THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH

Black Surgeons in the UK

OPENING STATEMENT

With 46% of NHS medical staff being from a non-white ethnic background, medicine – and surgery – continues to attract and develop significant numbers of 'BAME' doctors, However the figures mask the fact that only a small number of Black students enter medical school and go on to develop careers as medical professionals. The latest NHS data (March 2020) shows that of the 25,175 doctors in surgical specialities, there were fewer than 900 Black surgeons across all career grades working in NHS England, of which only 190 are Consultant Surgeons.[1]

The figures also overlook significant disparities within the Black community, in particular between those of Black African as opposed to Black Caribbean background.

The reasons for this absence of Black medical professions are complex and manifold, reflecting a range of long standing socioeconomic, cultural, political and historic factors. Racism, whether it is overt or unconscious, is also a reality for many and can have far-reaching consequences. For instance, Black women are four times more likely than white women to die in pregnancy or childbirth in the UK[2] and research in the Harvard Business Review shows how Black men in the USA receive more effective care when they are treated by Black doctors.[3]

The Pandemic has worsened existing health inequalities, particularly amongst Black communities who have been disproportionately represented in Covid-19 deaths. Black communities also often have fewer resources and less access to healthcare, and there are also fewer medical professionals in those communities who can truly connect with those patients.

We therefore have a responsibility to work collectively across medicine and healthcare to understand and address the barriers preventing greater Black representation. An important first step as a professional, representative body is to recognise the role that we can play in developing a more diverse surgical body, whether this is encouraging greater participation in College activities or working collaboratively to enact systemic change. This may raise uncomfortable and challenging questions, but it is one that RCSEd is committed to.

NOTE ON TERMINOLOGY

This briefing explicitly focuses on, and refers to, the 'Black' ethnic group from the Black African and Black Afro-Caribbean Diaspora. Unfortunately, much of the published workforce and related data refers to 'BAME' or 'BME', broadening the ethnic classification to include people of Asian, Indian or Chinese heritage who often have very different lived experiences. Not only does this mask the under-representation of Black doctors but can mean the specific needs of the Black communities are not fully understood and programmes designed to improve Black representation in medicine have a muted impact.

Where it is available, this report uses specific date on the 'Black' ethnic group. Where 'BAME' or 'BME' have been used in this briefing, it is only because information is not broken down into a specific 'Black' element in these specific cases.

However, the 'Black' definition does not by itself reflect the variety of lived experiences within the Black community. As one Black doctor states, "I have different views to Black doctors who weren't brought up here, I can't speak for them"[4] and the same could be said for the differences between Black male and Black female doctors, LGBTQ+ doctors and so on. Whilst there is some specific information available that illustrates such differences, it is often patchy and inconsistent. This means that detailed intersectional information – such as the socioeconomic background of Black doctors – is often absent. These inconsistencies need to be rectified.

HEADLINE STATISTICS

In March 2020, 1.3m people were employed in NHS trusts and clinical commissioning groups in England. Of these,

- 6.5% of all NHS England staff were Black (compared with 3.4% of all working age people)[5]
- 5.2% of medical staff were Black.[6]
- 4.2% of the surgical workforce were Black (November 2020)[7]

In terms of grades

- 3.6% of senior doctors were Black (compared to 31.4% Asian) as were 7.1% of junior doctors[8]
- 2% consultant surgeons (190 in total) and 6% surgical trainees (740) were Black[9]

WHY ARE THERE SO FEW BLACK DOCTORS?

Medicine is a traditionally upper/ middle-class profession, and white doctors tend to be more affluent, with the largest cohort (over 30%) coming from the highest socioeconomic quintile. In contrast, BME doctors make up a greater proportion of the most deprived two quintiles.[10]

Further, the Medical Schools Council estimating that half of all state schools in England do not provide any applicants to medicine. Further, some 80% of medicine applicants came from around only 20% of schools or colleges, most of which are selective with a pupil intake from managerial or professional backgrounds and from neighbourhoods with low indices of multiple deprivation[11]. Indeed, in 2018 there were 50% fewer entrants to medicine from lower occupations classifications than entrants to higher education.[12]

In contrast, the Social Metrics Commission found that nearly half of Black households in the UK live in poverty, compared with just under one in five white families.[13] 30% of Black children are also considered to live in low-income households[14], with Black and Mixed ethnic groups the most likely to have a gross household income of less than £400 per week.[15]

