................................................................................2

Method ................................................................................................................................................6

Results .................................................................................................................................................7
  Equal opportunities monitoring of royal college examination candidates ..................................7
  Ethnicity ..............................................................................................................................................7
  Gender ..............................................................................................................................................11
  Disability ..........................................................................................................................................13
  Sexual orientation ..........................................................................................................................15
  Monitoring of examiners: ethnicity and gender ...........................................................................16
  Equality and diversity training of examiners ................................................................................19

Discussion ..........................................................................................................................................22

Recommendations .............................................................................................................................26

Appendix I: A copy of the letter sent to royal colleges .................................................................28

Appendix II: A copy of the second letter sent to royal colleges ...................................................29

Appendix III: A list of the royal colleges and faculties contacted .................................................30

Appendix IV: A copy of the RCPSG equal opportunities policy ................................................31

Appendix V: A copy of the RCPSG equal opportunities monitoring form ..................................33

Appendix VI: Summary of recommendations by the RCPSG for matching provision of services with special needs ..............................................................34

References ..........................................................................................................................................35
Executive summary

Introduction: Royal college examinations are a key part of a doctor’s career progression that commonly consist of complex written, oral and practical components intended to discriminate between candidates on the basis of knowledge, skills and competencies relevant to the medical profession. There is, however, a widespread perception that these postgraduate professional examinations are unintentionally discriminatory. It is vital these examinations do not unfairly discriminate against any candidate on the grounds of ethnicity, gender, disability, age, sexual orientation, religion and belief. The key to improving equality and diversity is the effective implementation of equal opportunities policies and procedures.

Method: This report examined equality and diversity in royal college examinations by collecting information from individual royal colleges on their equal opportunities monitoring of examination candidates and examiners, and on the equality and diversity training provided to examiners.

Results: The level of monitoring and evaluation of policies and procedures by royal colleges is variable. The ethnic monitoring of candidates is routine for the majority of royal colleges, but the methods of data collection are inconsistent and data analysis is restricted to a basic level. The limited data provided on pass rates according to ethnic origin suggests that white candidates perform better in examinations compared to individuals from other ethnic categories, and there is a slight bias in favour of UK graduates compared to non-UK (international) graduates. The monitoring of candidates by gender is common practice among the royal colleges and performance in examinations is roughly comparable, with women slightly outperforming men. Monitoring of disabilities is achieved by requesting candidates to provide details of additional requirements during the application process and each request is dealt with on a case-by-case basis. No information was provided on the monitoring of candidates with respect to religion and belief, and sexual orientation. There are significant disparities in the composition of examiners’ panels compared to the medical workforce and candidate population with a disproportionate number from a white background, and a bias in favour of male examiners. The majority of royal colleges require new and existing examiners to undergo equality and diversity training, but this is not necessarily subject to assessment or evaluation.

Discussion: Implementation of equal opportunities policies and procedures occurs via similar processes for the majority of royal colleges and there are a number of examples of good practice; however, there are insufficient data available for meaningful analysis. The results are therefore unable to support or challenge the perception that postgraduate professional examinations are unintentionally discriminatory, but indicate that more effective monitoring and analysis is necessary. A lack of uniformity and comprehensiveness in collecting equal opportunities data prevents efficient analysis and can inhibit identification of discriminatory influences, thereby allowing any perception that the examination process is unfairly discriminatory to persist. Greater focus is required on collecting more comprehensive data over time and subsequent analysis of this data, in relation to all areas of diversity and equality. These data must be collected in a standardised manner to allow comparisons within and between equality strands. Analysis of the limited ethnic monitoring data suggests it would be beneficial to develop an induction/pre-examination course with an equality and diversity focus for all candidates. The observed lack of monitoring in relation to religion and belief, and sexual orientation represents a significant deficiency in the provision of equal opportunities that requires urgent attention. The development of recommendations for the provision of services for disabled people is a valuable proactive measure. To minimise the potential for unfair discrimination, the composition of the examiners’ panel must adequately reflect that of the medical workforce and be responsive to the changing demographics of the candidate population. The requirement for new and existing examiners to undergo training in equality and diversity is essential, and should be complemented by examiner performance assessments that ensure training is effectively implemented. This report concludes with a series of recommendations for action.
Introduction

In accordance with the BMA’s equal opportunities policy statement, we seek to ensure that doctors are not subject to any form of discrimination throughout their medical career. At the 2003 Annual Representative Meeting (ARM) the following motion was debated and referred to the Equal Opportunities Committee: that this meeting recognises that postgraduate professional exams are unintentionally discriminatory and calls on royal colleges to include more assessors from broader ethnic backgrounds in their courts of examiners. In 2000 the BMA urged royal colleges to promote greater openness, accountability and revalidation with particular reference to: (i) teaching and training for membership examinations; and (ii) the explicit tackling of institutional discrimination.

An integral part of the work of the Equal Opportunities Committee is to look at the career barriers faced by different groups of doctors, particularly in relation to ethnicity, gender, disability, age, religion and belief, and sexual orientation. Individuals should be enabled, as far as possible, to pursue their medical career on an equal basis, and discrimination on the grounds of gender, ethnicity, disability, age, sexual orientation, religion or belief is wholly unjustifiable. Legislation exists which outlaws discrimination in these areas with the exception of age. Legislation dealing with age discrimination is due to be enacted in 2006. Acknowledging, understanding and appreciating diversity is necessary to respect the rights of others and to promote equality and tolerance among different communities. In achieving equality, it is vital that any barriers are removed that prevent individuals from fulfilling their personal goals and taking advantage of their personal skills and capabilities.

Royal college examinations are a key part of a doctor’s career progression, throughout which there may be many different barriers. The examinations commonly consist of complex written, oral and practical components that are intended to discriminate between candidates on the basis of knowledge, skills and competencies relevant to the medical profession. There is, however, a widespread perception that these postgraduate professional examinations are unintentionally discriminatory. It is important that procedures are established to ensure that these examinations do not unfairly discriminate, directly or indirectly, against any candidate on the grounds of ethnicity, gender, disability, age, sexual orientation, religion or belief. The key to improving equality and diversity is effective equal opportunities monitoring and compliance with legislative responsibilities. This should be complemented by continuous and specialised educational and training initiatives for all individuals involved in the examination process. Equality legislation that has implications for the delivery of royal college examinations (as well as other services they provide) includes:

1. Race Relations Act 1976 – this Act applies in Great Britain and prohibits unlawful discrimination on the grounds of race, colour, nationality or ethnic origin. The Race Relations (Amendment) Act 2000 requires public authorities to be proactive in ensuring unfair discrimination does not occur. Under the 1976 Race Relations Act (General Statutory Duty) Order 2001, royal colleges are subject to the following General Statutory Duty:

   A public body specified in Schedule 1A shall, in carrying out its functions, have due regard to the need:
   • to eliminate racial discrimination; and
   • promote equality of opportunity and good relations between persons of different racial groups.¹

   As a minimum, in order to address the General Statutory Duty, it is an implicit pre-condition for royal colleges to have proportionate arrangements in place for ethnic monitoring.²
2. **Sex Discrimination Act 1975** – this Act applies in Great Britain and makes unjustified discrimination and victimisation on the grounds of sex or marital status unlawful in the areas of employment, education, and the provision of goods, facilities and services. The Sex Discrimination (Northern Ireland) Order 1976 exists for Northern Ireland.

3. **Disability Discrimination Act (DDA) 1995** (as amended) – this Act applies in Great Britain and prohibits direct discrimination on the grounds of disability and requires service providers not to treat people with disabilities less favourably, without justification, for a reason that relates to their disability; and, to make reasonable adjustments or accommodations to ensure that people with disabilities are not put at a substantial disadvantage. The Disability Discrimination Act (DDA) 2005 further amends the DDA 1995 to place a duty (the Disability Equality Duty) on public bodies to promote equality of opportunity for people with disabilities. The Disability Equality Duty comes into force on 5 December 2006.

4. **Special Educational Needs and Disability Act (SENDA) 2001** – this Act applies in Great Britain and amends the Education Act 1996 and the DDA 1995 to include the ‘function of education’. Students with disabilities are protected during admission, in service provision and in dismissal procedures.

5. **Data Protection Acts 1984 and 1998** – these Acts apply in the UK and provide individuals with the right to see, correct and erase (if irrelevant) any data or records held about them. It is also necessary for those making the records to make it clear they are doing so, explain how and for what purposes the information will be used, and if it is to be disclosed. Before the collection and use of any sensitive data, individuals must give their express, informed, written consent.

6. **Employment Equality (Sexual Orientation) Regulations 2003** – this legislation makes it unlawful in Great Britain to discriminate against anyone in employment or vocational training on the basis of sexual orientation or sexual preference. The Employment Equality (Sexual Orientation) Regulations (Northern Ireland) 2003 apply in Northern Ireland.

7. **Employment Equality (Religion or Belief) Regulations 2003** – this legislation makes it unlawful to discriminate against workers because of religion or similar belief in Great Britain. The regulations cover employers and providers of vocational training. The proposals outlined in the Equality Bill published in March 2005 will make it unlawful to discriminate against people because of their religion or belief, or their lack of religion and belief, in respect of the provision of goods, facilities and services or premises and the exercising of public functions. In Northern Ireland, the Fair Employment and Treatment (Northern Ireland) Order 1998 (FETO) makes it unlawful to discriminate against someone on the grounds of religious belief or political opinion. The 1998 Order was amended in December 2003 to meet the requirements of the EU Employment Framework Directive.

8. **Employment Equality (Age) Regulations 2006** – this legislation is due to come into effect in October 2006 in Great Britain and will prohibit unjustified age discrimination in employment and vocational training.
9. **Section 75 of the Northern Ireland Act 1998** – requires public authorities to have due regard to the need to promote equality of opportunity between:

- persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation
- between men and women generally
- between persons with a disability and persons without; and
- between persons with dependants and persons without.

