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**NO
MORE
TICK
BOXES**



PREFACE

NHS staff are tremendous and relentless in providing high quality and responsive services for our patients. We have been powerfully reminded of this throughout the coronavirus (COVID-19) pandemic.

We know that in reality, and despite the best efforts of many, the interactions with the public and the way we care for our staff has fallen short of what they are entitled to expect, with consequences for staff health and wellbeing, organisational effectiveness and patient care and safety.

This research report is part of a wider effort across the NHS to face firmly into these issues and take steps to remedy those shortcomings. How we recruit staff and how we help their careers progress is one such issue. This is our shared opportunity to take clear and concrete steps to **overhaul recruitment and promotion practices. We need to make sure that across the NHS staffing reflects the diversity**

of a local community and regional and national labour markets. This must include accountability for outcomes, agreeing diversity targets, and addressing bias in systems and processes. It is often true that boards and individuals support the need to challenge the current practices and to make changes. In the past they have stumbled in developing the detail on how to make the changes happen and to make them permanent.

For the first time ever this report by Roger Kline brings together a wealth of research evidence to suggest what practical steps NHS employers could (and should do) to seriously improve staff recruitment and career progression. It focusses on the treatment of women, Disabled staff, and staff of Black and Minority Ethnic origin. Those are the staff groups we have good data on and whose treatment we know requires improvement.

The robust framework set out can enable us, with some confidence, to rethink how we approach this crucial issue in order to ensure the outcomes are fair to all staff and not influenced by the bias and stereotypes that have distorted decision making, caused discrimination and wasted

talent. It is written with extensive hyperlinks to make the contents as accessible as possible.

We will be providing training and support to start to help implement this approach and sharing our learning as we progress.



A handwritten signature in black ink, appearing to read 'Ann Radmore'.

Ann Radmore
Regional Director,
East of England



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KEY PRINCIPLES OF THIS REPORT

This report seeks to be a summary of some of the research evidence on fair recruitment and career progression. It is written for practitioners and highlights a small number of principles drawn from research that then underpin the suggestions made for improving each stage of recruitment and career progression.

Chapters 5 and 6 are lengthy but are the cornerstone of the remainder of the report. Readers are strongly advised to read these chapters before proceeding to the subsequent chapters which address specific aspects of the recruitment and career progression cycle.

Finally, I would like to thank some of those who were especially helpful with sustained comments, criticism and support most notably my wife Naledi Kline whose NHS experiences highlight the importance of getting this right and who supported me throughout this work, Harprit Hockley who commissioned and then constantly gave support and critical comments in equal measure, Joy Warmington who did the same, and all those who commented on drafts, notably Christine Rivers and Sheila Cunliffe who strengthened the report in important ways. I remain responsible, of course, for its shortcomings.



Roger Kline

Roger Kline is Research Fellow at Middlesex University focused on workplace culture, primarily in the public sector.

He authored “The Snowy White Peaks of the NHS” (2014) and designed the Workforce Race Equality Standard. He was joint national director of the WRES team 2015-17

Roger is co-author of Fair to Refer (GMC 2019) and co-author of The Price of Fear (2018) on the cost of bullying in the NHS.

Roger was joint inclusion adviser to the NHS Aspiring Directors programme.

KEY PRINCIPLES OF THIS REPORT

It is crucial that all those who lead organisations, or are involved in recruitment and career progression understand the importance of bias, stereotypes, assumptions and behaviours in influencing every stage of recruitment, career progression and retention. Without some understanding it is unlikely that the other principles summarised here will be effective.

The focus should be on removing bias from systems and processes not primarily focussing on removing bias from individuals.

This does not mean understanding bias is not important, on the contrary, but it does mean we should use that understanding to emphasise the insertion of changes to processes that remove or mitigate the numerous ways in which bias affects decision making at every stage of recruitment, development, promotion and support.

Research suggests this is crucial for influencing decision making impacted by bias, stereotypes and biased assumptions.

Accountability is key.

Accountability can take many forms and evidence strongly suggests it is an essential element of fair recruitment and career progression practice. Accountability may take the form of:

- Accountability nudges;
- Accountability for individual decisions such as panel decisions or appraisals;
- Data driven accountability such as through an “explain or comply” approach which scrutinises patterns of decision-making across an organisation or parts of it;
- KPIs linked to outcomes of the above.

KEY PRINCIPLES OF THIS REPORT

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Leadership is crucial.

Research is clear: leaders (at every level), who understand and reject discrimination can make a fundamental difference to sustainable outcomes on diversity. They need to model the behaviours they expect of others, understand the importance of diversity and inclusion, listen with attention and hold themselves and others to account on the outcomes of their interventions and strategy. **To be able to do this effectively, leaders need to understand their own biases, stereotypes and assumptions, accept challenge and gain insight into how they need to change personally in order to do this.**

A clear narrative is essential, explaining why addressing disproportionality in recruitment, development, promotion and retention is crucially. Without a clear understanding by Board members, conveyed clearly to all managers and staff, the measures proposed here will not work. The majority of recruiting managers are at Band 8a and below, so they must be met and discussed with, so it becomes an expectation that they understand, not just an instruction.

Positive action can be helpful but institutional change is key.

Positive action can be helpful in helping to level the playing field but changing the institutional blockages and mitigating the biases are the most important elements of successful interventions. Employers should beware slipping into a “**deficit model**” whereby the main problem is seen as the staff who are discriminated against not the institutional practices that discriminate. Attention should be paid to intersectionality.

Work climate is very important.

The relationship between diversity and organisational outcomes is highly dependent on the organisational context and how diversity is operationalised. In other words, whether specific interventions (including those rated as more effective) are actually effective depends on the extent to which the steps listed above are implemented.

Improved representation is crucial but without inclusion it will not be sustainable.

The effectiveness of the more effective interventions depends crucially on the workplace climate. Inclusive teams enable staff from under-represented and disadvantaged groups to be listened to, respected and valued

and to be able to question and challenge and bring themselves to work. Without inclusion, staff from under-represented and disadvantaged groups will be less engaged, become outsiders be held to a higher standard than other staff, and be at risk of higher turnover –with adverse impact on organisational effectiveness and patient care and safety.

Support.

Alongside accountability and changed processes, it is essential that support is provided to Boards, senior managers and frontline managers to enable them to understand and effectively adopt the changed approach that research suggests is required. Some of that will be national support to employers and some of it will be support within each local employer.

Tackling bias within the interview process alone is a serious mistake. However well-structured an interview process is, if bias in the other aspects of the recruitment and career progression cycle is not addressed, then discrimination will continue because of the accumulated advantage (or disadvantage) that candidates will face due to their protected characteristics.

**KEY
PRINCIPLES
OF THIS
REPORT**
...CONTINUED

A changing approach

The report’s findings may be schematically summarised as follows.

Fig .1 The old and the new paradigm for recruitment and career progression

OLD MODEL	NEW MODEL
<p>Emphasises importance of policies, procedures and training thus setting standards and enabling individuals to raise concerns safely.</p>	<p>Emphasises importance of accountability and transparency. Adopts a “public health” approach to improving outcomes, triangulating data to be proactive and preventative, Intervenes to encourage staff, seeing fair and effective career progression as a key management function</p>
<p>Substantial emphasis on diversity training and unconscious bias training</p>	<p>Understanding the biases, stereotypes and assumptions that distort decision making in recruitment career progression is important but training alone will not significantly change decision making</p>
<p>Encouragement and support to individuals to take advantage of development opportunities through mentoring and positive action.</p> <p>Training for panels and managers on ensuring processes are followed and are fair and free of bias</p>	<p>Granular attention to primarily removing bias from processes, not through training individuals at each stage of the career lifecycle by understanding how bias and stereotypes affect decision making and how to mitigate it. Emphasises tracking all individual’s development proactively, linked to effective appraisals, transparent access to stretch opportunities</p>
<p>Delegated to HR and often under-resourced</p>	<p>Key Board issue led by CEO and Chair</p>



CHAPTERS

Chapter 1. Context

Summarises how the NHS has not succeeded in creating fair recruitment and career progression for under-represented staff groups, notably, according to available data, for Black and Minority Ethnic staff, Disabled staff and women

Chapter 2. Why equality, diversity and inclusion matter

Establishing cause and effect in human behaviour and specifically in respect of “what works” when tackling discrimination in recruitment, career progression and retention, is challenging but by using meta-analyses and systematic reviews where they exist, alongside case studies, lab experiments, and grey literature it is possible to identify a framework for interventions that are more likely to be effective.