Moreover, Black pupils receiving free school meals (FSM) have attainment rates considerably below the average for all those receiving FSM[16] and have the lowest pass rate for GCSE English and maths combined of any ethnic group[17]. However, research for the Runnymede Trust argued that whilst a focus on attainment gaps was important because these had "profound material consequences", one should look at education as a wider enterprise and the experiences of Black pupils in schools. Based on research in secondary schools Greater Manchester, the authors argue that racism "still plagues our society and our schools".[18]

Whilst there are differences within the 'Black' ethnic group with Black Africans outperforming Black Caribbean children[19] and girls doing better than boys[20], Black Caribbean children are also five times more likely to be excluded than their white peers in some parts of England.[21]

Covid has exacerbated many of these pre-existing inequalities. Public Health England report that the highest age standardised diagnosis rates have been in people of Black ethnic groups and the closure of schools disproportionately disrupted both the education and the social support networks of the poorest children.[22] Indeed, whilst there was an overall increase in A level grades in England in 2020, only 39% of pupils from state comprehensives got As or A*s compared to 70% of independently educated pupils.[23] Only 12% of Black students achieved three 'A' grades or better in 2020, the lowest rate of any ethnic group[24] and were under-represented amongst those gaining the A* - B Grades in core subjects such as Chemistry and Biological Sciences needed for medical school.

Whilst 45% of Black 18-year-olds across England were accepted to higher education in 2019 - higher than their white counterparts (30%) – this was lower than other 'BAME' groups[25] Further, there were stark disparities within the Black ethnic group, with 'Black Africans' making up 78% of those going to HE[26] and only 5% of British students from Black Caribbean families gaining places in "high tariff" universities in 2020, compared with more than 10% of all students.[27]

Once in HE, Black children are less likely to obtain high grades, attend 'prestigious' universities, end up in a highly skilled job, study further or have career satisfaction.[28] For instance,

- only 8% of Black 18-year-olds entering higher education in 2019 went onto a higher tariff institution (the lowest rate of any ethnic group)[29].
- whereas 78% of white students who graduated in 2018 got a First or 2:1, only 53% Black students got the same.[30] However, Nerys Roberts and Paul Bolton state that while some of this difference can be 'explained' (statistically) by differences in entry qualifications, even when this is considered with other factors, there remains an 'unexplained gap'.[31]
- 15% of Black students dropped out of HE in 2016/17, the highest ethnic group to do so.[32]
- only 6.2% of UK domiciled students enrolled onto STEM related subjects at UK universities are Black (4.8% Black African, 1.2% Black Caribbean, 0.2% Black Other).[33]

COMPARATIVELY FEW BLACK MEDICAL STUDENTS

UK Medical students are ethnically diverse, with around 40% of students coming from 'home grown' ethnic minorities.[34] However this again hides the fact that both Black Caribbean and lower socioeconomic students remain underrepresented within medical schools, with just 330 out of 6,660 entrants to Medical School in 2017 being from a Black background.[35]

Initiatives such as Gateway Year (GWY) programmes and an expansion of medical school places to "widen the social profile of medical students" are priorities in medical education, and studies show that students from state-funded schools with similar pre-entry test scores outperform students from independent schools[36] and achieve better undergraduate examination results.[37]

However, it is difficult for non-white students to enter medical school even when they achieve equivalent A-level grades as their white peers.[38] For example medical schools differ in how they select and educate students, resulting in considerable variability in outcomes for graduates of different medical schools[39].

The ethnic attainment gap widens at medical school, with UK BME medical students tending to underperform academically compared with their white counterparts. Ethnic differences in attainment have persisted and cannot be dismissed as atypical or local problems. Learning is a social activity and ethnically defined social networks and the informal transfer of knowledge impacts academic performance, isolating minority groups from useful academic information.[40]

A focus group of BME medical students in the West Midlands pointed to a lack of trust in the institution, with many not seeking support. Indeed, medical schools are failing to monitor racial harassment and abuse of ethnic minority students, with only half of medical schools collecting data on students' complaints about racism and racial harassment.[41]

Other issues include 'imposter syndrome', with students indicating that they had to mask their identity to fit in among their peers and to avoid negative stereotyping and (albeit rare) overt racism from their peers and patients. Cumulatively, this means that many Black students reported feelings of isolation, reduced self-confidence and low self-esteem.[42]

DIFFERENTIAL ATTAINMENT WITHIN MEDICAL TRAINING

These problems persist in postgraduate education[43] with Black doctors reporting that they receive less support and feedback during training, experience more barriers, and are more separated from support networks than their white counterparts.