Without prejudice to these obligations, a public authority is also required, in carrying out its functions, to have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group. Any public authority is duty bound to produce an equality scheme stating how it proposes to fulfil its duties, and is required to carry out an equality impact assessment and publish the results. Further, public authorities must undertake a consultation process that is inclusive of any individuals likely to be affected by the equal opportunities policy. The Equality Commission for Northern Ireland is responsible for ensuring and monitoring effective implementation of the statutory duties of Section 75 of the Northern Ireland Act 1998.

The Equality Act 2006 will introduce a single equality body, the Commission for Equality and Human Rights (CEHR), which will bring together the work of the Commission for Racial Equality (CRE), the Disability Rights Commission (DRC) and the Equal Opportunities Commission (EOC), and will also have responsibility for equality with respect to age, religion or belief and sexual orientation. The CEHR will promote equality and human rights by providing advice, undertaking research and publishing Codes of Practice on any of the discrimination strands within its remit. The CEHR will also have power to investigate whether a person has committed an unlawful act contrary to the existing anti-discrimination legislation (eg the Sex Discrimination Act, the Race Relations Act, etc) and issue notices recommending action to be taken. The Equality Act 2006 will also:

- make unlawful discrimination on the grounds of religion or belief in the provision of goods, facilities, services, premises, education and the exercise of public functions (subject to certain exemptions)
- create a duty on public authorities to promote equality of opportunity between men and women (the gender duty) and to prohibit sex discrimination in the exercise of public functions.

The purpose of equal opportunities monitoring is to enable an organisation to establish its current position, identify barriers to aspects of equality, accommodate for the needs of all, remove any unfairness or disadvantage, plan future action to address any inequalities, and assess progress over time. Monitoring is more than just data collection. Data must be regularly analysed and questioned. Any barriers or failures highlighted must be followed up and tackled. Monitoring is part of an ongoing process of analysis, asking questions, investigation, and change. Any subsequent actions taken should also be monitored to assess their impact. Without monitoring an organisation will never know whether its ‘anti-discrimination’ policy is working. Individuals are not defined by one diversity category and discrimination can often be related to more than one equality strand. Monitoring in such a way that enables cross-referencing of equality strands is important in identifying trends that might otherwise remain hidden. For example, ethnic minority women’s experience can be affected by their gender as well as their race. Ideally, monitoring should be performed in a consistent, standardised manner, with results computerised so that cross-referencing and comparison with other data sets can be undertaken.
It is not sufficient to just have a policy, nor is it sufficient to just monitor and do nothing about the results obtained. If necessary, work must be conducted to find solutions and make any necessary changes. The collection of equal opportunity monitoring data is required by the CRE and recommended by both the EOC and the DRC.

Equality considerations must be central to all organisational processes and require strict adherence to statutory duties and guidance. Given the diverse nature of candidates and the demands placed on them, royal colleges have a responsibility to ensure accessible, appropriate and non-discriminatory services are provided, which are responsive to the individual circumstances of people's lives. This approach must encompass all equality strands including disability, gender, race or ethnicity, age, religion or belief, and sexual orientation. To ensure that any discrimination or bias does not exist within their processes or procedures, royal colleges must undertake long-term and ongoing monitoring of examination candidates. These data must be analysed on a regular basis and used to inform policy, and make improvements to services. Ongoing monitoring of examiners and the provision of training in equality and diversity is essential to the success of any equal opportunities policy. The intention of this report is to gather information on how the royal colleges monitor and evaluate policies and procedures in order to share good practice around equality and diversity, and identify inconsistencies and practices which may detract from effective equal opportunities monitoring.
Method

In June 2003 the Equal Opportunities Committee resolved that Dr George Rae (chair of the Equal Opportunities Committee for the 2003-04 session) should write to the heads of the various royal colleges as well as the Intercollegiate Specialty Board. The letter requested data on the impact of ethnicity and gender on the pass rates of the various qualifications provided by these organisations. Colleges were also asked what steps had been taken to prevent discrimination in the assessment of candidates. For a copy of the letter sent to the royal colleges in September 2003 please refer to appendix I. In February 2005, Dr Sam Everington (Co-chair of the Equal Opportunities Committee for the 2004-05 session) wrote to the royal colleges again enclosing a report of the findings completed to date and requesting additional information on the composition of the college examination board(s)/assessors in terms of gender and ethnicity, as well as the type of training they provide for examiners in equality and diversity. A copy of this letter can be found in appendix II and a list of the royal colleges and faculties contacted for the survey can be found in appendix III.

Please note: the material quoted in this document in relation to the Royal College of General Practitioners workshop was compiled by the workshop coordinators for training purposes and to stimulate discussion. Whilst they are actual quotations from interviews with ex-examinees, suitably anonymised, they are from trainees across a range of medical specialties. The quotes used were not in any way intended to imply that these represent the true views of candidates for the MRCGP.
Results

The response level to the 2005 survey of royal colleges was high; however, the level of detail and quantity of information provided varied significantly. This was in part due to the fact that a number of colleges were in the early stages of developing equal opportunity policies and procedures. The responses indicated that the implementation of equal opportunities polices and the collection of equal opportunities data varied greatly in breadth and depth.

Equal opportunities monitoring of royal college examination candidates

Ethnicity

Introduction

Individuals from all ethnic backgrounds can encounter racial prejudice and discrimination, intended or not, during their careers. Racism towards minority ethnic doctors is prevalent at all stages of the medical profession and the distribution of minority ethnic doctors throughout the different grades is disproportionate. For example, comparison of the ethnic origin of the medical workforce in England by grade found that the proportion of consultants of white ethnicity was 77 per cent, whereas the proportion of specialist registrars, senior house officers and house officers is 55 per cent, 44 per cent and 57 per cent respectively. Individuals from ethnic minorities may have to be able to cope with differences in culture, language and traditions in addition to the academic demands of royal college assessments. Ethnic monitoring allows assessment of the ethnic composition of examination candidates and examiners/assessors. The monitoring results show how practices and procedures affect different ethnic groups. This promotes efficient use of resources and an evaluation of the effectiveness of race equality policies. Good ethnic monitoring is not just an obligation, but a very useful tool to strengthen the quality of service provided and gives organisations greater legitimacy. Under the 1976 Race Relations Act (General Statutory Duty) Order 2001, public authorities have a general duty to promote race equality and good race relations. Under the Act, royal colleges are listed as one of the organisations that should ‘have due regard, when exercising their functions, to the need to eliminate unlawful racial discrimination and to promote equality of opportunity and good relations between persons of different racial groups’.

‘I wish to complain about the oral examination. I sailed through the other parts of the examination with no problems. When it came to the oral, the examiners just seemed out to get me, they were fierce and rude. I’m sure that this is because I’m a Black African – they were white, of course.’


Some listed authorities must also comply with specific duties that set out the arrangements for meeting the requirements of the General Duty. These authorities, which do not currently include royal colleges, are required to prepare and publish a race equality scheme. With the order of public authorities bound by the specific duty reviewed on an annual basis, royal colleges may become subject to the specific duties following future review processes. The CRE recommends that royal colleges produce a race equality scheme as best practice. The race equality scheme is a set of minimum requirements to meet the General Duty that requires an organisation to identify those public functions, policies and procedures relevant to the General Duty and to set out the arrangements for:

- **assessment and consultation on the impact** of these functions and policies on the promotion of race equality
- **monitoring the functions and policies for any adverse impact** on the promotion of race equality
• publishing the results of assessments, consultations and monitoring for any adverse impact on the promotion of race equality
• ensuring the public have access to information and to services provided by the organisation
• training staff on issues relevant to the duty to promote race equality.

Case study 1 – Royal College of Psychiatrists race equality scheme

Although the Royal College of Psychiatrists is not listed under the 1976 Race Relations Act (General Statutory Duty) Order 2001 as having specific duties, it regards having a race equality scheme as good practice in meeting the General Duty. The college has a long-standing commitment to addressing race equality and established a special committee to review this area in 1987. The college undertook a further assessment of its functions and policies with regard to racial equality in 2001, and the recommendations from this assessment were used as the starting point to develop a race equality scheme. These recommendations were adapted and subjected to assessment and action planning using the framework of the specific duties as follows:
• assessment of impact on racial equality
• access to information and services
• training and education for staff, members and trainees
• arrangements for consultation
• arrangements for monitoring and publishing the results.

The college has endorsed this at the highest level of the organisation and is continuing to develop the scheme.

Results
As part of the BMA 2005 survey, royal colleges were asked to provide details of their ethnic monitoring procedures and information on pass rates according to ethnicity. The three Royal Colleges of Physicians of the United Kingdom share a common membership examination in general medicine known as the Diploma of Membership of the Royal Colleges of Physicians of the United Kingdom. Successful candidates are eligible to apply for the award of the Membership of the Royal College of Physicians (MRCP(UK)) Diploma. A joint response was provided by the MRCP(UK) Management Board on behalf of the Federation of Royal Colleges of Physicians. The MRCP(UK) Management Board had adopted a policy which promotes equal opportunities for all candidates. Since 2000, all MRCP(UK) candidates had been asked to indicate their ethnicity. Initially, the numbers of candidates declaring their ethnicity was low, but by 2004, 91 per cent of candidates had self-declared their ethnicity. Analysis of the self-declared data showed that the performance of UK graduates differed between ethnic groups in both the written examinations (which are machine marked) and in the clinical examination. No further detail on the difference in performance was available, but the federation planned to extend this work to understand the reasons for these differences and will continue to monitor candidate performance.
Case study 2 – openness in equal opportunities monitoring

The Royal College of General Practitioners operates a general policy of openness and the Examination Board encourages the publication of academic papers on its activities. A review of the oral component of the Membership of the Royal College of General Practitioners (MRCGP) examination published in the British Medical Journal (BMJ) concluded that candidates from ethnic minorities and those trained abroad may experience particular hidden difficulties with oral examinations. These difficulties result from the interactional complexity of the oral examination and include problems associated with differences in values and attitudes, communication difficulties when talking about areas of uncertainty, and cultural variations. The review recommended that examination boards, especially those admitting candidates trained abroad, should educate their examiners about these difficulties and their implications, and that examples of oral questions, a range of answers and examiners’ comments on these should be published. An analysis of the MRCGP examination in the BMJ in 1992 found there to be poor performance by Asian doctors in the MRCGP, but concluded that the examination did not systematically discriminate against Asian doctors.