Chapter 3. Stereotypical beliefs, assumptions and behaviours

Considers, at length, some of the more common stereotypical beliefs, assumptions and behaviours which undermine fairness in recruitment and career progression and help embed discriminatory practices. Many of these have a profound impact on decision making and unless there is some awareness of them, they can undermine fairer processes which seek to mitigate bias. This include different types of bias, stereotypes, behaviours and assumptions about Black and Minority Ethnic (BME) staff, Disabled staff and women, and the subtle influence of concepts such as “merit” and “best” or assumptions about what mix of staff make the “best team”.

CHAPTERS

...CONTINUED

Chapter 4. The evidence base for understanding bias and how to mitigate it

Sets out the key principles and the evidence base for understanding and mitigating bias:

- The focus should particularly be on removing bias from systems and processes not just primarily using training to remove bias from individual managers or panels;
- Accountability is key both at the organisational level, team level and individual manager level. It has to be applied, in a variety of ways, in a granular manner to bias at each stage of the recruitment and career progression cycle;
- Inclusive leadership is crucial at every level, especially at Board level;
- A clear narrative is essential, explaining why addressing disproportionality in recruitment, development, promotion and retention is crucial;
- Positive action can be helpful but institutional change is key;
- Workplace climate is important. The relationship between diversity and organisational outcomes is highly dependent on

the organisational context and how diversity is operationalised;

- Improved representation is crucial but without inclusion it will not be sustainable or nearly as effective as it could be;
- At every stage, one key question should be asked (but frequently is not): **“What evidence is there that the intervention we are conducting (or propose to) has a reasonable likelihood of working?”**

The role of allies is briefly discussed since whether leaders and managers act as allies will make a decisive difference to how quickly progress is made.

Chapter 5. Talent management

This chapter discusses the principles behind talent management the NHS aspires to.

CHAPTERS

...CONTINUED

Chapter 7. Appraisals

Appraisals should be an important cornerstone of effective talent management and career progression – but are often not. This chapter considers appraisals, the numerous pitfalls to creating fair and effective appraisals, and how to address the assumptions and biases that undermine them.

Chapter 8. Creating the job description and advertising the post

Considers how a job description is created and advertised and the potential for bias. It includes a short section specifically on Board appointments.

Chapter 9. Shortlisting

Considers the creation of a “**success profile**” and the importance of structured shortlisting linked to a small number of essential criteria. It considers panel composition (and diversity), blind shortlisting, AI solutions and how to use (or not) tests to screen candidates.

Chapter 10. Selection processes

Considers the research base on what types of selection get the best balance of prediction of future performance alongside equity of outcome. It also considers further the use of tests and the concept of joint evaluation.

Chapter 11. The interview and appointment

This chapter considers the risks of first impression, how panels can best avoid bias, how to use (or not) tests, and revisits some of the assumptions that were explored in Chapter 3 about the biases and stereotypes that easily influence decision making. It considers scoring of candidates and how to be aware of, and improve, the candidate experience and reduce stereotype threat.

Chapter 12. After the interview

Considers feedback (and bias) and the importance of onboarding.

Chapter 13. Inclusion

Summarises the importance of inclusion in improved representation for under-represented groups to make a real difference and be sustainable.

Appendixes.

There are two short appendixes on the legal framework for recruitment, and on reasonable adjustments.

References.

In the text references are hyperlinked. In addition, they are listed here by name of lead author/date.



PART 1. CONTEXT

INTRODUCTION

This resource seeks to bring together some of the research evidence that can enable those responsible for recruitment and career progression to navigate the numerous ways in which bias, stereotypes and dubious assumptions and behaviours impede fair recruitment and career progression. It summarises some of the ways that bias and stereotype can impact and how they can be “**interrupted**” to help create fairer outcomes, greater diversity and contribute towards inclusion.

It is focused on the three groups of staff for whom the NHS has reliable data – Black and Minority Ethnic people, Disabled people and women.

Within each Chapter, for each key theme, we ask

- What is the problem we’re trying to fix?
- and then we seek to set out
- What can we do positively that has a reasonable likelihood of working?

The resource is a mixture of learning from research and practice with specific suggestions to improve employer practice that flow from it. It is a living resource that can be updated.

The recruitment, career progression and retention of staff are amongst the most important challenges the NHS faces. Yet NHS employers’ understanding of the ways in which bias and disadvantage influence decisions, and consequently may deprive patients (and employers) of attracting (and keeping) the best possible talent, and may prevent staff having the opportunity to flourish and develop to reach their full potential, has been patchy.

INTRODUCTION

There is, for example:

- no shared understanding of how to ensure that patterns of disadvantages are prevented or, if they develop, are identified and quickly addressed;
- insufficient confidence that HR staff and front line managers, especially those for whom managing recruitment and supporting career progression is on top of a heavy workload, are aware of best practices;
- no national guide, underpinned by research, for NHS Boards, line managers and recruitment panels on how to conduct fair recruitment and support fair career progression;
- no national repository of good recruitment, career progression and retention practice within the NHS, though one is finally planned;
- little shared knowledge on how to create inclusive environments and reduce attrition so that previously disadvantaged staff are valued and do not leave;
- The NHS HR profession itself faces challenges over the treatment of its own staff, notably BME staff ([HPMA 2020](#));
- There is little expectation of consequences when managers – deliberately or unintentionally – enable discrimination to take place.

We live in a society where patterns of discrimination and inequality dominate life chances, health status, education, housing, justice and employment, as COVID-19 has highlighted - influenced by our protected characteristics and by our class at birth. ([Marmot 2020a](#)) See also ([Marmot 2020b](#))

Such factors decisively affect which staff are employed, how they progress, how they are treated and whether they continue their NHS career. Data on class, and on some of the other protected characteristics, is unfortunately weak in relation to recruitment career progression and retention.

PART 1. CONTEXT

INTRODUCTION

Many people who enter (or seek to enter) the NHS:

- have had to negotiate an education system stacked against them;
- have to face challenges and handle micro-aggressions in their daily lives as they face inequality in areas such as housing, income and their children's education;
- may have, despite hurdles and ongoing discrimination that others don't even notice, successfully completed a professional or degree qualification.

Simply getting to an interview, for example, may be an immense achievement considering the cumulative lack of support and opportunity they may have had. Yet in doing so they will have gained transferable skills and rich experiences which can enrich the NHS.

Research on bias in recruitment, career progression and retention has tended to focus on gender and, to a lesser extent, race discrimination and disability. It touches much less

on sexual orientation, age and religion, not least because robust data is not available on recruitment and career progression for other protected characteristics in the NHS. This report therefore concentrates on gender, race and disability discrimination, though many of the recommendations could also drive fairer practice in recruitment, career progression (and retention) for other staff groups as well.

This resource is particularly written for:

- Board members with overall responsibility for recruitment and talent management
- Human resource, equality, organisational development and training staff with responsibility for recruitment and career progression
- Front line managers and members of staff networks and local trade unions.

A note on terminology

This resource uses the term Black and Minority Ethnic staff (BME) as shorthand to include all Census groups of staff except White British, White Irish and Any Other White Other, following the Office of National Statistics 2001 Ethnic Categories. These are also the categories currently used within the Workforce Race Equality Standard Technical Guidance.

The term BME (or BAME) is a far from perfect category but as a statistical tool (with limitations) BME (or BAME) has been widely used, and is very helpful, in identifying and analysing patterns of discrimination. That does not mean further disaggregation of data may not be useful and important.



PART 1.
CONTEXT
...CONTINUED

“EVIDENCE” AND HOW IT HAS BEEN USED

Establishing cause and effect in human behaviour and specifically in respect of “**what works**” when tackling discrimination in recruitment, career progression and retention, is not straightforward. This resource draws on a range of evidence. Whilst randomised controlled studies and controlled longitudinal studies would be the most reliable evidence, in this field we have to rely on meta-analyses, systematic reviews, cross sectional studies and case studies.

In this resource itself, there is a risk that the choice of evidence (especially case studies and lab experiments) is itself biased and we have sought to be aware of that risk.

It is difficult to conclusively prove causality in this field, though it is possible to do experiments with data that come fairly close e.g. monitor the impact of changing names on job applications by ethnicity. ([Bertrand and Mullainathan \(2003\)](#)) Establishing cause and effect is not easy outside of lab experiments (though these may be very useful too).

Small scale experimental evidence may be challenged on the grounds that their methodologies may be open to challenge, the numbers involved may be relatively small and the situations they consider are less complex and demanding than real world workplaces. Where possible this resource uses the more reliable meta-analyses and systematic reviews but where there these do not exist, it also draws heavily on case studies and lab experiments. Finally, we also draw on some expert opinion and grey literature.