The GMC's State of medical education and practice in the UK 2020 report found that 87% of white trainees perceived their working environment as supportive for everyone, compared with 79% of Black or Black British trainees. Further since 2012 there has been a persistent 10% difference in responses to the question 'I was adequately prepared for my first F1 post' between BME and white F1 doctors[44] and the GMC's Fair to Refer Report (2019) showed that Black and Asian doctors are twice as likely to be reported to the GMC[45]. Inadequate induction and support, working patterns which leave them isolated and poor feedback by managers are cited as reasons behind these referrals.[46]

When the exam outcomes for GMC registered candidates were analysed by the place of primary medical qualification, ethnicity and socioeconomic status, UK BME doctors from the most deprived socioeconomic group are found to be the group with the lowest average pass rate.[47] There is also a 10% difference between the pass rates of the most and least deprived cohorts and of all ARCP outcomes awarded to core medical training doctors, doctors from the most deprived backgrounds received the highest proportion of unsatisfactory outcomes.[48]

Similarly, there is a 12% difference in specialty exam pass rates from a UK medical school for white as opposed to BME trainees[49], and white trainees also have a higher proportion of successful ARCP outcomes[50] and are more likely to get their first choice of Foundation programme than their BME counterparts[51]. UK-BME doctors are also more likely to apply to further training directly following their F2 year.[52]

However, the GMC also state that 'this variation cannot be explained by factors such as socio-economic status'[53] as white trainees outperform BME doctors in exam attempts even when comparing individuals from the same socioeconomic background.[54] As they state, "some doctors, particularly those from a BME background are treated as 'outsiders', creating barriers to opportunities and making them less favoured than 'insiders' who experience greater workplace privileges and support."[55] Indeed, during Covid, greater proportions of doctors from a Black or Black British ethnic group were redeployed and reassigned outside of their specialty than any other ethnic group.[56]

WHY ARE THERE SO FEW BLACK SURGEONS?

If the medical undergraduate and training pathways are difficult for Black students to enter and navigate, then doctors from Black and low-income backgrounds are even less likely to enter a surgical specialty.[57] In November 2020, the surgical 'workforce' in NHS England comprised approximately 25,125.[58] 'Black or Black British' account for 4% of this total and just 2% of surgical consultants – 190 individuals – were categorised as Black.[59]

Black trainees are less likely to pass their specialty exams, with an average pass rate for UK BME doctors being 63% as opposed to 74.8% for white doctors in 2015.[60] Non-completion of training and non-standard outcomes at ARCP are also higher in surgery amongst those from a minority ethnic background,[61] ethnicity has also been identified as an independent risk factor for BAME candidates faring worse at both Part A and Part B of MRCS exams than their white peers[62].

The cost of under- and postgraduate medicine can also be reasonably seen as a significant barrier. A 2015 analysis showed that once loans for living costs are factored in, medical graduates were unlikely to repay their debt in full before it is written off at the end of the 30th year after graduation.[63] Surgery as a whole is significantly more expensive than medicine, with an estimated £40,000 needed to be spent to reach the end of training.[64] In terms of Oral and Maxillofacial Surgery - a unique surgical speciality because it requires two undergraduate degrees - training has been estimated to cost up to £116,700,[65] so it is unsurprising that a recent study of 284 potential or current surgical trainees suggests the cost of postgraduate surgical training was disproportionately deterring those from low-income backgrounds.[66]

As is the case across all male-dominated specialties, Black males earn over £1,000 per month more than their Black female counterparts (£5,243 compared to £4,214).[67] There is also an ethnicity pay gap, with the average (mean) monthly basic pay per full time equivalent of Black NHS medical staff in May 2020 being £4,784 compared to £5,956 for their white counterparts.[68]

Furthermore, there is also a difference in the promotions of Black surgeons, as they are promoted far less than white colleagues. For example, Black men who were junior surgeons in 2010 were 27% less likely to be promoted to consultant than white men between 2016 and 2020, while Black women were 42% less likely.[69]

WHAT CAN RCSED DO?