‘The oral examiners kept hurrying me which I found very intimidating. I am from Russia and so my mother tongue is not English. My knowledge and experience of general practice is excellent, but this didn’t seem to help. I felt I was being given an English language test, instead of a GP oral examination.’


The Royal College of Physicians and Surgeons of Glasgow provided a separate response detailing its responsibilities for intercollegiate and collegiate examinations. With regard to the intercollegiate examinations, the college collected information on ethnicity during the application process with the inclusion of an ethnic monitoring form. In terms of the collegiate examinations, the college introduced its equal opportunities policy in 2003 and this was distributed to all candidates with their application packs (a copy of the policy can be found in appendix IV). As with the intercollegiate examinations, an ethnic monitoring form was distributed with application forms and the college had been recording this information since 2004, with a response rate over 90 per cent (a copy of the monitoring form can be found in appendix V). As some of the college examinations had very small numbers of candidates, and in some all of the candidates were from overseas, insufficient data had been accumulated for valid statistical analysis. Initial indications revealed the same pattern of pass rates between UK and non-UK candidates as had been reported for some of the larger intercollegiate examinations. In examinations wholly attended by overseas candidates, initial results showed a clear difference in pass rates between Asian candidates and those from the Middle East. Once further data were collected, the college intended to conduct a more thorough analysis.

The Royal College of General Practitioners had collected data about its examination candidates for some time. At the time of writing it was in the process of compiling an annual report specifically concerned with the examinations in 2004. The MRCGP examination is a multi-component examination, requiring a pass in each component within a defined period of time for successful overall completion. These components include a written paper, a multiple choice paper, an oral examination and a consulting skills examination. The college provided pass rates for each component in 2004 by ethnicity (see table 1). These data were due to be analysed in detail by the college’s examination board. Initial analysis indicated that the pass rate for white candidates was consistently higher than other ethnic backgrounds on all components of the MRCGP examination.
Table 1: Pass rates for each component of the MRCGP examination in 2004 by ethnicity (these figures include those candidates who achieved both a pass and merit result)

<table>
<thead>
<tr>
<th>Ethnic origin</th>
<th>Written paper</th>
<th>MCP examination</th>
<th>Oral examination</th>
<th>Consulting skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>White*</td>
<td>88 (1,385)</td>
<td>91 (1,418)</td>
<td>89 (1,358)</td>
<td>82 (1,589)</td>
</tr>
<tr>
<td>Asian*</td>
<td>69 (566)</td>
<td>67 (674)</td>
<td>69 (526)</td>
<td>74 (578)</td>
</tr>
<tr>
<td>Black*</td>
<td>50 (148)</td>
<td>50 (177)</td>
<td>70 (115)</td>
<td>60 (129)</td>
</tr>
<tr>
<td>Chinese*</td>
<td>40 (5)</td>
<td>60 (5)</td>
<td>50 (4)</td>
<td>33 (3)</td>
</tr>
<tr>
<td>Other/mixed*</td>
<td>65 (161)</td>
<td>71 (166)</td>
<td>75 (146)</td>
<td>73 (154)</td>
</tr>
<tr>
<td>Average pass rate**</td>
<td>79 (2,265)</td>
<td>80 (2,440)</td>
<td>82 (2,149)</td>
<td>78 (2,453)</td>
</tr>
</tbody>
</table>

* The figures in brackets correspond to the total number of candidates of the respective ethnic classification
** The figures in brackets correspond to the total number of candidates who passed each respective component

The Royal College of Paediatrics and Child Health requested information on the ethnicity of all Membership of the Royal College of Paediatrics and Child Health (MRCPCH) examination candidates during the application process. To encourage a greater response rate, this information had been requested via a separate, non-compulsory form enclosed in all application packs. The college had an average response rate of 79 per cent and provided statistics on 9,119 examination candidates from May 1999 to January 2005. Out of this group, 19.8 per cent were Indian, 12.4 per cent were white, 13.1 per cent indicated the ‘Other’ category, and all further categories yielded less than 5 per cent of the responses. Pass rates for different ethnic groups were scrutinised for the written and clinical examinations and found to have similar patterns of pass rates. In the written examination, the pass rate for most ethnic groups was consistently within 10 per cent of the average pass rate. In the clinical examination, pass rates for Middle Eastern and Pakistani/Bangladeshi candidates were consistently 10 per cent lower than the average pass rate, while the pass rate for white candidates was consistently 10 per cent higher than average for both types of examination. The college also monitored the country of first training for each candidate. Analysis of this data showed that UK graduates regularly outperform overseas graduates on all parts of the MRCPCH examination.

The Royal College of Obstetricians and Gynaecologists had recently begun collecting data on ethnic origin for Membership of the Royal College of Obstetricians and Gynaecologists (MRCOG) examination candidates. The college provided pass rates by centre of graduation which on basic analysis indicated that graduates from the UK and Republic of Ireland performed better than non-UK graduates in the entire MRCOG examination.

The Faculty of Accident and Emergency Medicine was due to assume responsibility from the Intercollegiate Board for the Fellowship of the Faculty of Accident and Emergency Medicine (FFAEM) examination from 2006. In preparation the faculty had started developing applicant documentation that included confidential questions on ethnicity, gender, religious belief and disability. The faculty had provisionally analysed the current incomplete data on performance of candidates from different backgrounds. Analysis showed that UK graduates performed better in both the written and clinical components of the examination compared to non-UK graduates. In light of this, the faculty had implemented a plan to collect more complete data and develop a faculty exam preparation course for non-UK educated graduates. This type of intervention is an example of good practice because it enables candidates to compete on a level playing field.
Several other colleges indicated that they collect information on ethnicity of examination candidates, but did not provide further details of this. Examples included the Royal College of Ophthalmologists, the Royal College of Psychiatrists, the Royal College of Surgeons of England, the Faculty of Occupational Medicine, the Royal College of Pathologists, the Royal College of Radiologists, and the Royal College of Surgeons of Edinburgh.

**Key messages**

- Royal colleges routinely monitor the ethnic origin of examination candidates
- There are inconsistencies in the methods of data collection and the response rates between colleges
- The extent of analysis of ethnic monitoring data is limited to a basic level and often based on small sample sizes
- The limited data provided on pass rates according to ethnic origin suggest that white candidates perform better in examinations compared to individuals from other ethnic categories, and there is a slight bias in favour of UK graduates compared to non-UK graduates

**Gender**

**Introduction**

As demonstrated by the disproportionate distribution of men and women over career grades and the low number of women at senior career grades, significant gender differences exist in the medical profession. For example, in England 75 per cent of consultants, 62 per cent of associate specialists and 61 per cent of staff grade doctors are currently men. Discrimination on the basis of gender exists in all aspects of society, including in the medical profession. This often manifests in the form of sexist attitudes towards women, sexual harassment and a lack of flexibility within the structure of the profession (eg inadequate provision of childcare facilities). The Sex Discrimination Act (1975) makes it unlawful for employers and other organisations to discriminate on the basis of gender. A duty on public bodies to promote gender equality will be included in the forthcoming GB Commission for Equality and Human Rights Bill that is likely to come into effect in late 2006. Monitoring of the gender of candidates is essential to achieve gender equality in royal college examinations and ensure the equal opportunities policy is being implemented. The EOC recommends that in order to identify potential discrimination against black and ethnic minority women, monitoring by gender needs to be combined with ethnic monitoring.

‘OK, who will we start with? Why not the stunning one, the blonde in the blue dress?’

Source: Royal College of General Practitioners workshop on Equality and Fairness in Oral MRCGP Examinations.
Coordinators: Richard Wakeford and Meiling Denney.
Results
The royal colleges were asked to provide information on pass rates according to gender. The Royal College of General Practitioners reported that they had collected data about the gender of examination candidates for some time and provided pass rates for each component of the MRCGP examination in 2004 (see table 2). The pass rates for male and female candidates were roughly comparable, with females performing slightly better on all components of the examination. Similar results were provided by the Royal College of Paediatrics and Child Health for candidates undertaking the MRCPCH examination. The College found that females performed slightly better in the MRCPCH written examinations (37.8 per cent pass rate for females, 35 per cent for males on Part One; 54.2 per cent pass rate for females, 48.1 per cent for males on Part Two) and significantly better in the clinical examination (49.3 per cent pass rate for females and 25 per cent for males). There were no gender-related differences on performance in the MRCP(UK) Part 1 and Part 2 written examinations, but female UK graduates performed better than male UK graduates in the MRCP(UK) Part 2 clinical examination. A study in 2001 highlighted the predominance of men in the examination system of the Royal College of Anaesthetists. In 1999, 63 per cent (827 in total) of the Fellowship of the Royal College of Anaesthetists (FRCA) candidates were male and of the 439 who successfully passed the examination, only 39 per cent were female, corresponding to a ratio of 1:1.6 (female:male).
Table 2: Pass rates for each component of the MRCGP examination in 2004 by gender (these figures include those candidates that achieved both a pass and merit result)

<table>
<thead>
<tr>
<th>Gender</th>
<th>Written paper</th>
<th>MCP examination</th>
<th>Oral examination</th>
<th>Consulting skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male*</td>
<td>66 (1,022)</td>
<td>72 (1,092)</td>
<td>74 (919)</td>
<td>75 (1,021)</td>
</tr>
<tr>
<td>Female*</td>
<td>89 (1,269)</td>
<td>86 (1,379)</td>
<td>88 (1,258)</td>
<td>80 (1,462)</td>
</tr>
<tr>
<td>Average pass rate*</td>
<td>80 (2,291)</td>
<td>80 (2,471)</td>
<td>82 (2,177)</td>
<td>78 (2,483)</td>
</tr>
</tbody>
</table>

* The figures in brackets correspond to the total number of candidates of the respective gender
** The figures in brackets correspond to the total number of candidates who passed each respective component

Several other colleges indicated that they collected information on the gender of examination candidates, but further information was not provided. This included the Royal College of Ophthalmologists, the Royal College of Psychiatrists, the Royal College of Surgeons of England, the Faculty of Occupational Medicine, the Royal College of Pathologists, the Royal College of Radiologists, and the Royal College of Surgeons of Edinburgh. As with ethnicity, monitoring of examination candidates by gender was performed by the majority of royal colleges, however very little information was provided on the results of this monitoring. Both the Royal College of General Practitioners and the Royal College of Paediatrics and Child Health found that females performed better than males in all components of their respective examinations.