PART 1. CONTEXT ...CONTINUED

NHS WORKFORCE DIVERSITY

This does not mean there cannot be some confidence in the overall strategic approach suggested here, but it does mean that whilst the overall framework is robust, caution may need to be exercised in a number of respects

In particular, the findings used cannot be lifted and implemented without considering the context in which they are used. The context may differ from one employer to another in numerous ways – a different country, different workplace cultures, different sector as well as the much simpler environment of an experiment. That does not mean what is reported is not relevant or useful but means caution against simply “lifting” findings is necessary. Even when an organisation is similar to the one you work in, simply lifting and dumping a practice into a different workplace ecology won’t work. The different workplace “climate”, staff engagement, and use of improvement methodology will be essential to consider.

This is a resource for practitioners. As a result, the sources used, wherever possible have been identified via hyperlinks that do not require subscriptions to the journals in question. That has resulted in a lot of the links being to secondary websites hosting the documents in question. This resource is not a literature review but it does seek to present a balanced view on what practical steps may be taken to bring about fair recruitment and career progression across the NHS. The full references are available in the [References section](#) at the end. How this resource is used will depend on the local circumstances and challenges but the broad principles drawn from the evidence apply everywhere.

It is hoped that the separate summary practitioners guide to some of the issues discussed here will prove helpful to front line managers with direct involvement in recruitment and career progression but the underlying approach set out in [Chapters 3](#) and [Chapter 4](#) should ideally be read before jumping to the toolkit.

Evidence-based practice seeks to draw on three prime, sources of evidence:

- scientific literature,
- data from the organisation including that from lived experience,
- practitioner expertise and practice

Evidence-based practice is not able to provide definitive answers (not least due to varying context) but can signpost interventions that are more likely to have more effective outcomes. ([Barends, E., Rousseau, D. and Briner, R. \(2014\)](#))

Key point

How this resource is used will depend on the local circumstances and challenges but the broad principles drawn from the evidence apply everywhere.

It is hoped that the separate summary practitioners guide to some of the issues discussed here will prove helpful to front line managers with direct involvement in recruitment and career progression but the underlying approach set out in [Chapters 3](#) and [Chapters 4](#) should ideally be read before jumping to the toolkit.

“EVIDENCE” AND HOW IT HAS BEEN USED

NHS policy

The NHS People Plan for 2020-21 states that:

“By October 2020, employers, in partnership with staff representatives, should overhaul recruitment and promotion practices to make sure that their staffing reflects the diversity of their community, and regional and national labour markets. This should include creating accountability for outcomes, agreeing diversity targets, and addressing bias in systems and processes. It must be supported by training and leadership about why this is a priority for our people and, by extension, patients. Divergence from these new processes should be the exception and agreed between the recruiting manager and board-level lead on equality, diversity and inclusion (in NHS trusts, usually the chief executive).” ([NHS England \(2020\)](#))

Whilst the initial deadline has slipped thanks to COVID-19 pressures, the urgency and the goal remain.

The NHS workforce

The NHS workforce is disproportionately female and of Black and Minority Ethnic (BME) heritage compared to the working age population, whilst the proportion of staff who declare a disability or who declare as LGBT+ is substantially lower than their presence in the wider workforce. In part (but only part) this is likely to reflect lower self-declaration rates for Disabled staff and LGBT staff, reflecting their concerns over their treatment if their status is known.

There are substantial differences in the likelihood of some staff groups being recruited and reaching more senior positions.

PART 1. CONTEXT ...CONTINUED

NHS WORKFORCE DIVERSITY

Black and Minority Ethnic staff

21% of NHS staff are of BME heritage. In 2019-2020 there was a substantially higher (1.61 times) likelihood of White staff, across the workforce as a whole, being appointed even after shortlisting compared to BME staff. That likelihood had not improved in 2018-19 and got worse in 2019-20; 6.8% of staff in the Very Senior Manager (VSM) pay band are of BME heritage, compared to a 21.0% representation in the workforce. 28.8% of BME staff do not believe that their Trust provides equal opportunities for career progression or promotion – more than twice the proportion for White staff (NHS England (2021)). There has been improvement since 2016 but it is slow ([NHS England \(2021\)](#)).

Black and Minority Ethnic communities are less well represented amongst Executive Directors (EDs) than amongst Non-Executive Directors (NEDs). Medical Director is the only role where the proportion of BME membership matches that of the NHS workforce. London has the most diverse boards with 15% BME membership but they are still much less diverse than the population they serve (40% BME) or the workforce they lead (45%) in terms of ethnicity. ([NHS Improvement \(2018\)](#)).

Table 1: Black and Minority Ethnic staff, recruitment and career progression

	2016	2017	2018	2019	2020
Relative likelihood of White applicants being appointed from shortlisting across all posts compared to BME applicants	1.57	1.60	1.45	1.46	1.61
Percentage of BME staff believing that trust provides equal opportunities for career progression or promotion. White staff shown in brackets	73.4% (88.3%)	73.2% (87.8%)	71.9% (86.8%)	69.9% (86.3%)	71.2% (86.9%)
Board members in NHS trusts from a BME background	7.1%	7.0%	7.4%	8.4%	10.0%
VSM staff from a BME background	5.4%	5.3%	5.8%	6.5%	6.8%

Source.

WRES reports. Data for NHS Trusts and those CCGs using NHS staff survey. Board members data are for Trusts only

NHS WORKFORCE DIVERSITY

Black and Minority Ethnic staff ...Continued

A new analysis (Palmer B 2021) from the Nuffield Trust concluded that disproportionality applied in shortlisting as well as recruitment from shortlisting though this varies between different ethnic groups:

“there was a clear signal that those with White ethnicity were more likely than those from ethnic minorities to be both shortlisted (purple bars) and appointed from the shortlist (green bars). However, as shown in the chart, there was considerable variation when the data was disaggregated into more specific ethnic groups. [For example, those with Bangladeshi, African or White & Black African ethnicities appear to have lower success rates.](#)”

NHS staff survey data repeatedly shows higher levels of bullying from managers and colleagues are experienced by BAME staff compared to White staff whilst other data reports that BAME staff are more likely to be suffer adverse treatment if they raise concerns.

The overall patterns of discrimination in employment for people of BME heritage are systemic and long lasting ([Cheung, SY \(2006\)](#))

NHS WORKFORCE DIVERSITY

Women

Whilst 77% of the NHS workforce are women, just half of the members of NHS provider boards are female. The greatest disparity between the representation of men and women on NHS provider boards is amongst Non-Executive Directors. Black and Minority Ethnic women have disproportionately less Board presence than White women. As in much other data, intersectionality is important in understanding the data. ([NHS Improvement \(2018\)](#)).

Women are still substantially under-represented in more senior positions:

- Overall, executive directors across NHS trusts in England and Arm's Length Bodies (ALBs) are almost gender balanced, with women holding 48.8 per cent of roles in trusts and 44.2 per cent in ALBs. Chief Finance Officer and Medical Director roles have poor female representation despite having majority female workforces

- [Segar \(2015\) reported that in clinical commissioning groups \(CCGs\) the workforce was 70% female women were a minority of governing body members and a quarter of lead GPs.](#)
- There are, in addition to under-representation of women in NHS leadership, pipeline issues of horizontal differentiation into lower level and “female-friendly” roles, and bottlenecks in certain groups, for example, finance and medicine. Medicine in particular had an unequal distribution of female doctors between specialties and relatively few female leaders. ([Newman \(2015\)](#)).

NHS WORKFORCE DIVERSITY

Disabled staff

There is a disability employment gap in the UK. The difference in employment rates between Disabled (49.2%) and non-Disabled (80.6%) people, is very considerable. Whilst 17.6% of the working age population is Disabled, just 11.4% of employees are Disabled. Disabled candidates have to apply for 60% more jobs than non-Disabled candidates before securing a job in England ([Bulman \(2017\)](#)). In the NHS in England, however, just 3.6% of the non-clinical workforce and 2.9% of the clinical workforce (excluding medical and dental staff) had declared a disability through the NHS Electronic Staff Record. For medical and dental staff, 1.94% of trainee grades, 1.2% of non-consultants career grade and 0.8% of consultants had declared a disability. 25% of NHS staff have an “unknown” disability status. Moreover, in the NHS:

- Non-Disabled job applicants are 1.23 times more likely to be appointed from shortlisting compared to Disabled applicants.
- Disabled staff are 7.4% less likely to believe that their trust provides equal opportunities for career progression or promotion, compared to non-Disabled staff. (75.3% vs. 82.7%).