Understand and challenge the specific challenges facing the Black communities

Education and training costs may be a barrier to increasing the number of medical professionals from Black and lower socioeconomic background. Nearly half of Black African Caribbean households live in poverty. Still, despite 45% of Black children entering higher education, social mobility is failing as they are less likely to obtain high grades, enter 'prestigious' universities, end up in a highly skilled job, study further or have career satisfaction.

The evidence shows that Black medical trainees are less likely to get their first choice of Foundation programme, pass their speciality exams, complete their surgical training, and have satisfactory ARCP outcomes. They are more likely to be redeployed but are lower paid and less likely to be promoted to consultant level. This is despite evidence that shows there is no difference in the levels of competency due to ethnic or socioeconomic origin.

One cannot simply ignore the well evidenced, deep rooted social and racial inequalities in UK society nor the individual and collective lived experiences of those who are affected by bigotry and structural racism. RCSEd therefore acknowledges that institutional and structural racism exists in medicine just as it does in society as a whole. As such, we have a duty to use our resources and influence and work with all interested partners to promote surgery amongst Black communities as a viable career and create a better learning and working environment for Black surgeons. This also means scrutinising existing interventions such as Equalities and Diversity training with a view to improve how they challenge and address negative stereotypes in surgery.

Most common challenges facing Black surgeons

- Difficulties entering medical school even when they achieve the equivalent A-level grades as their white peers.
- Less likely to get their first choice of Foundation programme and more likely to apply to further training directly following their F2 year.
- Less support and feedback during surgical training, and more likely to have non-standard ARCP outcomes, and fail speciality exams.
- Promoted far less than white colleagues, with the lowest proportion of Consultant Surgeons of all the ethnicities.

We also need to acknowledge that education and training costs are a significant barrier to increasing the number of medical professionals from Black and lower socioeconomic backgrounds and that differential attainment is not necessarily down to the learner but structural factors such as the learning environment and histories of exclusion.

PROMOTE ROLE MODELS AND MENTORS

Feedback from our members and fellows has shown that the lack of representation, visibility and inclusion of Black surgical role models not only reinforces unconscious bias, but also means informal, local support networks within the profession are difficult to access and maintain for some Black surgeons.

As stated above, Black trainees are more likely to fail their specialty exams[70], not complete their training and have non-standard ARCP outcomes.[71] Therefore, promoting role models is not only important in encouraging and mentoring Black medical students and trainees but also raises overall visibility.

BETTER CAREER SUPPORT

In addition to this, we will also need to provide additional support for Black Consultants, Associate specialists, and newly appointed consultants to challenge unconscious bias and negative stereotypes within the profession to help address inequalities.

As research and academic training are integral to surgical career progression, more needs to be done to understand Black representation in surgical research roles and if there are specific barriers that deter or inhibit greater participation.

However, ethnic minorities struggle to access research, potentially putting them at a disadvantage. Perhaps the College can make recommendations to review and improve diversity in this area.

PROMOTE CHANGE WITHIN RCSED

With around 45% of our members and fellows being from a non-white background, RCSEd is proud of its ethnic diversity. However, until now we have not specifically looked at the explicit and nuanced issues facing Black surgeons.

The first step is to analyse and understand the experiences of the 2% of our members and fellows who have described themselves as Black. We then need to look at specific characteristics to better understand differences within the Black surgical profession, such as between those of a Black African and Black Caribbean ethnicity and their particular experiences. This will greatly improve both our understanding as well as the effectiveness of our interventions.

The second step is to look at how leadership positions are filled within RCSEd. We do not have – nor have we ever had - any Black Council members or committee chairs.[72] Similarly we do not have any networks for any under-represented groups to meet, share experiences and be encouraged into RCSEd leadership positions. Only two of our examiners are Black.

The third step is to look again at our core educational, examination, membership and external engagement activities. RCSEd has a genuine desire to better understand both the macro and micro issues being faced and help address these through our own interventions (courses, long term training, mentoring, making the College more inclusive) or working with others to promote change.

RCSEd isn't unique in needing to address Black issues[73] but we will collaborate with and learn from Black medical professionals to remove unconscious bias and encourage a more proactive and sensitive approach to diversity.