**Key messages**
- The monitoring of candidates by gender is common practice among royal colleges
- The performance in examinations is roughly comparable, with women slightly out-performing men

**Disability**

**Introduction**
Disabled people face high levels of discrimination and exclusion. They often encounter social, educational and environmental barriers, which can frequently lead to differential treatment. Royal college examinations are extremely demanding and any disability (such as dyslexia, visual or hearing impairment) should be taken into consideration, and appropriate facilities provided to ensure that any individual is not disadvantaged as the result of a disability. It is vital that individuals are given the opportunity and feel comfortable in disclosing this information. Under the DDA 1995 as amended, people with disabilities have the legal right to equal access to employment, services, transport and housing. Under Part IV of the DDA amended by the Special Educational Needs and Disability Act (SENDA), education providers – including schools, colleges, universities, and providers of adult education and youth services – are required to ensure that they do not discriminate against people with disabilities. The DDA 2005 comes into force in December 2006 and further amends the DDA 1995 to place a duty on public bodies to promote equality of opportunity for people with disabilities.
The Disability Equality Duty means that when carrying out their functions, public authorities must have due regard to the need to:

- eliminate unlawful discrimination
- promote equal opportunities
- eliminate disability related harassment
- promote positive attitudes towards disabled persons
- encourage participation by disabled persons in public life.

In addition to this, many public bodies will be subject to specific duties which will include having to produce a disability equality scheme explaining how they intend to fulfil the duty to promote disability equality. 12,13

Results

The royal colleges were asked to provide any information on the monitoring and provision of services for disabled people. The intercollegiate MRCP(UK) examination is conducted on behalf of the Royal Colleges of Physicians of the United Kingdom, and any request for special consideration is dealt with by the MRCP(UK) Examining Boards following procedures laid down by the MRCP(UK) Management Board. The board had agreed a policy providing support for candidates which was in accordance with the requirements of the Disability Discrimination Act. For collegiate examinations the Royal College of Physicians and Surgeons of Glasgow requested candidates to provide any details of additional requirements in their application form. Any additional requirements for both intercollegiate and collegiate Membership of the Royal College of Surgeons (MRCs) and Membership of the Faculty of Dental Surgery (MFDS) examinations were then considered on a case-by-case basis in accordance with the college’s equal opportunities policy.

Case study 4 – provision of services for disabled candidates

The Royal College of Physicians and Surgeons of Glasgow has developed a comprehensive policy on disabled candidates. Although each case is dealt with on a case-by-case basis, the college’s policy outlines the type of additional requirements that could possibly be encountered and the likely provision that would be required (a copy of the guidelines can be found in appendix VI). This guidance has been put into practice and has proved to be particularly valuable for candidates with dyslexia and a candidate who was deaf.

Both the Royal College of Psychiatrists and the Royal College of Paediatrics and Child Health requested candidates to detail any disability during the application process. The Faculty of Accident and Emergency Medicine reported that they planned to request information from candidates during the application process once it assumed responsibility for the Fellowship (FFAEM) examination.

Key messages

- The monitoring of disabilities is achieved by requesting candidates to provide details of additional requirements during the application process
- Disabled candidates are dealt with on a case-by-case basis
- A number of colleges have developed recommendations for the provision of services for disabled candidates
Sexual orientation

Introduction
The 2004 BMA report *Career barriers in medicine: doctors’ experiences* found that discrimination and the fear of discrimination on the basis of sexual orientation or sexual preference can present a significant barrier in a doctor’s career progression. Individuals who are lesbian, gay, bisexual or transgender (LGBT) often are, or feel they are, excluded and unable to be open about their sexual orientation in the workplace. This can lead to problems ranging from low self-esteem to anxiety and depression. Casual but insensitive remarks made by people may be demeaning to LGBT individuals if they imply that only heterosexual relationships are ‘normal’ and valid. Legislation promoting equality and diversity in the workplace is vital in order to create a supportive environment where individuals can feel ‘safe’ to be open about their sexual orientation. It is important that royal colleges ensure that their policies and procedures do not discriminate on the grounds of sexual orientation and are fully inclusive in accordance with the Employment Equality (Sexual Orientation) Regulations. Aspects of sexual orientation should be built into existing, effective equal opportunities strategies. In the case of monitoring, sexual orientation may be seen as more sensitive than other aspects of diversity. Some individuals will not be comfortable disclosing their sexual orientation, which will obviously affect an organisation’s ability to carry out diversity monitoring. To work towards effective monitoring, royal colleges should begin by making an effort to educate staff about areas of concern with regard to sexual orientation. The goal should be to create a safe environment for all employees, candidates and examiners in order to promote equality and evaluate policies and procedures.

Case study 5 – sexual orientation monitoring in the police service
A sexual orientation monitoring pilot initiative has recently been developed by the Gay Police Association (GPA) and the Association of Chief Police Officers (ACPO) with the aim of including sexual orientation monitoring across the service at all levels including selection, promotion, specialisation, development, transfer and exit interviews. The initiative has three phases including the introduction of a new voluntary question allowing identification of sexual orientation within cultural and diversity audits. This will be followed by the introduction of monitoring into all new applications to the police service, including a ‘prefer not to say’ option. The final stage involves mainstreaming of sexual orientation monitoring, depending on the outcome of the first two stages. It is intended that this will allow for the introduction of attributable or identifiable sexual orientation monitoring for example, within personnel records. This initiative is aimed at cultural change within the police service to produce an environment free of discrimination, where all police employees are truly respected, valued and included regardless of their sexual orientation.

To support this, the GPA has produced a ‘frequently asked questions’ document for distribution to all police officers and police staff.

Results
Sexual orientation is the area of equal opportunities monitoring that has received least attention and there are few examples of good practice, as confirmed by the results of this survey. The Royal College of Physicians and Surgeons of Glasgow planned to update its ethnic monitoring form in 2005 to include sections on sexual orientation and religion or belief. No other information on the collection of sexual orientation data for examination candidates was provided in any of the responses.
Key messages

- The monitoring of candidates with respect to sexual orientation was found not to be performed by any of the royal colleges to date
- Only one college indicated that they intended to collect data on sexual orientation in the future

Monitoring of examiners: ethnicity and gender

Introduction

In order to promote equal opportunities in royal college examinations, monitoring of examination candidates alone is not sufficient. The composition and diversity of the examiners’ panel must also be monitored to ensure that it adequately reflects the composition of the medical workforce and is responsive to the changing demographics of the candidate population. Having a representative board of examiners or assessors is extremely important with respect to oral and practical components, where interaction with candidates is required. It can promote confidence in the examination process and help to ensure that it is sensitive to the various aspects of diversity.

Results

The royal colleges were asked to provide details of the gender and ethnicity of their examiners. A number of colleges indicated that they collected data on the ethnicity of examiners by including ethnic monitoring forms with examiner application forms (see table 3). The data provided by ethnic monitoring showed that the majority of royal college examiners were from a white background and other ethnic groups were poorly represented.