- Overall, 2.1% of board members were Disabled; 1% lower than the percentage of Disabled staff in the wider workforce. 33.8% Disabled staff experienced bullying and harassment (26.8% for non-Disabled staff). ([NHS England \(2019a\)](#))

The first Workforce Disability Standard (WDES) analysis revealed that pay band cluster declaration rates decreased with increasing seniority. Whereas 3.3% of staff on pay Bands 5-7 identified as Disabled, just 1.8% of those on pay Bands 8C to VSM were. (WDES report 2019)). In October 2018 NHS Improvement reported the proportion of Disabled people on NHS provider boards was 5.3%, Disabled people are slightly better represented in NED positions than in ED positions. ([NHS Improvement \(2018\)](#))

NHS WORKFORCE DIVERSITY

LGBTQ+ staff

NHS provider boards are slightly more diverse than the general population in relation to sexual orientation. There is little difference between EDs and NEDs in terms of sexual orientation. Sexual orientation was not identified by NHS Improvement as a factor significantly adversely impacting on access to senior roles. ([NHS Improvement \(2018\)](#))

However, the workforce data is poor and therefore the impact of being LGBTQ+ on career development is largely unknown. Prejudice towards Trans, gender fluid and non-binary staff is likely to hamper career development as well as recruitment. Work to develop more inclusive cultures is essential for LGBTQ+ staff to feel a sense of belonging in the workplace – witness the extraordinary bullying rates reported by LGBTQ+ staff in each year's NHS staff survey.

Socio-economic background of staff

The Government (Cabinet Office (2018)) has published recommendations on how employers can measure socio-economic background in their workforce developed in consultation with [private sector employers and experts](#).

There is almost certainly a large volume of talent wasted through stereotypes based on class background. Innovative NHS employers may already be exploring how to counter this. We are not aware of any NHS data on the extent to which class, including school, university and even accent impact on recruitment and career progression, but anecdotally there is certainly evidence it does, often overlapping with protected characteristics.

NHS WORKFORCE DIVERSITY

Recruitment and career progression are a priority for the NHS

There are 1.1 million full-time equivalent NHS staff (February 2020) with a vacancy rate of around 9% or 100,000. The largest number of vacancies are in nursing and midwifery. Forecasts for the possible demand for future staff, suggest that the gap between staff needed and the number available could reach almost 250,000 by 2030. The current NHS strategy is to combine higher levels of UK trained staff with a continuing reliance on overseas staff ([Nuffield Trust 2018](#)) ([Nuffield Trust \(2018a\)](#)).

The challenge is made worse because the numbers of staff leaving the NHS workforce has increased in recent years, being particularly stark for nurses – the number of nurses and health visitors leaving the NHS increased by 25% from 2012 to 2018. In addition, key parts of the workforce are fast approaching pensionable age. ([Nuffield Trust \(2018b\)](#))

The link between age and disability means that getting it right for Disabled staff will be vital for the future retention of many older staff, especially as more older people with disabilities are able to work.

Covid19 has highlighted the scale of workforce vacancies in the NHS and importance of attracting, developing and retaining staff. We do not know the medium-term impact of COVID-19 on recruitment and retention.

The rate of turnover could also, however, be an opportunity to change the profile of the existing workforce, in particular so the middle and senior grades better represent the demographics of the workforce as a whole.

PART 1.
CONTEXT
...CONTINUED

NHS WORKFORCE DIVERSITY

The cumulative impact of discrimination for career progression

Differences in outcomes of selection processes that systematically disadvantage groups of staff on the basis of protected characteristics such as gender, disability or ethnicity have an extraordinary cumulative effect.

For example, a new NHS nurse recruit would normally require seven promotions to become a Band 9 senior nurse. The Workforce Race Equality Standard report for 2019-20 found that the relative likelihood of a White nurse being appointed once shortlisted was 1.61 times higher than that of a nurse of BME heritage who was shortlisted. Such disadvantage multiplies with each stage of potential promotion. If that that ratio was consistent across grades (see caveat below), the cumulative likelihood of a BME entry grade nurse becoming a Band 9 nurse would be 28.04 times lower than that of an entry grade White Band 5 nurse reaching the same grade:

Note: This calculation (in the absence of band specific data) assumes the ratio of 1.61 applies at each stage. In practice this is unlikely, so the ratio is likely to be lower than 28 but still very high.

Similar cumulative disadvantage may apply to female applicants and Disabled applicants. This takes no account of multiple other forms of disadvantage ([NHS England 2021](#))

Table 2: Cumulative impact of bias in recruitment

Current pay band	Pay band promotion sought	Cumulative effect
Band 5	Band 6	1.61
Band 6	Band 7	2.59
Band 7	Band 8a	4.17
Band 8a	Band 8b	6.71
Band 8b	Band 8c	10.81
Band 8c	Band 8d	17.41
Band 8d	Band 9	28.04

Key point

Despite some progress within the NHS in recent years, discrimination in recruitment and career progression is widespread. Its impact varies between different protected characteristics and between different levels of employment.

PART 1.

WHY EQUALITY, DIVERSITY AND INCLUSION MATTER FOR RECRUITMENT AND CAREER PROGRESSION

Definitions

Equality means equal rights and opportunities are afforded to all. But if some individuals or groups are historically disadvantaged because of their protected characteristic they will not get equal rights and opportunities without measures to “level the playing field” and prevent discrimination.

Diversity refers to differences within a group, say at team or organisational level. Those differences may be

- **demographic** ones e.g. gender, disability, race, sexual orientation, social class – and/or
- **cognitive** i.e. people who have different ways of thinking, different viewpoints and different skill sets in a team or business group.

In practice, though they are different, there is a great deal of overlap between these two types of diversity. (Page, S. (2017))
(The Diversity Bonus: How Great Teams Pay Off In The Knowledge Economy)

Inclusion is the extent to which staff believe they are a valued member of the work group, in which they receive fair and equitable treatment, and believe they are encouraged to contribute to the effectiveness of that group.

The NHS Workforce Race Equality Standard and Workforce Disability Standard both seek to help ensure equality, which in turn will improve representation and increase demographic diversity. But research suggests that the benefits of such **diversity** are only significantly leveraged in workplaces and teams that are also **inclusive** (allowing both demographic and cognitive diversity to flourish, and actively challenging discrimination).

PART 1.

WHY EQUALITY, DIVERSITY AND INCLUSION MATTER FOR RECRUITMENT AND CAREER PROGRESSION

Six reasons diversity and inclusion matter

Diversity and inclusion matter for recruitment, career progression and retention in the NHS for six main reasons:

- **Social justice.** It is unethical to have recruitment and development processes and outcomes that do not ensure that appointments and career progression are made on the basis of potential and talent – which both data and lived experience strongly suggest is not the case at present. The NHS seeks to reduce health inequalities and discrimination against patients and service users. To do so it must also demonstrate a parallel effort to tackle discrimination against staff and potential staff, in accordance with the (DHSC (2021)) ([NHS Constitution for England and the NHS People Plan \(NHS Improvement \(2020\)\)](#) [Fair treatment for the workforce and for the communities served go hand in hand](#))
- **Wasted talent.** If appointments and career development are influenced by factors such as whether candidates “fit in” or “are

like us” or are influenced by other biases, stereotypes, assumptions and criteria not based on potential and talent, then that has implications for whether patients get the best possible staff and care, for the morale and retention of existing staff who are not fairly treated, and for the willingness of diverse potential candidates to even apply. The NHS has to aspire to be, and to be seen as, a good employer which treats staff fairly in all aspects of their working lives. Discrimination adversely impacts on staff engagement and the retention of staff.

The McGregor-Smith Review (2016) used Government data to show that institutional patterns of race discrimination alone, for example, are denying organisations access to talent with very large (£24 billion per annum in the case of race, for example) financial consequences for the UK economy. ([MacGregor Smith \(2016\)](#))