Table 1 - Number and Percentage of NHS non-medical staff by ethnicity and specific grade

	Asian		Black		Chinese		Mixed		White		Other	
GRADE	%		**%**		%		%		%		%	
All grades	30.2	34,815	**5.2**	**5,953**	2.6	2,940	3.5	3,975	54	62,135	4.6	5,351
Senior Doctor (Career Grade)												
Consultant	29.1	14,540	**2.9**	**1,437**	2.1	1,059	2.4	1,212	59.9	29,940	3.5	1,773
Associate Specialist	41.7	839	**5.2**	**105**	0.7	14	3	61	40.5	814	8.9	178
Specialty Doctor	42.9	3,422	**7.4**	**587**	0.9	75	3.6	285	37.4	2,990	7.8	626
Staff Grade	39.1	119	**6.9**	**21**	1.6	5	5.3	16	39.5	120	7.6	23
Junior Doctor (Training and equivalent)												
Specialty Registrar	29.1	8,522	**7.5**	**2,193**	3.4	998	4.4	1,304	50.3	14,746	5.3	1,559
Core Training	31.5	3,902	**8**	**992**	2.9	365	4.7	582	47.1	5,844	5.8	713
Foundation Doctor Year 1	25.3	1,457	**4.4**	**254**	4.1	238	4.3	250	58.5	3,372	3.4	197
Foundation Doctor Year 2	30.2	1,535	**6.1**	**310**	3.2	162	4.3	219	51.4	2,613	4.9	248
Other doctors												
Hospital Practitioner / Clinical Assistant	18.7	273	**2.1**	**30**	1	14	1.7	25	74.8	1,090	1.8	26
Other and Local HCHS Doctor Grades	23.5	287	**2.5**	**31**	1.3	16	2.8	34	67.9	830	2	24

https://www.ethnicity-facts-figures.service.gov.uk/workforce-and-business/workforce-diversity/nhs-workforce/latest

Table 2: Surgical group by grade and ethnicity, in NHS Trusts and CCGs in England (30 November 2020)

Grade	All ethnic groups	Asian or Asian British	Black or Black British		Chinese	Mixed	White	Any Other Ethnic Group	Unknown
All grades	25,175	7,435	1,045	**4.2%**	605	945	11,460	1,415	2,270
Consultant	9,520	2,655	190	**2.0%**	170	235	5,310	375	580
Associate Specialist	570	280	35	**6.1%**	5	15	145	50	40
Specialty Doctor	1,820	810	80	**4.4%**	10	85	545	165	120
Staff Grade	60	30	5	**8.3%**	-	5	15	5	5
Specialty Registrar	6,195	1,730	330	**5.3%**	195	290	2,510	430	710
Core Training	3,545	1,090	245	**6.9%**	100	190	1,300	255	375
Foundation Doctor Year 2	1,205	320	60	**5.0%**	40	40	525	70	145
Foundation Doctor Year 1	2,165	500	105	**4.8%**	90	85	1,045	65	280
Hospital Practitioner / Clinical Assistant	50	10	-	**0.0%**	-	5	35	-	5
Other and Local HCHS Doctor Grades	70	20	5	**7.1%**	-	5	40	5	5

https://digital.nhs.uk/data-and-information/supplementary-information/2021/hchs-doctors-by-speciality-grade-gen-der-and-ethnicity

Table 3: Surgical Speciality by grade and ethnicity, in NHS Trusts and CCGs in England (30 November 2020)

Specialty & Grade	All ethnic groups	Asian or Asian British	Black or Black British		Chinese	Mixed	White	Any Other Ethnic Group	Unknown
All specified surgical specialties	25,175	7,435	**1,045**	**4.2%**	605	945	11,460	1,415	2,270
Consultant	9,520	2,655	**190**	**2.0%**	170	235	5,310	375	580
Associate Specialist	570	280	**35**	**6.1%**	5	15	145	50	40
Specialty Doctor	1,820	810	**80**	**4.4%**	10	85	545	165	120
Staff Grade	60	30	**5**	**8.3%**	-	5	15	5	5
Specialty Registrar	6,195	1,730	**330**	**5.3%**	195	290	2,510	430	710
Core Training	3,545	1,090	**245**	**6.9%**	100	190	1,300	255	375
Foundation Doctor Year 2	1,205	320	**60**	**5.0%**	40	40	525	70	145
Foundation Doctor Year 1	2,165	500	**105**	**4.8%**	90	85	1,045	65	280
Hospital Practitioner / Clinical Assistant	50	10	**-**	**0.0%**	-	5	35	-	5
Other and Local HCHS Doctor Grades	70	20	**5**	**7.1%**	-	5	40	5	5
Cardiothoracic Surgery	970	280	**40**	**4.1%**	25	25	445	70	80
Consultant	410	105	**10**	**2.4%**	15	10	230	20	25
Associate Specialist	5	5	**-**	**0.0%**	-	-	5	5	-
Specialty Doctor	45	20	**5**	**11.1%**	-	5	15	5	5
Staff Grade	5	5	**-**	**0.0%**	-	-	-	5	-
Specialty Registrar	320	105	**15**	**4.7%**	5	5	130	30	30
Core Training	135	30	**15**	**11.1%**	5	5	50	15	20
Foundation Doctor Year 2	40	20	**-**	**0.0%**	-	-	15	5	5
Foundation Doctor Year 1	10	5	**5**	**50.0%**	5	-	5	-	5
Hospital Practitioner / Clinical Assistant	5	-	**-**	**0.0%**	-	5	-	-	-
Other and Local HCHS Doctor Grades	-	-	**-**	**0.0%**	-	-	-	-	-