Case study 6 – matching the diversity of examiners with examination candidates

When collegiate exams are held overseas, the Royal College of Physicians and Surgeons of Glasgow matches examiners from the UK with local examiners to ensure the panel of examiners reflects the diversity of the candidates being examined. This is applied across all College exams held overseas whether dental, medical or surgical. Examiners are brought from overseas to Glasgow to increase the ethnic diversity of examiners for examinations held there.
Table 3: Comparison of the ethnic origin of examiners between those royal colleges that provided the information on the ethnicity of their examiners*

<table>
<thead>
<tr>
<th>Royal college**</th>
<th>Total no of examiners</th>
<th>Total no undeclared</th>
<th>Proportion of examiners by percentage***</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>White****</td>
</tr>
<tr>
<td>RCP SG</td>
<td>786</td>
<td>173</td>
<td>89 (544)</td>
</tr>
<tr>
<td>RCGP</td>
<td>162</td>
<td>44</td>
<td>88 (104)</td>
</tr>
<tr>
<td>RCOG</td>
<td>247</td>
<td>0</td>
<td>90 (222)</td>
</tr>
<tr>
<td>RCS (Eng)</td>
<td>171</td>
<td>0</td>
<td>85 (146)</td>
</tr>
<tr>
<td>RCS (Ed)</td>
<td>536</td>
<td>181</td>
<td>86 (307)</td>
</tr>
<tr>
<td>RCPCH</td>
<td>504</td>
<td>58</td>
<td>82 (364)</td>
</tr>
<tr>
<td>FDS</td>
<td>125</td>
<td>76</td>
<td>92 (45)</td>
</tr>
</tbody>
</table>

* The figures in brackets correspond to total number of examiners for each respective category
** A key for the royal college abbreviations can be found in appendix III
*** The proportion (%) for each ethnic origin is calculated using the total number of examiners minus the number of undeclared examiners for each royal college
**** This group includes examiners categorised as Irish

As with ethnicity, the majority of royal colleges continually monitor the composition of examiners in terms of gender. Table 4 compares the breakdown of examiners by gender for those royal colleges that provided this information. The data showed that the majority of examiners were male, with female examiners being under-represented compared to the medical workforce as a whole (see table 5). With 80 per cent of consultants being male, the number of women on royal college examiners’ panels is disproportionate in relation to the distribution of the consultant medical workforce.14 The gender profile of the consultant workforce does, however, vary by specialty (see table 6). A study in 2001 found that of the 104 examiners at the Royal College of Anaesthetists, only 12 per cent were female, corresponding to a ratio of 1 to 8.5 (female: male).11 The Royal College of Pathologists and the Royal College of Psychiatrists confirmed that they collected and analysed data on the gender and ethnicity of its examiners, but these figures were not made available. The Faculty of Accident and Emergency Medicine does not currently request information on the ethnicity or gender of examiners, but plans to do so in the future.
Table 4: Comparison of the number of male and female examiners between those royal colleges that provided information on the gender of their examiners*

<table>
<thead>
<tr>
<th>Gender</th>
<th>No of examiners</th>
<th>RCPSG</th>
<th>RCGP</th>
<th>RCOG</th>
<th>RCOphth</th>
<th>RCS(Ed)</th>
<th>RCS(Eng)</th>
<th>FDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>654</td>
<td>113</td>
<td>228</td>
<td>123</td>
<td>510</td>
<td>171</td>
<td>100</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>115</td>
<td>49</td>
<td>19</td>
<td>30</td>
<td>26</td>
<td>5</td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>769</td>
<td>162</td>
<td>247</td>
<td>153</td>
<td>536</td>
<td>176</td>
<td>125</td>
<td></td>
</tr>
<tr>
<td>Ratio female: male</td>
<td>1:5.7</td>
<td>1:2.3</td>
<td>1:12</td>
<td>1:4.1</td>
<td>1:20</td>
<td>1:34</td>
<td>1:4</td>
<td></td>
</tr>
</tbody>
</table>

* A key for the royal college abbreviations can be found in appendix III

Table 5: Gender profile of the medical workforce (2004)*

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Men percentage</th>
<th>Women percentage</th>
<th>Ratio female:male</th>
</tr>
</thead>
<tbody>
<tr>
<td>GPs – England***</td>
<td>60 (20,311)</td>
<td>40 (13,774)</td>
<td>1:1.5</td>
</tr>
<tr>
<td>GPs – Wales**</td>
<td>65 (1,259)</td>
<td>35 (1,372)</td>
<td>1:1.9</td>
</tr>
<tr>
<td>GPs – Scotland**</td>
<td>55 (2,466)</td>
<td>45 (2,072)</td>
<td>1:1.2</td>
</tr>
<tr>
<td>Medical staff*** – England†</td>
<td>65 (51,380)</td>
<td>36 (29,471)</td>
<td>1:1.7</td>
</tr>
<tr>
<td>Medical staff*** – Scotland**</td>
<td>57 (6,223)</td>
<td>43 (4,653)</td>
<td>1:1.3</td>
</tr>
<tr>
<td>Medical staff*** – N. Ireland**</td>
<td>60 (1,922)</td>
<td>40 (1,305)</td>
<td>1:1.5</td>
</tr>
</tbody>
</table>

* The figures in brackets correspond to the total number of staff for each respective gender
** Medical staff excludes GPs
*** Includes dental staff and excludes GPs

Table 6: Comparison of the gender profile of the consultant medical workforce by selected specialty (2004)*

<table>
<thead>
<tr>
<th>Specialty</th>
<th>Men percentage</th>
<th>Women percentage</th>
<th>Ratio female:male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obstetrics and gynaecology</td>
<td>71 (1,006)</td>
<td>29 (407)</td>
<td>1:2.5</td>
</tr>
<tr>
<td>Ophthalmology</td>
<td>80 (637)</td>
<td>20 (156)</td>
<td>1:4.1</td>
</tr>
<tr>
<td>General surgery</td>
<td>93 (1,519)</td>
<td>7 (122)</td>
<td>1:12</td>
</tr>
</tbody>
</table>

* The figures in brackets correspond to the total number of consultants for the respective gender and specialty
Key messages

- There are significant disparities in the composition of examiners’ panels with a disproportionate number from a white background, and a bias in favour of male examiners
- The composition of examiners’ panels are not representative of the candidate population or the medical workforce
- One college indicated that they attempt to match the diversity of examiners with examination candidates

Equality and diversity training of examiners

Introduction

Successful implementation of an equal opportunities policy requires all groups involved to understand the purpose and importance of such a policy and how it impacts on an organisation’s processes and procedures. People are often unaware of the barriers faced by disabled people or those of particular ethnicity, gender or sexual orientation. Staff and members need to understand how their own actions and activities can influence and promote equality of opportunity within an organisation. Training programmes should ensure staff and examiners are aware of organisational policies and the ethos in relation to all areas of equal opportunities. Education and training in equality and diversity is a key tool in challenging attitudes and changing behaviour, and should include training in all types of discrimination awareness, the key principles of anti-discrimination legislation, how to communicate and operate in a non-discriminatory manner, and examples of good practice.

‘Maybe I shouldn’t have pushed her quite so hard on the termination question. But it’s all part of day-to-day practice, isn’t it? For God’s sake, the next thing is that we’ll be prevented from talking about paediatric illness because one of them might have lost a child recently! This Equal Ops stuff is getting out of hand, isn’t it?’


Results

The royal colleges were asked to detail the type of training in equality and diversity they provided to examiners. The results showed that all examiners and MRCP(UK) central office staff involved in the delivery of the intercollegiate examination for the Royal Colleges of Physicians of the United Kingdom received training in equal opportunities. Staff disciplinary and grievance procedures were reviewed regularly to ensure consistent implementation in a fair and equitable manner. The MRCP(UK) management board had introduced examiner briefing meetings which included a section on equality and diversity. The Royal College of Physicians and Surgeons of Glasgow indicated that there was no section on equality and diversity on the training course for MFDS examiners, but this programme was in the process of being revised. All MRCS examiners at the college received equality and diversity training as part of the MRCS intercollegiate training course. Similar training was provided for examiners as part of the reorientation training when they made the transition from collegiate MRCS examiners to intercollegiate MRCS examiners. In 2003, the Royal College of Physicians and Surgeons of Glasgow sent a copy of the equal opportunities policy for examinations (see appendix IV) and a short paper on discrimination to all collegiate examiners.
Case study 7 – MRCGP equality and fairness workshop

The Royal College of General Practitioners provides training sessions on ethnicity and gender as part of the Examiners’ Development Programme, which includes an annual two to three day workshop. One recent workshop included a session on equality and fairness in oral MRCGP examinations. The session incorporated a background briefing on ethnicity and fairness including current legislation and general advice, followed by group work on specific scenarios and experiences, and plenary discussion. As part of the selection process, all potential new examiners are required to pass a MRCGP multiple choice paper and attend a selection day that includes observed group work.

‘I am a Muslim woman. The examiners went to shake hands with me, and of course this is forbidden. It quite unnerved me. I really don’t think I gave my best in the oral, and that this contributed to my failure.’


The Royal College of Surgeons of England stated that they required all new examiners to undergo a mandatory training programme that included an equality and diversity module. Further, all existing examiners undertook the equality and diversity module as part of the reorientation training to enable them to transfer from a collegiate to an intercollegiate examiner. Examiners were assessed at least once during each examination to monitor examiner behaviour. The Royal College of Surgeons of Edinburgh used examiner training packages that included sessions on equal opportunities, covering aspects of racial, gender and disability discrimination. No formal process was used to evaluate the impact of this training other than monitoring of examiner behaviour during examinations. The Royal College of Ophthalmologists ran annual training days for examiners covering equal opportunities and communication skills. Further training was provided in examiner meetings before every examination.

‘I found her accent pretty impenetrable. Aberdonian wasn’t it? 297 years of “union” and they still haven’t learnt to talk so we can understand them! I’m afraid my grade’s going to be even more guesswork than usual.’


The Royal College of Obstetricians and Gynaecologists monitored examiners via rigorous selection and training processes, and indicated that their performance was scrutinised by means of observational and statistical analysis. Equal opportunities training was compulsory for all new examiners and the marking of written papers was coordinated by examination moderators and calibrated using reference scripts to maximise inter-marker reliability. Educationally validated standard setting procedures were applied to all components of the MRCOG examination. The Faculty of Accident and Emergency Medicine required all examiner applicants to complete a training day once selected, including sessions on awareness of cultural differences, religious belief and other unintentional bias. Examiner applicants were then assessed by a senior examiner. Successful applicants were then subject to periodic assessments, audit and performance review, and required to attend regular updates on examination techniques. The Royal College of Pathologists reported that it was currently developing a programme of training for all examiners that may include aspects of equality and diversity.
Key messages

- The majority of royal colleges require new and existing examiners to undergo equality and diversity training.
- The training provided to examiners is not consistent between Colleges and is not necessarily subject to assessment or evaluation.
- A number of colleges indicated that they evaluate the performance of examiners to evaluate the impact of this training.
Discussion

Royal college examinations can be a demanding and stressful experience for candidates, consisting of several complex assessments. To ensure the provision of accessible, appropriate and non-discriminatory services, royal colleges have a duty under the Race Relations Act to monitor and evaluate policies and procedures in order to eliminate any discrimination or bias that may exist. It is good practice to monitor and evaluate policies in relation to all areas of diversity. Equal opportunities monitoring enables an organisation to identify barriers to aspects of equality, accommodate for the needs of all, remove any unfairness or disadvantage, plan future action to address any inequalities, and assess progress over time. The analysis of equal opportunities monitoring data must be carried out using appropriate methods which ensure candidate confidentiality and remove bias. Where monitoring is not performed, or is inadequately analysed, it is impossible to determine whether unfair discrimination is occurring, and consequently, any perception that the examination process is discriminatory will persist. The ability to demonstrate the proactive and effective implementation of equal opportunities policies is necessary to protect an organisation from any legal challenge on the grounds of discrimination. Where equal opportunities policies are not effectively implemented, this could be used as evidence that an organisation is discriminatory.