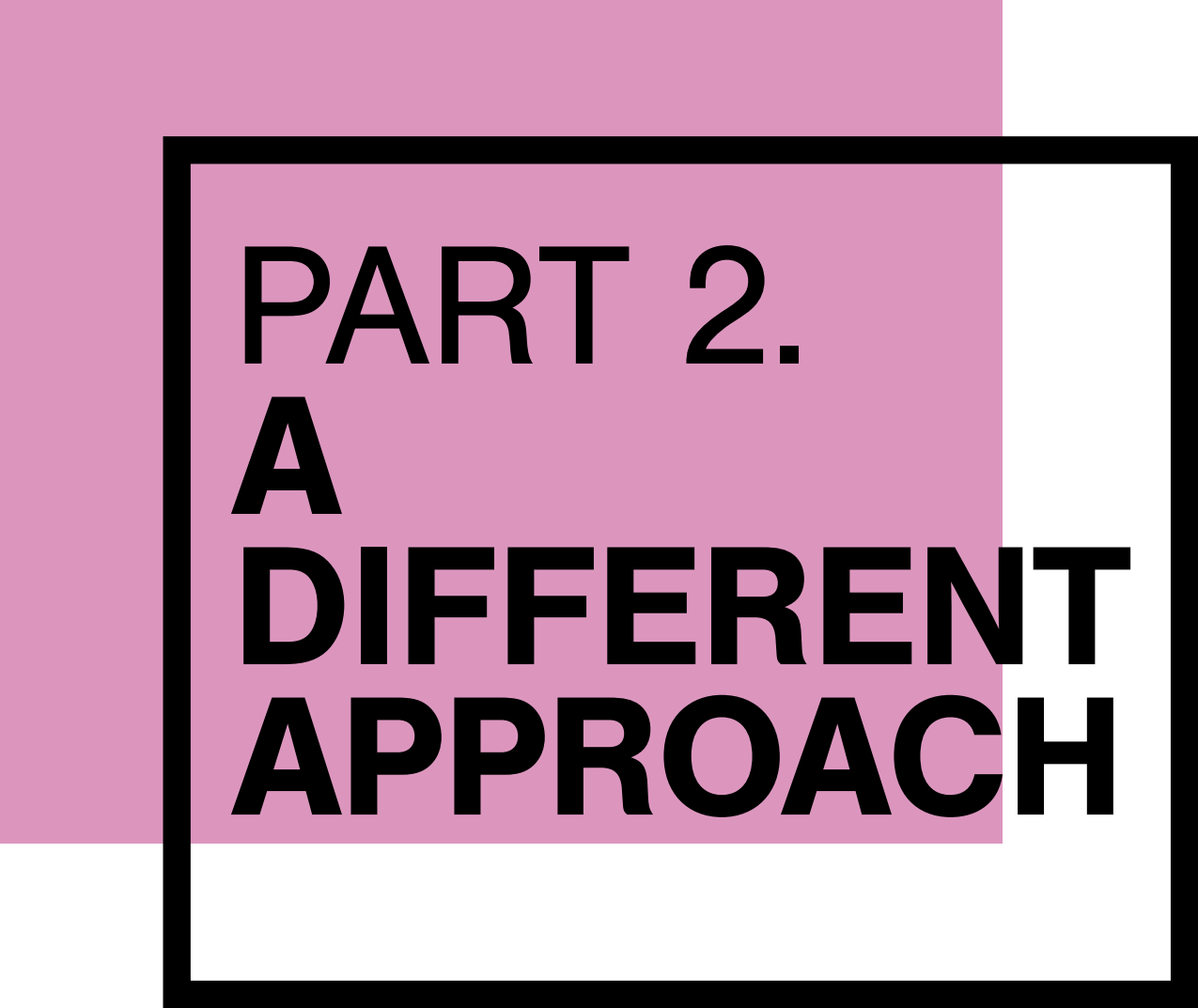
PART 1.

WHY EQUALITY, DIVERSITY AND INCLUSION MATTER FOR RECRUITMENT AND CAREER PROGRESSION

Six reasons diversity and inclusion matter

...Continued

- **Cognitive and demographic diversity improve performance.**
The evidence for this is more nuanced than is often presented, but is convincing nevertheless, so long as increased diversity is underpinned by inclusion. An evidence base supports the proposition that effective leadership is diverse, inclusive and compassionate. (Page, S. (2017)) *The Diversity Bonus: How Great Teams Pay Off In The Knowledge Economy*)
- **Discrimination impacts on staff well-being.**
Levels of bullying and discrimination against BME staff, for example, are higher than for White staff. The adverse impact of bullying on staff health is well evidenced and in turn impacts on performance, career progression, engagement, retention and team effectiveness, as well as harming the safety and physical and mental well-being of staff. ([Lever et al \(2020\)](#))
- **Improvement.** Diversity and inclusion should be seen as an important element of service improvement in the NHS not simply a matter of compliance. When they are both present, and diversity is underpinned by inclusion, healthcare organisations are more likely to be more effective and patient care better.
- **Compliance.** The statutory requirement for employers to treat applicants and staff fairly in all aspects of their working lives includes their treatment in recruitment, career progression and retention. It is now complemented by regulatory compliance through the NHS Standard Contract, the NHS People Plan and the CQC Key Lines of Inquiry for the Well-Led domain though their effectiveness is currently under review.



PART 2.
A
DIFFERENT
APPROACH



**PART 2.
A DIFFERENT
APPROACH**

BIAS, STEREOTYPES AND ASSUMPTIONS

Individual decisions and patterns of discrimination

Bias, stereotypes and assumptions lead individuals to take decisions which disadvantage other individuals. There is a wealth of information demonstrating that such disadvantage is not random but affects some groups more than others.

Chapter 2 set out some of the data. In many aspects of the lives of NHS staff, the cumulative impact of individual decisions have had the impact summarised in the MacPherson report's definition of institutional racism:

“The collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture or ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racial stereotyping.”
([MacPherson \(1999\)](#))

Some decisions which through bias, stereotypes and assumptions disadvantage individuals are deliberate acts of discrimination against people because of their protected characteristics or are made by those who appear to not care about the issue. Often, however, the decisions are made through biases, stereotypes and assumptions that research shows people may be unaware of.

In this resource we primarily consider how to mitigate the patterns of discrimination against Black and Minority Ethnic staff, women and Disabled staff. We do so because we have more reliable data within the NHS on such staff compared to other staff groups.

PART 2. A DIFFERENT APPROACH

BIAS, STEREOTYPES AND ASSUMPTIONS

Take the example on [Page 24](#) above of the cumulative effective of disproportionate decisions made to appoint a White member of staff rather than a member of staff of Black and Minority Ethnic heritage. Moreover, on average (though not always) compared to White applicants, even before they got to the interview:

- a BME applicant is likely (not always) to have come from a poorer family background and more crowded poor quality accommodation;
- a BME applicant is more likely (not always) to have gone to a school with poorer exam results and more likely to have gone to poorer performing, and less well resourced, university;
- a BME applicant is more likely to have a family member who has been stopped and searched, and have family members who are either unemployed or in temporary jobs;
- a BME applicant is likely to have had poorer support at university and leave early or with poorer grades.

Even when they have worked hard to be shortlisted and interviewed, shortlisting and interview panels may have made decisions, informed by a range of biases, stereotypes and assumptions, about which candidate is “**the best**” and what “**merit**” means. The same groups of staff adversely impacted by selection processes are more likely to experience micro-aggressions at work and beyond, being held to a higher standard at work, and not always feeling they can bring themselves to work, all of which undermine confidence and morale.



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BIAS, STEREOTYPES AND ASSUMPTIONS

What happens in NHS employment reflects the fact that race remains central to the judgements and values we hold about who is deserving, and who is not, in our society. It leads us to think of people of black and minority ethnic heritage as ‘others’ and ‘outsiders’ even when their families may have been in the UK for generations and made huge contributions to our society. Whilst the proportion of White people who are overtly racist is a minority, assumptions about inferiority which undermine the employment and well-being of BME staff, are widespread and deeply ingrained through our history as an Imperial power.

Many of us could go through our lives having BME acquaintances at work but not having authentic relationships with BME people in the rest of our lives. For those in senior positions in the NHS that may be even more likely since there are less BME colleagues the more senior the grade. Most of us are personally untouched by race discrimination even if we are offended by it.

If we are White, we do not have to worry about being stopped by the police because of the colour of our skin. If we are White it is very unlikely that we have walked into

an interview room and met a panel with no White people on it. If we are White, we will rarely, if ever, be held to a higher standard at work because of the colour of our skin.

There has been much discussion about “**White fragility**”. It is a term that seeks to capture the defensiveness White people often feel when challenged about racism, especially when it implicates them directly. The term “**White fragility**” speaks to how little it takes to throw us out of our racial comfort zones, but our reaction is unlikely to be fragile in its impact. (DiAngelo (2019)).

White fragility is the flip side of a sense of entitlement developed over many years. It may overlap with other characteristics. Working class people may be held to blame if their children fail at school. Irish people experienced being “**other**” for generations. Women have been held back for generations thanks to a range of biases and assumptions that benefitted men. Our ideas about “**merit**” in particular are influenced by the race, gender and disability (and class) of those we are evaluating.

PART 2. A DIFFERENT APPROACH

BIAS, STEREOTYPES AND ASSUMPTIONS

Defensiveness often comes from a view that to count as racism, treatment or behaviours must be conscious, overt and intentional in order to count. This is not true in law, and not true in practice.

Yet most of the individual actions that cumulatively produce patterns of discrimination are not made by people who are overtly racist. Indeed, many may be deeply offended to learn that the collective, institutional consequence of individual acts and omissions is to produce patterns of discrimination. (See a legal summary in Appendix 1). But they do.

Most White people find racism difficult to talk about, and especially with people subjected to racism. We find it hard to accept that whilst we may not be overtly racist, our acts and omissions may contribute to race discrimination.

The rest of this section considers some of the biases, stereotypes and assumptions (and their impact) that we fall back on. Simply being aware of these is not sufficient to change the patterns of discrimination. But when our understanding of them is underpinned by accountability then we will see real change in the outcomes in recruitment and career progression.