Specialty & Grade	All ethnic groups	Asian or Asian British	Black or Black British		Chinese	Mixed	White	Any Other Ethnic Group	Unknown
General Surgery	7,785	2,305	**320**	**4.1%**	190	305	3,475	440	745
Consultant	2,655	795	**60**	**2.3%**	40	70	1,440	95	160
Associate Specialist	160	80	**10**	**6.3%**	-	5	35	20	10
Specialty Doctor	450	215	**20**	**4.4%**	5	20	110	50	35
Staff Grade	10	5	**-**	**0.0%**	-	-	5	5	5
Specialty Registrar	1,680	475	**75**	**4.5%**	50	85	650	140	210
Core Training	945	280	**70**	**7.4%**	25	55	350	75	90
Foundation Doctor Year 2	365	90	**20**	**5.5%**	15	20	150	20	45
Foundation Doctor Year 1	1,500	360	**70**	**4.7%**	60	55	720	40	195
Hospital Practitioner / Clinical Assistant	15	5	**-**	**0.0%**	-	-	15	-	5
Other and Local HCHS Doctor Grades	10	5	**-**	**0.0%**	-	-	5	-	5
Neurosurgery	965	275	**45**	**4.7%**	20	35	435	65	85
Consultant	365	95	**10**	**2.7%**	5	10	205	20	15
Associate Specialist	5	5	**-**	**0.0%**	-	-	-	-	5
Specialty Doctor	15	5	**-**	**0.0%**	-	5	10	5	-
Staff Grade	5	5	**-**	**0.0%**	-	-	-	-	-
Specialty Registrar	390	120	**20**	**5.1%**	10	15	155	30	35
Core Training	140	45	**15**	**10.7%**	5	10	35	15	25
Foundation Doctor Year 2	40	5	**5**	**12.5%**	5	-	25	5	5
Foundation Doctor Year 1	5	5	**-**	**0.0%**	-	-	5	-	5
Hospital Practitioner / Clinical Assistant	-	-	**-**	**0.0%**	-	-	-	-	-
Other and Local HCHS Doctor Grades	5	-	**-**	**0.0%**	-	-	5	-	-
Oral and Maxillofacial Surgery	1,430	435	**40**	**2.8%**	35	50	680	65	130
Consultant	425	95	**10**	**2.4%**	10	10	255	15	35
Associate Specialist	60	10	**5**	**8.3%**	5	5	40	5	5
Specialty Doctor	270	90	**10**	**3.7%**	5	10	135	10	15
Staff Grade	10	5	**-**	**0.0%**	-	-	5	5	5
Specialty Registrar	220	65	**5**	**2.3%**	5	5	80	15	35
Core Training	430	165	**10**	**2.3%**	15	25	160	20	35
Foundation Doctor Year 2	5	5	**-**	**0.0%**	-	-	5	-	-
Foundation Doctor Year 1	5	-	**-**	**0.0%**	-	5	-	-	-
Hospital Practitioner / Clinical Assistant	5	5	**-**	**0.0%**	-	-	5	-	5
Other and Local HCHS Doctor Grades	10	5	**-**	**0.0%**	-	-	5	-	5