This survey has found that the level and extent of monitoring and evaluation of policies and procedures by the royal colleges is both variable and inconsistent. The majority of royal colleges are already undertaking equal opportunities monitoring via similar processes and there are a number of examples of good practice. In many cases however, the recent implementation of these procedures means that insufficient data are available for meaningful analysis. This survey has been unable to substantiate or challenge the perception that postgraduate professional examinations are unintentionally discriminatory; however, it has demonstrated that more effective monitoring and analysis is necessary. Equal opportunities monitoring of pass/failure rates alone is insufficient because it does not take into account candidates who withdraw from examinations. Effective equal opportunities monitoring also needs to consider any complaints or appeals on the basis of discrimination. Discrimination can often be related to more than one equality strand; therefore, royal colleges should ensure they implement effective monitoring of all six strands in a manner that enables cross-referencing of equality strands. As royal college examinations form part of the UK specialist training programmes approved by the Postgraduate Medical Education and Training Board (PMETB), it is important that PMETB and the royal colleges work closely to ensure that the examinations undertaken as part of training are reliable and fair. Royal colleges should therefore provide regular feedback to PMETB on the performance of examination candidates in relation to all equality strands.

Ethnic monitoring of examination candidates
The results demonstrate that although ethnic monitoring of examination candidates is routine for the majority of royal colleges, the method of data collection and the level of response is variable. Implementation of the General Statutory Duty on race relations in an uncoordinated way makes it very difficult to use the data on ethnic monitoring for developing policy. One significant practical consideration is the variation in ethnic classification systems between royal colleges. The lack of uniformity and comprehensiveness in ethnic classification categories prevents efficient analysis and comparison of ethnicity data, and can inhibit identification of differences between groups. Greater focus is required on collecting more comprehensive data on the ethnicity of examination candidates over time and the subsequent analysis of these data. To assist public authorities with ethnic monitoring the CRE has published Ethníc mòntoro: a guìde fòr púbcil aùthoríties which is available at www.cre.gov.uk.18

The CRE recommends that the ethnic categories used for monitoring should be the same as those used by the DH and in the 2001 census. Ethnic classification systems should be comprehensive, practical, acceptable to individuals, and offer sufficient choice. This is important for comparing the
data collected with a benchmark and for effective analysis and cross-comparison. Ethnic monitoring analyses are only reliable if you have full information about the population in question; therefore, procedures should be in place to maximise the response rate. The CRE recommends that in explaining the collection of information on ethnicity, nothing should be said that might encourage people not to answer. For example, while not saying or implying that providing this information is compulsory, it is recommended that organisations do not highlight that the question is voluntary or offer a ‘Would rather not say’ option. If asked, staff should make it clear that the question is not mandatory. The DH has recently published A practical guide to ethnic monitoring in the NHS and social care which provides guidance on the standard collection and use of ethnic group and related data.19

The extent to which ethnic monitoring data are analysed by colleges is limited to a basic level and often based on small sample sizes. The results should be viewed in this light and no direct conclusions can be made regarding racial equality. The most detailed information provided by the Royal College of General Practitioners indicated that ‘white’ individuals performed better in all components of the college examinations compared to individuals in other ethnic categories. Similar results were found by the Royal College of Paediatrics and Child Health. Further analysis found a slight bias in favour of UK graduates compared to non-UK (international) graduates. In light of these results, it would be beneficial to develop an induction/pre-examination course for all candidates with an equality and diversity focus that provides information on cultural norms, examination processes and techniques, communication skills and basic information on the structure of the NHS. This type of intervention would allow candidates to compete on a level playing field and enable an examination process that assesses candidates fairly on their skills, competencies and knowledge relevant to the specific medical specialty. NHS Professionals currently runs similar induction courses (International Doctors Induction Courses (IDIC)) which last two to four days and are designed to support international doctors new to working in the UK. The courses provide an in-depth cultural introduction and help medical graduates gain employment in the UK.

For successful implementation of ethnic monitoring, more comprehensive data collection and analysis are essential. This should incorporate all ethnic categories recommended by CRE as well as distinguishing between UK and international medical graduates. Analysis of those from ‘unknown’ or ‘other’ ethnic backgrounds should be separate and assumptions should not be made about the ethnic background of these individuals. Any aggregation of data could hide significant differences between individual groups. The data should be compared with an internal and/or external benchmark and tested appropriately to determine if any differences are real or the result of chance. Any institutional barriers identified should be removed and if there is no obvious reason for the differences revealed by monitoring, examination of the decision-making process and analysis of those involved in this should be undertaken.

Monitoring of examination candidates with respect to gender, religion or belief, and age

As with ethnicity, the monitoring of candidates by gender is common practice among the royal colleges. From the limited information provided, the performance in examinations was found to be roughly comparable, with women slightly out-performing men. The lack of long-term data however, hampers analysis. In light of recent legislation in relation to religion and belief in Great Britain and Northern Ireland, the results demonstrate a lack of monitoring in this area. The forthcoming legislation on age discrimination has important implications for equal opportunities monitoring because royal colleges will have to ensure age is integrated into the formal monitoring process.
Disabilities monitoring of examination candidates

Very little information was provided by the royal colleges on the monitoring and provision of services for disabled people. From the responses it was found that candidates are requested to provide any details of additional requirements during the application process and each request is dealt with on a case-by-case basis. As the type and extent of a disability is often unique, dealing with each case individually is essential; however, the development of recommendations for the provision of services for disabled people is a valuable proactive measure. Under the DDA 1995 as amended, it is unlawful for education and training providers and related services to discriminate against students with disabilities or potential students with disabilities, without justification. According to the DDA 1995 ‘a person has a disability if he or she has a physical or mental impairment, which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities’. The adverse effect is long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of your life). If the impairment has substantially affected a disabled person’s ability to carry out normal day-to-day activities in the past, but does not any more, it will still be counted as having that effect if it is likely to do so again. Where a disabled person has a progressive condition that will substantially affect their ability to carry out normal day-to-day activities in the future, they will be regarded as having an impairment from the moment the condition has some effect on their ability to carry out normal activities. The definition of disability in the Act has been widened to include individuals, such as those with cancer, HIV infection and multiple sclerosis, who are covered effectively from the point of diagnosis.

Providers have an anticipatory duty to make reasonable adjustments to ensure that candidates are not placed at a substantial disadvantage. This might include changing admissions, administrative and examinations procedures, or adapting the physical features of the premises or changing the layout of the teaching area to anticipate the needs of disabled students. Providing additional teaching, communication (e.g. hearing loops) and support services, or offering information in different formats are other ways of anticipating need.

Sexual orientation monitoring of examination candidates

The monitoring of the sexual orientation of candidates was found not to be performed by any of the royal colleges to date. This represents a significant deficiency in the provision of equal opportunities and requires urgent attention. The professional lobbying group Stonewall has produced the following guidance for sexual orientation monitoring:

- in recognition of the reluctance by LGBT people to disclose their sexual orientation, monitoring should be carried out sensitively and with confidentiality assured
- clearly explaining why monitoring is required and reassuring LGBT people that it is safe to provide information may allay some of the fears involved in declaring sexual orientation
- in collecting the information, it is important to use sensitive terminology, avoiding the suggestion that heterosexuality is the norm and that being lesbian, gay or bisexual is different from the norm
- sexual orientation monitoring should be voluntary and individuals should be provided with the option of stating that they would prefer not to provide this information
- it may be helpful to provide alternative wording when requesting information on sexual orientation as people of different generations use different language to define their sexuality.

Other examples of best practice and resources for sexual orientation are available from the equality and human rights section of the DH website. Information about transgender (trans) is sometimes included in sexual orientation monitoring. This, however, is not necessarily appropriate since this relates to gender identity (sex) and not sexual orientation. Gender identity is not covered by the sexual orientation regulations and has separate legislation including The Gender Recognition Act 2004.
Ethnic and gender monitoring of examiners

In providing equal opportunities in royal college examinations, it is imperative that all those involved in the process are monitored and trained accordingly. The survey of examiners involved in royal college examinations revealed some significant disparities in the ethnic background and gender of examiners. For those colleges that provided data there was a disproportionate number of examiners from a white background, and a bias in favour of male examiners. This has important implications for the examination process as the diversity of examination candidates is unlikely to be reflected by the profile of examiners, and could potentially lead to unfair treatment and discrimination. For example, over 60 per cent of medical school applicants are now female and 31 per cent are from an ethnic minority background.\textsuperscript{21,22} As examiners are predominantly drawn from the consultant workforce, it is unlikely that the examiners’ panel for each specialty will be representative of the candidate population or medical workforce in relation to the ethnic diversity and gender profile of examiners. The examiners’ panel should reflect the consultant workforce of the respective specialty and be respondent to the changing demographics of the candidate population and medical workforce. With changes being introduced through Modernising Medical Careers (MMC) for staff and associate specialist grade doctors, which include opening up training opportunities, it will be increasingly important for royal colleges to ensure a balance of ethnic groups among examiners.