[If you want to find out more see these short video clips by John Amaechi](#) and [Robin D 'Angelo](#)





**PART 2.
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BIAS TAKES MYRIAD AND POWERFUL FORMS

There is a large body of research demonstrating the impact of bias, stereotypes and assumptions which are likely to have significant impact on decisions at every stage of the recruitment and career progression cycle. Class, race, disability and gender, especially in combination, predict career disadvantage.

We are all deeply influenced by biases and stereotypes such as those summarised below. They self-evidently impact on specific aspects of the recruitment and career progression cycle.

Having in place processes that are, as far as possible, underpinned by research is crucial for fair recruitment and progression. But those processes need to be implemented by managers and leaders who have some awareness of the numerous ways in which bias, stereotypes, behaviours and assumptions can undermine even the best processes.

This section summarises some of those risks which are then cross referenced in the relevant sections of the resource.

Chapters 6 and 7 emphasise the importance of using accountability and transparency to “interrupt” bias, focused on changing processes rather than relying on the traditional HR policies, procedures and training.

These bias interrupters, which are discussed in more detail in the remainder of this resource, will not be effective unless those who lead and undertake recruitment and career progression – and should be leading on inclusion and retention – also get to grips with the deep and pervasive biases, stereotypes and assumptions which lie beneath many of the decisions we take.

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What applies to disability applies to other protected characteristics. Thus, Lengnick-Hall et al (2008) suggest that “most employers hold stereotypical beliefs not supported by research evidence.” ([Lengnick-Hall et al. Overlooked and underutilized: People with disabilities are an untapped human resource](#)).

The key factor is whether employers accommodated employees’ disabilities. Where that occurs, Lee and Newman (1995) found HR managers rated the performance of 72% of these employees as average, above average, or excellent. ([Lee B., Newman K \(1995\)](#)). [See also Kaletta et al. \(2012\)](#).

The next section highlights some of the more common biases, stereotypes, assumptions and behaviours that contribution towards biased and discriminatory recruitment and career progression decisions and outcomes.

a. Decision making and feedback skewed by “difficult” conversations”

When appraisals and feedback occur given across a difference of protected characteristic, discussion and feedback are susceptible to “**protective hesitancy**”, notably but not exclusively with BME applicants. Protective hesitancy can lead

to dishonest feedback of the “**benevolent kindness**” variety which the applicant will spot as being false (and useless) such as “you were very good, but on the day someone else was better.” In response, candidates may decide there is no point in pursuing the conversation but will be demoralised because what they needed was specific advice on what could have been done better together with suggestions (or support) on how to improve next time.

Thomas (2001) explored “**protective hesitancy**” whereby White mentors could be defensive and hesitant in giving honest feedback to mentees of colour. He found that BME staff advance more rapidly in their careers when they have mentors who understand and openly acknowledge how race (both in terms of privilege and oppression) can be a major factor in the trainees’ institutional environment as well as in their mentoring relationship ([Thomas D. \(2001\)](#))

Gündemir et al (2014) came to a similar conclusion. In situations where black staff fail to secure a new job or a request for promotion, the explanation they receive is often vague and barely justifies the credibility of the unfavourable outcome. [This in turn fails to eliminate any perceived implicit racial bias or ulterior political motive.](#)

The fear of “**saying the wrong thing**” is easily spotted and may naturally prompt a reciprocal closing down of the conversation. Similarly, when giving critical feedback to women, male managers may be especially worried about how the feedback will be received. ([Ridgeway C., Correll S \(2004\)](#)). “The failure to give feedback due to worry that the recipient might be upset is a critical barrier in having conversations necessary to advance women’s careers”. ([O’Neill R., Blake-Beard S. \(2002\)](#))

Content analysis of individual annual performance reviews showed that women were 1.4 times more likely to receive critical subjective feedback as opposed to either positive feedback or critical objective feedback. ([Cecchi-Dimeglio \(2017\)](#))

Feedback to Disabled staff may also be undermined by a form of “**paternalism**” whereby a ‘well-meaning’ senior manager or HR person decides that Disabled staff will not be interested in performing certain roles or responsibilities. Such decisions, of course, can have consequences for future career progression.

PART 2. A DIFFERENT APPROACH

BIASES, STEREOTYPES, ASSUMPTIONS AND BEHAVIOURS

b. Female stereotypes and leadership

Some interview panels may still expect women candidates (and post holders) to appear competent (and disliked) or be “feminine” (and taken less seriously) ([Rudman L Glick P. \(1999\)](#)).) This is so even if long standing stereotypes are not as dominant as they were ([Heilman \(2001\)](#))

[Heilman et al. \(2004\)](#) found this may be even more of an issue for women in more senior roles where the negative reactions are even stronger.

Stereotypes of leaders (including their visual representation) will tend to disadvantage women. ([Maclean E et al 20 \(2018\)](#)) and summarised in ([Murphy \(2018\)](#)).

c. Does being “competitive” matter?

Rudman, L. (1998) found that men who promoted their own accomplishments during an interview were judged to be more competent and were more likely to be hired than men who did not. [Women, who self-promoted, on the other hand, were personally disliked, reducing their odds of being offered a job.](#)

[Rudman L, Fairchild K \(2004\)](#)

found it can be fine for men to be competitive, and assertive but that may not be the case for women and BME candidates and staff.

d. Does parenthood make a difference?

[Correll S, Benard S \(2010\)](#)

found that female job applicants are penalized for being mothers, whilst otherwise identical male job applicants are rewarded for being fathers.

e. Ubiquitous double standards by gender and ethnicity

[Norton, Vandello, & Darley](#)

[\(2004\)](#) reported that when a man had more experience, people tended to choose to hire the man because he had more experience but when the man had more education, people again chose the man because he had more education. Both education and experience counted less when women had them.

A 2014 meta-analysis of gender stereotypes and bias in experimental simulations of employment decision making ([Kock \(2014\)](#)) found that men were preferred for male-dominated jobs (i.e., gender-

role congruity bias), whereas no strong preference for either gender was found for female-dominated or integrated jobs.

A century ago [Thorndike \(1920\)](#) found that women and BME candidates are more likely to suffer from “horns” and “halos” with one weakness generalised into an overall negative rating

[Correll \(2004\)](#) found that in assessments, the performance of women and black and minority ethnic staff – when objectively equal to that of their White male counterparts—is judged as lower both when individuals evaluate others and when they evaluate themselves.

[Biernat M, Kobrynowicz Dc \(1997\)](#) found African American job applicants were held to stricter standards of competence than White applicants in one study, where participants required African Americans to show greater evidence of leadership skills than Whites before rating them as capable of excelling in the position to which they were applying.

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f. “Office work” and stereotypes impact career progression

Women (White and BME) face pressure to be “worker bees” who work hard and are undemanding, but if they comply, they lack “leadership potential” ([Williams, Li, Rincon & Finn, \(2016\)](#))

Joan Williams et al (2016) found women report doing much more “office housework.” on average, than their White male counterparts, whether it is literal housework (arranging for lunch or cleaning up after a meeting), administrative tasks (finding a place to meet or preparing a PowerPoint), emotional labour (“He’s upset—can you fix it?”), or undervalued work (mentoring interns). [For example, women engineers report a “worker bee” expectation at higher rates than White men do, and women of colour report it at higher rates than White women do.](#)

On the other hand, glamour work that leads to networking and promotion opportunities, such as project leadership and presentations, goes disproportionately to White men ([Joan Williams and Marina Mihaylo \(2018\)](#))

g. Black and Minority Ethnic people held to a higher standard

BME applicants also face stereotypical challenges when seeking employment. Their achievements are more heavily scrutinised than those of White staff. One study of race and employer hiring behaviour, Bertrand and Mullainathan (2003), found that White applicants were called back approximately 50% more often than African American applicants, regardless of industry or occupation. Numerous researchers have found similar patterns of bias. [Despite identical resumes “Jamal” needed eight additional years of experience to be judged as qualified as “Greg”](#)

Eagly and Karau (2002) argue that personality characteristics that are commonly thought to be important for high status jobs, such as leadership or analytic ability, are closer to the stereotypes for White men than those for [women or BME staff](#). See also [Brewer, \(1999\)](#)

[Greenhaus and Parasuraman \(1993\)](#) found that the achievements of black managers were more likely to be attributed to help from others (rather than ability or effort) than were the achievements of White managers

h. “Fitting in” and ethnicity

[Rivera J \(2015\)](#) found that panels rarely see race as a factor in their decisions but instead use ambiguous assessment criteria to filter out people who “aren’t like them”. People in marginalized racial and ethnic groups are deemed more often than Whites to be “not the right cultural fit” or “not ready” for high-level roles. They are then taken out of the running because their “communication style” is somehow off the mark.