Specialty & Grade	All ethnic groups	Asian or Asian British	Black or Black British		Chinese	Mixed	White	Any Other Ethnic Group	Unknown
Oral Surgery	470	145	**10**	**2.1%**	5	20	220	25	45
Consultant	80	25	**5**	**6.3%**	5	5	45	5	5
Associate Specialist	25	5	**-**	**0.0%**	-	5	15	5	5
Specialty Doctor	155	55	**5**	**3.2%**	5	5	70	10	10
Staff Grade	5	5	**-**	**0.0%**	-	-	-	-	-
Specialty Registrar	65	20	**-**	**0.0%**	-	5	25	5	15
Core Training	90	30	**5**	**5.6%**	5	5	35	10	5
Foundation Doctor Year 2	5	5	**5**	**100.0%**	-	-	-	-	-
Foundation Doctor Year 1	5	5	**-**	**0.0%**	-	-	-	5	-
Hospital Practitioner / Clinical Assistant	10	-	**-**	**0.0%**	-	-	5	-	5
Other and Local HCHS Doctor Grades	45	10	**5**	**11.1%**	-	5	25	5	5
Otolaryngology	2,015	610	**85**	**4.2%**	55	70	905	120	175
Consultant	805	220	**15**	**1.9%**	15	20	445	40	55
Associate Specialist	70	40	**10**	**14.3%**	-	5	10	5	5
Specialty Doctor	210	100	**5**	**2.4%**	-	10	55	30	10
Staff Grade	10	5	**5**	**50.0%**	-	-	5	-	-
Specialty Registrar	545	145	**35**	**6.4%**	25	25	225	30	65
Core Training	210	65	**10**	**4.8%**	10	5	85	10	20
Foundation Doctor Year 2	125	30	**5**	**4.0%**	5	5	60	5	15
Foundation Doctor Year 1	30	10	**-**	**0.0%**	5	5	20	5	5
Hospital Practitioner / Clinical Assistant	15	5	**-**	**0.0%**	-	-	10	-	5
Other and Local HCHS Doctor Grades	-	-	**-**	**0.0%**	-	-	-	-	-
Paediatric Surgery	475	120	**25**	**5.3%**	10	25	240	25	35
Consultant	210	65	**5**	**2.4%**	5	5	115	10	10
Associate Specialist	5	5	**-**	**0.0%**	-	-	-	-	5
Specialty Doctor	10	5	**-**	**0.0%**	-	-	5	5	5
Staff Grade	5	5	**-**	**0.0%**	-	5	-	-	-
Specialty Registrar	165	30	**10**	**6.1%**	5	10	80	15	15
Core Training	65	15	**5**	**7.7%**	5	5	30	5	5
Foundation Doctor Year 2	15	5	**-**	**0.0%**	-	5	5	-	5
Foundation Doctor Year 1	5	5	**5**	**100.0%**	-	-	5	-	5
Hospital Practitioner / Clinical Assistant	-	-	**-**	**0.0%**	-	-	-	-	-
Other and Local HCHS Doctor Grades	5	-	**-**	**0.0%**	-	-	5	-	-