Training of examiners in equality and diversity

The quality and level of training received by examiners in equal opportunities play a vital part in ensuring that candidates receive equal treatment. Results from the survey found that the majority of royal colleges require new and existing examiners to undergo training in equality and diversity. It is also important to evaluate examiners’ performance to ensure appropriate behaviour and monitor the effectiveness of the training provided. A number of colleges indicated that they assess examiners to ensure that this training is effectively implemented. No details were provided on how examiner performance was formally evaluated.
Recommendations

1. **A commitment to undertake diversity monitoring of candidates and examiners should be made at the most senior levels.** This would serve to demonstrate the importance and value of equality and diversity throughout the whole organisation. Royal colleges should consider appointing a diversity officer at council level who would have responsibility for this activity and for providing regular feedback to the council.

2. **Royal colleges must put in place appropriate measures to monitor and evaluate their equal opportunities policies.** As a minimum, for best practice, this should take the form of an equality scheme and include all six equality strands of ethnicity, gender, disability, sexual orientation, religion and belief, and age.

3. **Royal colleges should ensure that they monitor all six equality strands and are compliant with equality legislation in the UK.** In order to be compliant with the Race Relations (Amendment) Act 2000, royal colleges must conduct ethnic monitoring of examination candidates by January 2007. In order to address the requirements of the other equality legislation, royal colleges should ensure that they monitor all six equality strands. This monitoring should be done in accordance with the code of practice issued by the CRE, the EOC and the DRC. Guidance on monitoring for sexual orientation is provided by ACAS and the professional lobbying group Stonewall. Guidance on monitoring religion and belief is also provided by ACAS. Further information on age legislation is available on the Age Positive website at [www.agepositive.gov.uk](http://www.agepositive.gov.uk).

4. **Monitoring data should be requested on an ongoing basis and be routinely analysed.** It should be recorded in a computerised format that enables cross-referencing of all the equality strands in relation to pass rates and other examination characteristics. This will enable royal colleges to assess whether fair treatment is being provided for all candidates and to identify potential discriminatory influences. These should then be discussed by the relevant examination committee and actioned appropriately.

5. **Equal opportunities monitoring of royal college examinations should include analysis of drop-out rates and complaints.** Royal colleges should monitor and analyse drop-out rates and complaints on a long-term and ongoing basis to ensure that any links with equality considerations are identified.

6. **Royal colleges should use standard categories for the collection of equal opportunities data.** In collecting equal opportunities data, standard categories should be used such as those recommended by the CRE, DH and used in the 2001 census, so that results are comparable within and across colleges and within the health service more widely.

7. **Royal colleges should clearly explain the purpose of equal opportunities monitoring when collecting the data.** Many people do not respond to requests for equality and diversity monitoring data, therefore, royal colleges should clearly state when requesting this information why it is being collected, how it will benefit the respondent and for what purpose it will be used. Applicants should be reassured that it will not be used in a negative or discriminatory way. It should also be explained how the data will be stored and reported, particularly with regard to anonymity and confidentiality.
8. The form used by royal colleges for collecting equal opportunities data should be practical, provide sufficient and appropriate choice, and be worded in a non-offensive and non-discriminatory manner. The BMA has produced guidance on non-discriminatory language. 26

9. PMETB should request annual reports from royal colleges that provide information on candidate performance in relation to each equality strand. This should be provided in a standardised format that enables cross-referencing between equality strands and comparison between medical specialties. This will enable PMETB to assess whether fair treatment is being provided for all candidates and to identify potential discriminatory influences.

10. Consideration should be given to the provision of an induction or examination preparation course for all royal college examination candidates. This course should include training in cultural norms, examination processes and techniques, communication skills and basic information on the structure of the NHS. Course feedback should be provided to college examiners allowing them to identify the types of difficulties faced by some examination candidates. The course could be developed, coordinated and provided centrally through the Academy of Medical Royal Colleges or the Conference of Postgraduate Medical Deans (COPMeD).

11. Royal colleges should agree a policy statement about disabled candidates and publish it on their websites and in examination packs. This should include information about the types of provision that are available in order to reduce disability barriers and create an enabling environment.

12. Royal colleges should request and record information on examiners in relation to all the six equality strands. While gender and ethnicity are routinely collected by the majority of colleges, other forms of diversity should now be considered in light of recent employment equality legislation. These data should also be computerised and collected in a standard format which enables cross-referencing of equality strands and comparison within and between royal colleges.

13. Royal colleges should introduce measures to increase the number of female examiners and recruit more examiners from minority ethnic backgrounds, particularly those where there is significant under-representation.

14. Examiners should be provided with training in equality and diversity at regular intervals by someone with knowledge and expertise in the subject. This training should include information relating to ethnicity, gender, sexual orientation, age, religion and belief, and disability.

15. Royal colleges should implement formal processes to monitor and evaluate examiner performance and behaviour, in relation to all aspects of diversity.

16. Information relating to equal opportunities, including assessment of policies, procedures, consultations and monitoring results should be included in the annual report of each royal college. This information should be accessible to all interested parties, including candidates and potential candidates.

17. Royal colleges should review their practices in relation to equality and diversity on a regular basis taking into account changes to the legislation and conclusions from their monitoring schemes.
Appendix I

A copy of the letter sent to royal colleges

Direct Line: 020 7383 6843
Direct Fax: 020 7383 6383
Email Address: hforrester@bma.org.uk

«Name»
«Address»

05 September 2003

Dear «Salutation»

ROYAL COLLEGE EXAMINATIONS

I am writing to you in my capacity as Chairman of the BMA Equal Opportunities Committee. The committee is undertaking an ongoing programme of work aimed at promoting equal opportunities for the medical profession in the NHS work place and in training.

As part of this work we are looking at the career barriers faced by different groups of doctors, particularly in relation to ethnicity, gender, disability and sexual orientation. Royal college examinations are a key part of a doctor’s career progression and I am writing on behalf of the committee to request information on pass rates for the «Qualification» examination(s). I should be grateful if you could send me the pass rate, according to (a) ethnic origin and (b) gender. If you have any information relating to disability and sexual orientation, this would also be much appreciated.

Finally, at the Annual Representative Meeting of the BMA in July it was resolved that “this meeting … calls on royal colleges to include more assessors from broader ethnic backgrounds in their courts of examiners”. I should be grateful if you would let me know what steps the college is taking to prevent discrimination in the assessment of candidates.

I should like to thank you in advance for your assistance in this matter.

Yours sincerely

Dr George Rae
Chairman, Equal Opportunities Committee
Appendix II

A copy of the second letter sent to royal colleges

BMA House, Tavistock Square, London, WC1H 9JP
T 020 7383 6351  F 020 7383 6383
E ASharpe@bma.org.uk

«Name»
«Address»

Our Ref: DPA/AYS 1 February 2005

Dear «Salutation»

ROYAL COLLEGE EXAMINATIONS

I am writing to you in my capacity as Co-chair of the BMA Equal Opportunities Committee. As you are aware, the committee is undertaking an ongoing programme of work aimed at promoting equal opportunities for the medical profession in the NHS work place and in training. As part of this work we are looking at the career barriers faced by different groups of doctors, particularly in relation to ethnicity, gender, disability and sexual orientation. Royal college examinations are a key part of a doctor’s career progression. In September 2003, Dr George Rae (the previous Chair) wrote to you to request information on pass rates for your examination(s) according to (a) ethnic origin and (b) gender. You were also asked to provide any information relating to disability and sexual orientation. A summary of the responses received from those royal colleges who participated is given in the attached report.

We should be grateful if you would let us know if the data accurately reflect your current situation and provide us with an update if necessary. If you were unable to respond to our previous request, please could you provide us with the information pertaining to your organisation. We would like to extend this study by gathering additional data on examiners, which was not specifically requested on the first occasion. We would therefore be grateful if you could provide information about the composition of your examination board(s)/assessors in terms of gender and ethnicity, as well as type of training in equality and diversity that they receive and how this is evaluated. We would also welcome examples of good practice from within your college with regard to any of the issues raised and information on any plans for future work.

We would like to highlight that under the 1976 Race Relations Act (General Statutory Duty) Order 2001, royal colleges are listed as one of the organisations that should ‘have due regard, when exercising their functions, to the need to eliminate unlawful racial discrimination and to promote equality of opportunity and good relations between persons of different racial groups’. In order to do this royal colleges must make sure they know how all their policies and services affect race equality. Therefore, we believe that it would be good practice for royal colleges and faculties to record data on ethnicity as well as other measures of diversity.

We plan to re-assess all of the information gathered with a view to producing guidelines on equality and diversity monitoring and evaluation. We are particularly keen to understand how you use any monitoring data to evaluate policies with regard to their effectiveness.

We should like to thank you in advance for your assistance in this matter.