PART 2. A DIFFERENT APPROACH

BIASES, STEREOTYPES, ASSUMPTIONS AND BEHAVIOURS

i. Career trajectory assumptions for BME staff

A common failing is to prefer applicants with a faster career trajectory, or more prior “acting up” and secondment opportunities, even though the evidence is clear that some groups of staff (notably Black and Minority Ethnic staff, and women with childcare responsibilities) may have not had similar opportunities. ([Dhaliwal S and McKay S \(2008\)](#).) Whilst qualifications and past experience **may** be essential in a selection process, uneven access to both may disadvantage otherwise talented applicants and not necessarily be a good predictor of future potential.

[Smith, R \(2005\)](#) found that black men must work longer periods of time after leaving school and Latinos must accrue more years with their current employer. Finally, the processes that lead to promotion do not differ between White men and White women, but relative to White men, Black women and Latinas must have more prior job-specific experience and more overall work experience before receiving a promotion—all else equal.

The stretch development opportunities and pace of career that women and BME candidates may have had are likely to be less, either due to discrimination or to career breaks linked to maternity. ([Correll \(2004\)](#)).

[Warmington \(2018\)](#) in arguing for more diverse boards drew on extensive lived experience to conclude that BME careers tend to plateau. BME individuals recognise that they are not getting anywhere by way of career progression, so they often take a sideways move to gain different types of experiences. They often continue to gain qualifications and stretch themselves by taking on different sideways roles. The danger is that when they apply for the next upward role, they can be viewed as being ‘over-qualified’ or their CV is looked upon as being ‘bitty’ and ‘not linear’. In other words, recruitment panels may look for clear linear progression, which is the definition of a ‘high flying candidate’. Recruitment panels read a lot into CVs and the steps that people make in their careers. Staying in a role too long can be negatively interpreted, as well as moving on too quickly.

j. Covering up one’s ethnicity

Minority job applicants may “Whiten” their resumes by deleting references to their race with the hope of boosting their employment prospects, and research shows the strategy is paying off. In fact, companies are more than twice as likely to call minority applicants for interviews if they submit Whitened resumes than candidates who reveal their race—and this discriminatory practice is just as strong for businesses that claim to value diversity as those that don’t. ([Haynes \(2012\)](#)).

Members of underrepresented groups whose identity is not recognised may allow their identity to become invisible, not only to others but for themselves. They may thus improve their own careers or life chances but this may be at the cost of their well-being. ([Schmitt et al \(2014\)](#)).

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k. Disabled staff stereotypes

Physical capital (having the right body image) and relational capital (having access to cultural and social networks) are both viewed as fundamental to professionalism ([Haynes, K. \(2012\)](#)).

Some recruiters privately feel applicants with disabilities complicate the selection process, especially as they feel that not being able to ask about a disability means it is harder to tell if the person can do the job ([Kaye et al. \(2011\)](#)).

Interviewers negatively react to job candidates' disabilities in an interview context ([Hebl & Skorinko \(2006\)](#)).

For example, they recall less information about interviewees who have a facial stigma (a scar or birthmark) and spend more time looking at the affected body part. ([Madera & Hebl. \(2012\)](#)) This effect is likely to be replicated for physical, cognitive, or sensory disability features, especially when those features are highly visible in an interview, such as a job candidate's face, arms, and hands, and the use of a wheelchair, guide dog, or a White cane.

Disabled people may be viewed as having high warmth (e.g., friendly, good-natured) but low competence (e.g., incapable, unskilled). In other words, managers may like these individuals but would not necessarily hire them. ([Cuddy et al. \(2009\)](#))

Even if Disabled people eventually make it into applicant pools, hiring managers might incorrectly assume that these applicants do not want challenging careers or assignments ([Wilson-Kovacs et al \(2008\)](#)) Just because you can get a wheelchair in the building doesn't necessarily mean that you can still participate even though research makes clear this is not true. ([Ali et al. \(2011\)](#)).

l. Might under-represented groups also discriminate?

People from underrepresented groups may hold members of their own groups to higher standards. This may apply to BME candidates or staff. ([Luksyte \(2013\)](#))

m. "I deal in facts, I'm not biased"

Members of professions who view themselves as "objective" and dealing in "facts" (scientists, doctors, accountants) may be especially prone to unconscious bias. ([Uhlmann E, Cohen G \(2007\)](#))

Those whose everyday career deals with "facts" and consciously tackle bias in say, their scientific work, may be at least as open to bias in people decision making but may be more likely to deny it. ([Moss-Racusin et al \(2012\)](#)) They found both male and female science professors showed an unconscious bias against female students, rating them less competent than male students directly tested the potential role of bias among science faculty in academia. In focus groups with science faculty, the prevailing opinion voiced was that gender bias is not a problem in science departments. Indeed, participants echoed the sentiment that the objectivity acquired in their training made such bias particularly unlikely in the sciences.

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Nevertheless, Moss-Racusin's experimental data tell a different story. In a randomized double-blind study, science faculty in biology, chemistry, and physics from research-intensive universities rated the application materials of a student candidate (who was randomly assigned either a male or female name) for a lab manager position. Faculty participants rated the male applicant as significantly more competent and hireable than the (identical) female applicant. They also selected a higher starting salary and offered more career mentoring to the male applicant. The gender of the faculty participants did not affect responses, such that female and male faculty were equally likely to exhibit bias against the female student.

Though bias adversely affects women's employment more than men, women are influenced by stereotypes too. Koch et al (2014) found both male and female managers favoured men over equally qualified women in hiring, and promotion decisions. ([Koch et al \(2014\)\)](#)).

[Steinpreis et al \(1999\)](#) found that when the new assistant professor CV had a male name, the candidate was judged by both male and female

evaluators to be worthy of hire approximately 73% of the time. When the same CV had a female name, it was rated worthy of hire approximately only 45% of the time). Evaluators wrote four times as many cautionary statements in the margins of their rating forms for the female candidate

n. **Bias, stereotypes and assumptions in appraisals**

[Buckingham M, Goodall A \(2019\)](#). demonstrated managers don't hold stable definitions of key criteria such as business acumen, strategic thinking, leadership potential, or assertiveness.

Ambiguous framing of appraisal questions or performance feedback become prone to bias. Typical appraisal questions such as "how did the member of staff's expectations meet yours as manager" easily open the door to stereotypes and other biases ([Castilla. \(2008\)](#)).

o. **Bias and assumptions in development opportunities**

Women report experiencing fewer challenging developmental opportunities than men despite wanting similar types of developmental experiences. The evidence shows that decision-

makers who register high in benevolent sexism assign more challenging tasks to men than to women ([King et al 2012](#)) and benevolent racism is similarly manifested in more limited opportunities for BME staff to have challenging, empowering, work opportunities. Though there is no national NHS data, local NHS data where it is collected, suggests that acting up, and secondments, are disproportionately allocated to White staff.

Fernández-Aráoz, c. Roscoe, A. Aramaki, K (2017) summarised some of the evidence thus: "Why do women have higher potential but less competence than men? We believe it's because women are typically not given the roles and responsibilities they need to hone critical competencies. How can you develop team leadership if you're not given the chance to manage a team, or strengthen your strategic orientation if you never participate in any planning discussions or strategic projects?" [Fernández-Aráoz, c. Roscoe, A. Aramaki, K \(2017\)](#).

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p. Micro-aggressions and career progression

Studies have demonstrated that micro aggressions negatively impact interpersonal relationships in supervision and among faculty members. Hence, mentors need to be attuned to any micro aggressions they perpetrate, assume responsibility and take corrective action to repair and build trust in the mentoring alliance. Mentors should also have an understanding of the types of micro aggressions their mentees may face across health care and academic settings. Effective mentoring can involve explicitly inviting mentees to point out instances of micro aggressions—if mentors can respond non-defensively. ([Walters \(2017\)](#)).

Women and black and ethnic minorities can be literally left out of conversations with senior management. Moreover, evidence suggests that even when people from underrepresented groups are in the conversation, their contributions are overlooked, downplayed or attributed to others in their group.

A quintessential example of this is when a woman's idea is dismissed only to be applauded later when suggested by a man. Managers who pay attention to these patterns can actively work toward making sure everyone is at the table, all voices are heard, and that credit goes where it is due. In making these changes, managers can serve as role models for their followers and help to build inclusive norms. ([Heilman et al \(2005\)](#)).

q. Class and affinity bias in recruitment

“Affinity bias” leads some elite professional service employers to favour candidates with the same narrow forms of “cultural capital” (schools, universities, class background) even though the employers know this contradicts their professed commitment to social inclusion and recruiting the best “talent”. ([Ashley \(2016\)](#).)