Specialty & Grade	All ethnic groups	Asian or Asian British	Black or Black British		Chinese	Mixed	White	Any Other Ethnic Group	Unknown
Plastic Surgery	1,390	290	**45**	**3.2%**	55	70	730	80	120
Consultant	560	115	**10**	**1.8%**	15	20	340	25	35
Associate Specialist	20	10	**5**	**25.0%**	5	5	5	-	5
Specialty Doctor	65	30	**5**	**7.7%**	-	5	20	5	5
Staff Grade	-	-	**-**	**0.0%**	-	-	-	-	-
Specialty Registrar	455	80	**15**	**3.3%**	25	30	215	30	55
Core Training	260	55	**10**	**3.8%**	10	15	125	15	25
Foundation Doctor Year 2	25	5	**5**	**20.0%**	-	5	10	5	5
Foundation Doctor Year 1	10	-	**-**	**0.0%**	-	-	5	5	5
Hospital Practitioner / Clinical Assistant	5	-	**-**	**0.0%**	-	-	5	-	-
Other and Local HCHS Doctor Grades	-	-	**-**	**0.0%**	-	-	-	-	-
Trauma & Orthopaedic surgery	6,905	2,185	**280**	**4.1%**	130	245	3,110	345	600
Consultant	2,755	775	**40**	**1.5%**	40	65	1,595	90	160
Associate Specialist	170	100	**5**	**2.9%**	5	5	30	15	15
Specialty Doctor	445	235	**25**	**5.6%**	5	20	90	40	30
Staff Grade	20	10	**5**	**25.0%**	-	-	5	-	5
Specialty Registrar	1,755	555	**95**	**5.4%**	40	80	705	100	175
Core Training	965	325	**75**	**7.8%**	20	50	315	65	110
Foundation Doctor Year 2	475	125	**20**	**4.2%**	15	10	215	25	60
Foundation Doctor Year 1	320	60	**15**	**4.7%**	10	20	160	10	45
Hospital Practitioner / Clinical Assistant	5	5	**-**	**0.0%**	-	-	5	-	-
Other and Local HCHS Doctor Grades	5	5	**-**	**0.0%**	-	5	5	-	-
Urology	2,245	665	**125**	**5.6%**	65	80	970	145	195
Consultant	1,005	320	**25**	**2.5%**	20	20	505	50	70
Associate Specialist	50	30	**5**	**10.0%**	-	-	10	5	5
Specialty Doctor	145	50	**10**	**6.9%**	5	10	35	20	15
Staff Grade	5	-	**-**	**0.0%**	-	-	5	5	5
Specialty Registrar	495	120	**45**	**9.1%**	20	25	200	30	55
Core Training	240	60	**20**	**8.3%**	10	15	90	20	25
Foundation Doctor Year 2	95	25	**10**	**10.5%**	5	5	40	5	5
Foundation Doctor Year 1	210	55	**10**	**4.8%**	10	5	95	10	25
Hospital Practitioner / Clinical Assistant	-	-	**-**	**0.0%**	-	-	-	-	-
Other and Local HCHS Doctor Grades	5	5	**-**	**0.0%**	-	-	-	-	-

Specialty & Grade	All ethnic groups	Asian or Asian British	Black or Black British		Chinese	Mixed	White	Any Other Ethnic Group	Unknown
Vascular Surgery	555	130	**30**	**5.4%**	15	20	260	35	60
Consultant	260	55	**5**	**1.9%**	5	5	150	15	20
Associate Specialist	5	5	**-**	**0.0%**	-	-	5	-	-
Specialty Doctor	15	5	**5**	**33.3%**	-	-	5	5	5
Staff Grade	5	5	**-**	**0.0%**	-	-	-	-	-
Specialty Registrar	120	25	**10**	**8.3%**	5	10	45	5	20
Core Training	70	15	**5**	**7.1%**	5	5	20	5	15
Foundation Doctor Year 2	20	5	**5**	**25.0%**	-	5	5	5	5
Foundation Doctor Year 1	70	10	**5**	**7.1%**	5	5	35	5	5
Hospital Practitioner / Clinical Assistant	-	-	**-**	**0.0%**	-	-	-	-	-
Other and Local HCHS Doctor Grades	-	-	**-**	**0.0%**	-	-	-	-	-

Table 4: Educational Attainment within the Black Communities

	'Black'	Black African	Black Caribbean	Black Other	All
Average Progress 8 score at end of key stage 4 (2019)	+ .13	+ 0.33	- .31	+ 0.08	- 0.03
Pupils attained standard passes in both English and maths GCSE (England, 2018/19)	59.3%	64.4%	48.3%	54.4%	64.6%
Male	53.9%	59.4%	41.9%	49.3%	61%
Female	64.7%	69.3%	54.7%	59.6%	68.4%
Number entering HE (2019)	51,000	40,000	8,600	2,400	22%
Percentage of pupils from state-funded schools starting HE by age 19 (2018/19)	59.1%	66.9%	44.7%	52.1%	n/a
Male	50.7%	59.1%	34.6%	44%	
Female	67.5%	74.6%	54.6%	60.4%	
Achieved at least 3 A grades at A level (2019/20)	12%	12.7%	9.1%*	11.2%	
Percentage of UK domiciled students enrolled onto University STEM courses (2019)	6.2%	4.8%	1.2%	0.2%	
% of 18-year-olds entering HE (2020) who went to a 'high tariff institution'	9.8%	12.1%	5.0%	8.1%	10.9%
Male	7.4%	9.2%	3.6%	6.3%	37.6%
Female	12.1%	14.9%	6.5%	9.9%	43.1%
% of medical students by ethnicity (2016/2017)	3.35%	2.68%	0.53%	0.15%	

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