Yours sincerely

Dr Sam Everington
Co-chair
Equal Opportunities Committee
Appendix III

A list of the royal colleges and faculties contacted

The following royal colleges and faculties were contacted:

• Royal College of Physicians and Surgeons of Glasgow (RCP SG)
• Royal College of Physicians of Edinburgh (RCPCEd)
• Royal College of Physicians of London (RCP)
• Royal College of General Practitioners (RCGP)*
• Royal College of Anaesthetists (RCA)
• Royal College of Obstetricians and Gynaecologists (RCOG)*
• Royal College of Paediatrics and Child Health (RCPCH)*
• Royal College of Ophthalmologists (RCOphth)
• Royal College of Pathologists (RCPath) *
• Royal College of Psychiatrists (RCPsych) *
• Royal College of Radiologists (RCR)
• Royal College of Surgeons of England (RCS(Eng)) *
• Royal College of Surgeons of Edinburgh (RCS(Ed))
• Faculty of Accident and Emergency Medicine (FAEM) *
• Faculty of Occupational Medicine (FOM)
• Faculty of Dental Surgery (FDS) *
• Faculty of Public Health Medicine (FPHM) **

* Because no response was received from these colleges to the letter in February 2005, a reminder letter was sent in May 2005.
** The Faculty of Public Health was unable to provide a response in the time frame required.
Appendix IV

A copy of the RCP SG equal opportunities policy

POLICY STATEMENT: EQUAL OPPORTUNITIES
The Royal College of Physicians and Surgeons of Glasgow aims to make every effort to provide an environment for candidates that is free from discrimination. It is the policy of the College that no candidate receives less favourable treatment than another on the grounds of age, gender, sexual orientation, marital or parental status, race or ethnic origin, colour, creed or religion, disability, political belief or social class or other irrelevant distinction. The College aims to assess candidates on the basis of merit, competency and potential.

To achieve this, the College has implemented the following strategies:
• formal mechanisms for training examiners;
• improved equal opportunities awareness for departmental staff with regard to examinations practice and customer service;
• monitoring admissions and examination results in relation to changes in the candidate population profile;
• independent monitoring of:
  • modes of assessment;
  • examiner behaviour;
• a review of results and appeals procedure;
• review of policies and practices for fairness and relevance;
• special arrangements policy for candidates with disabilities and/or other specific requirements;
• policy for consideration of candidates’ exceptional circumstances.

The College will therefore not accept behaviour from staff, members, examiners or candidates, which constitutes sexual or racial harassment or that which results in unlawful discrimination on any grounds. The College adheres to the provision for the protection of the rights of the individual within the following legislation:

- The Disability Discrimination Act - 1995
- Special Educational Needs and Disabilities Act 2001
- The Race Relations (Amendment) Act - 2000
- Data Protection Acts 1984 and 1998

The College maintains the right to discriminate lawfully in the interests of the medical/dental profession and this policy encompasses any regulations applied by relevant statutory or regulatory bodies such as the General Medical Council and General Dental Council.
Examination Arrangements for Candidates with Special Needs
Special examination and other assessment arrangements may be made for candidates with permanent or temporary disability. These arrangements are intended to allow candidates to perform to the best of their ability. The arrangements are not intended to give any unfair advantage to any candidate.

It is the responsibility of the candidate to notify the Examinations Office of the College when they submit their application of any special circumstances. Applications for special consideration must be supported by written evidence in the form of a medical report from their General Practitioner or their Consultant trainer or Postgraduate Dean. In certain cases, such as dyslexia, a current Dyslexia Assessment report from an educational psychologist will be required. In the case of a temporary disability due to ill health or accident which occurs after the application has been submitted, candidates must inform the Examinations Office as soon as possible before the examination.

Each case will be assessed by the Head of Examinations together with the Honorary Registrar for the examination. Candidates will be informed in writing of the outcome of their application for special consideration and of the arrangements that will be made to meet their needs.

Data Protection
All personal information held by the Examinations Office of the College will be held in accordance with the Data Protection Acts of 1984 and 1998. In cases where the exam is an Intercollegiate examination, data collected will not be released outside of the partner Royal Colleges. You can download the Equal Opportunities Monitoring Form from our website.
Appendix V

A copy of the RCPSG equal opportunities monitoring form

As part of the Equal Opportunities policy the College will monitor admissions and examination results in relation to changes in the candidate population. Part of this monitoring process requires that we gather information on candidates’ ethnic origin. This information will not be used in a negative or discriminatory way but will be used to ensure that the examinations provide equal opportunities for all. All such information will be held in strictest confidence. This information will not be available to anyone involved in examining you or to anyone involved in processing your results. Any use made of this data will not allow any individual to be identified.

Although we urge you to complete this form, whether you do so or not is entirely voluntary. Whatever your decision it will not affect how we process your results.

Nationality: ____________________________ First language: ____________________________

Choose one selection from the list below to indicate your cultural background:

a) White
   - British
   - Irish
   - Any other white background, please specify ____________________________

b) Mixed
   - White and Black Caribbean
   - White and Black African
   - White and Asian
   - Any other mixed background, please specify ____________________________

c) Asian or Asian British
   - Indian
   - Pakistani
   - Bangladeshi
   - Any other Asian background, please specify ____________________________

d) Black or Black British
   - Caribbean
   - African
   - Any other Black background, please specify ____________________________

e) Chinese or other ethnic group
   - Chinese
   - Any other ethnic background, please specify ____________________________

f) Middle East/Arabic
   - Arabic
   - Any other Middle Eastern background, please specify ____________________________

Please return the completed form with your application. Thank you for your co-operation.
## Appendix VI

### Summary of recommendations by the RCPSG for matching provision of services with special needs

<table>
<thead>
<tr>
<th>Category</th>
<th>Separate Room</th>
<th>Extra Time</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visual Impairment</td>
<td>Yes (for orals)</td>
<td>Yes</td>
<td>• All written material whether in written exams, orals or clinics enlarged</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Possible use of a computer in written exams</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Possible use of a scribe to transfer MCQ answers to optically marked sheet</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Additional lighting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Any photographic material should be enlarged</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Inform relevant examiners in orals and clinics</td>
</tr>
<tr>
<td>Hearing Impairment or deafness</td>
<td>Yes (for orals)</td>
<td>Possibly in Orals</td>
<td>• Written instructions issued at the start of an exam or seated near front of exam hall</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Sign language interpreter</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Inform relevant examiners</td>
</tr>
<tr>
<td>Speech Impairment</td>
<td>No</td>
<td>Possibly (in Orals &amp; Clinical exams)</td>
<td>• Inform the relevant examiners in orals and clinics</td>
</tr>
<tr>
<td>Dyslexia</td>
<td>Yes</td>
<td>Yes</td>
<td>• All written material in dyslexic ‘friendly’ fonts</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• All written material on appropriately coloured paper if required</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Use of computer in essay style exams</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Additional lighting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Specific formatting</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Double marking of scripts</td>
</tr>
<tr>
<td>Mobility problems which may:</td>
<td>Yes if access difficult Yes</td>
<td>Not normally Yes</td>
<td>• Ensure access is possible for all rooms and appropriate toilet facilities are available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• In clinical exams – patients in adjustable beds</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Extra time of 5 min per hour to allow candidate to move around</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Adjustable desk</td>
</tr>
<tr>
<td>Difficulties with writing eg Arthritis or RSI</td>
<td>Yes</td>
<td>Yes</td>
<td>• Use of a Scribe appointed by the College</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Computer + voice recognition software</td>
</tr>
<tr>
<td>Reduced stamina eg ME</td>
<td>Yes</td>
<td>Yes/no??</td>
<td>• Timetable oral or clinical exam in morning</td>
</tr>
<tr>
<td>Dietary problems eg Diabetes</td>
<td>Yes</td>
<td>No</td>
<td>• Allowed to bring food/drink into the exam hall</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Provide refreshments at orals &amp; clinical exams</td>
</tr>
<tr>
<td>Mental Health Problems such as:</td>
<td>Yes</td>
<td>No</td>
<td>• Provision of a separate room in case the candidate suffers an attack and behaves in a manner that would disrupt the other candidates</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>• Claustrophobia</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>• Agoraphobia</td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td>• Panic attacks</td>
</tr>
<tr>
<td>Mitigating Circumstances:</td>
<td>No</td>
<td>No</td>
<td>Possible effect on performance</td>
</tr>
<tr>
<td></td>
<td>Possibly</td>
<td>Possibly</td>
<td>• To be considered by the examiners at the adjudication stage</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• May need scribe or disabled access depending on nature of injury</td>
</tr>
<tr>
<td>Disruption during the exam</td>
<td>No</td>
<td>No</td>
<td>Possible effect on performance</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• To be considered by the examiners at the adjudication stage</td>
</tr>
</tbody>
</table>
References

2. Personal correspondence from Dr Marc Verlot, Head of Public Sector Policy, Commission for Racial Equality, 8/9/05.
3. Department of Trade and Industry press release (17.02.06).
9. Personal correspondence from Lowri Griffiths, Gender Equality Duty Manager, Equal Opportunities Commission, 01/11/05.
20. www.drc.org.uk
Tackling sexually transmitted infections – examples of good practice (2006)
The expert patients programme – a discussion paper (2005)
Guide to effective communication – non-discriminatory language (2005)
Sexual orientation in the workplace (2005)
Religion and belief: best practice guide for arranging meetings (2005)
Becoming a doctor 2005 (web resource – updated annually)
Medical specialties: the way forward (2005)
Population and genetic screening (2005)
Vaccine development – web resource (2005)
Mobile phones and health – an update (2005)
Healthcare in a rural setting (2005)
Binge drinking (2005)
Emergency planning arrangements for the NHS in the UK – a collection of responses from the Board of Science (2005)
Hepatitis B vaccination in childhood (2005)
Over the counter medication (2005)
Preventing childhood obesity (2005)
Biotechnology, weapons and humanitity II (2004)
Refuse management and health (2004)
Medical education A to Z 2004 (web resource)
Developing the doctor – manager leadership role (2004)
Smoking and reproductive life: the impact on smoking, reproductive and child health (2004)
Doctors with disabilities (2003)
Getting involved in BMA committees (2003)
Adolescent health (2003)
Sign-posting medical careers for doctors (2003)
Communication skills education for doctors: a discussion paper (2003, revised 2004)

Copies of these and other reports can be obtained from:
Science and Education Department, British Medical Association,
BMA House, Tavistock Square, London, WC1H 9JP.
Tel: +44 (0) 20 7383 6164 Fax: +44 (0) 20 7383 6383
Email: info.science@bma.org.uk
www.bma.org.uk