Matters may be made worse by the inclusion of “desirable” criteria which may be especially prone to bias since employers seek candidates who resemble

them in leisure activities and experiences as [Rivera's \(2012\)](#) examination of interviews for elite positions showed

r. Inadvertently reducing female applicants

[Mohr T \(2014\)](#) found that women were much less likely than men to apply for jobs if they couldn't meet all the essential criteria.

[Gaucher et al \(2011\)](#) found that when job adverts included certain phraseology then men were more likely to apply than women. Examples might include “ambitious”, “dynamic”, “willing to rise to a big challenge”, “competitive” and “determined”.

Within some sectors (such as IT) the use of jargon and examples that are more likely to be familiar to men will deter some applicants.

Recruiters can fall prone to “confirmation bias” when doing online searching as they may be primarily looking for information that confirms their initial impressions ([Nickerson R.S. \(1998\)](#))

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s. CVs and references

The CVs of women and BME applicants may be more critically read than those of White men are read. Moreover, the stretch development opportunities and pace of career that women and BME candidates may have had are likely to be less, either due to discrimination or to career breaks linked to maternity. ([Correll \(2004b\)](#)).

[Steinpress et al \(1999\)](#)

modified an actual CV to remove gender and sent it to a random sample of university psychology departments and asked faculty members to evaluate the person on a number of dimensions. In one set of conditions, the CV was the version the actual applicant had previously used to get a job as a new assistant professor, and in the other conditions, the CV was the (more impressive) version she used years later as a tenured candidate. When the new assistant professor CV had a male name, the candidate was judged by both male and female evaluators to be worthy of hire approximately 73% of the time. When the same CV had a female name, it was rated worthy of hire approximately only 45% of the time.

Evaluators wrote four times as many cautionary statements in the margins of their rating forms for the female candidate.

It is common during the final rating of all candidates to consider references. However, references themselves may be prone to bias both in how they are written and how they are read ([Trix, Frances, and Carolyn Psenka. \(2003\)](#)) The standard NHS practice of only asking for the most basic information should therefore be welcomed and adhered to, including for more senior posts (where it may not be adhered to).

t. Stereotype threats and tests

Candidate experience is important. In one study, Asian-American women who were asked a gender question before a set of maths questions performed worse, whereas those who were asked an ethnicity question performed better. It was suggested that the test scores were affected by whether subjects were primed to the stereotype of Asian people (usually considered good at maths) or women (usually considered worse at maths). ([Shih et al \(1999\)](#))

u. Stereotypes and interviews

Panel members must be aware of the risk of reaching decisions in the opening minutes (or even less) of interviews as research suggests this is a real risk The selection decision may be made in the first 4 minutes of an interview ([Barrick et al \(2012\)](#))

v. “We need someone who will hit the ground running”

This phrase inevitably makes assumptions about future potential based upon past opportunities. At a time when vacancy filling may have been delayed for financial reasons and when the NHS is under immense pressure, this can be tempting. Managers should avoid any criteria which is likely to reproduce the bias in past opportunities. Asking what a candidate might be like after six months in post – their future potential is likely to be a good guide and to remedy the risk of bias.

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w. Past performance or potential?

A significant failing of recruitment panels is to evaluate some people (women and BME candidates) on their performance, but others (men) on their potential ([Chamorro-Premuzic \(2019\)](#)). Moreover, White men tend to be judged on their potential, whereas women and BME applicants tend to be judged on their previous performance ([Brewer & Gardner, \(1996\)](#))

Academic studies show that promotions are still largely a reward for past performance ([Fairburn et al \(2001\)](#)) and that organizations often believe the attributes that have made someone successful so far will continue to make them successful in the future (even if their responsibilities change). ([Benson, Li, Shue \(2018\)](#))

A related shortcoming is the assumption that a particular test result is a guide to future performance when it might not be reliable or indeed may be more of a reflection of past opportunities than future potential.

When decision makers believe that some people (e.g. White, male) are more competent than

other people (women, black and minority ethnic) that can impact on whether we interpret their past performance as evidence of future ability. That may well lead to some people (White, male) gaining more development opportunities and better appraisals, compared other groups of people ([Correll S., Ridgeway C. \(2003\)](#))

x. “We have to appoint the “best” candidate”

Diversity can enable differences in knowledge, information, models of thinking (heuristics) which may give better outcomes on tasks such as problem solving, prediction, innovation and creativity, evaluation, verification and developing strategies.

Both demographic diversity (e.g. gender, disability, age, race, sexual orientation, social class) and cognitive diversity (i.e. people who have different ways of thinking, different viewpoints and different skill sets in a team or business group) can make a very significant difference to performance – and although they are not the same, they do substantially overlap. Demographic diversity (which is likely to overlap with education, work and life experience

to a significant degree) will specifically contribute to the differences in performance of those engaged in non-routine cognitive thinking – which includes a large proportion of NHS roles.

Teams need both good individual performance and team diversity to ensure a good mix of knowledge bases, analytical tools, mental models, different perspectives, experiences and information. No one person is likely to possess each of these – the best team is the one that does. That is why a diverse team is very likely to be better performing than a team of ten composed of the best performers.

The maths on this is convincing and is set out by Page (2017) in *The Diversity Bonus: How Great Teams Pay Off In The Knowledge Economy* who explains why the best team will not consist of the best individual performers but of the best mix of performers exists and this can be applied differently to each of these types of tasks. That optimum mix will vary between the different categories of prediction, creativity, problem solving, models of thinking, and innovation.

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y. “We have to appoint on merit”

Diversity and intelligence are not alternatives.

Scott E Page explored what happened if two groups of individuals are each assigned a kind of problem to solve. One group has a higher average IQ than the other, and is more homogenous in its composition. One group, say, is all doctors with IQs above 130; the second group doesn't perform as well on IQ tests, but includes a wide range of professions. What Page found, paradoxically, was that the diverse group was ultimately smarter than the smart group. The individuals in the high-IQ group might have scored better individually on intelligence tests, but when it came to solving problems as a group, diversity matters more than individual brainpower.

Johnson, S. Future Perfect: The Case for Progress In A Networked Age (2012).

The concept of “**merit**” assumes that given a level playing field, individuals of equal talent and motivation will advance at equal rates. When some groups of applicants are disproportionately impacted this is usually explained by lack of experience, training, or opportunities, or by motivational

deficiencies, preferences for work and family rather than consideration of whether the definition of merit used is flawed. ([Cech and Blair Loy \(2010\)](#)).

The individualistic focus of “**merit**” places responsibility for poor outcomes on the shoulders of the unsuccessful, labelling the unsuccessful as “**incompetent or undeserving**” ([Knights D, Richards W \(2003\)](#)) whilst successful candidates owe it to their personal achievement. ([Brennan and Naidoo \(2008\)](#)).

Definitions of “**merit**” can become self-fulfilling: those who gain access to the networks and development opportunities required to acquire merit are generally those define it ([McNamee, Miller \(2004\)](#)).

Moreover, there is some evidence that women underestimate their abilities more than men do ([Fletcher \(1999\)](#)).

Whether staff and candidates meet the standard of merit set may also be affected by the “**endowment effect**”, leading panels and managers to value the skills and potential of current staff more to the detriment of equally (or better) qualified candidates.

This may well become a factor whenever discretionary payments (clinical excellence awards, performance related pay or bonuses, discretionary increments) are awarded which is why monitoring and an “explain or comply” process should always be applied with systematic scrutiny of outliers. [Uhlmann, E. and Cohen, G \(2005\)](#) describe how job discrimination can occur where recruiters redefine merit in a manner congenial to the idiosyncratic credentials of individual applicants from desired groups.

The definitions of “**merit**” may be influenced by the experiences of those with advantages in background, experiences and networks in ways that disadvantage other staff and candidates. Correll and Mackenzie (2018) suggest that may be countered by examining and broadening the definitions of success used (in success profiles for example), and then by asking what each person adds to the team being recruited to.

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Merit: asking different questions?

Panels might ask instead:

- “How does this person’s approach help us get to better discussions and decisions?”
- “What skills and experiences am I missing on my team that this person has?”
- “What has this person learned from his/her experiences? Can she take risks and persevere through difficulties?”

As they point out, “We often perceive being quickly promoted as an indicator of someone’s talent. But using this criteria might lead you to overlook the value of grit and perseverance.” [Correll S., Mackenzie L. \(2018\)](#)

Competence or confidence?

Another failing is to confuse candidate confidence and competence, influenced by the (unfounded) belief that displays of confidence are a sign of competence, a confusion that may significantly benefit men rather than women in particular ([Chamorro-Premuzic. \(2013\)](#)). This is despite the fact that there is now compelling evidence that women are more likely to adopt more effective leadership strategies than men. ([Eagly \(2013\)](#))

Indeed, in a lab study, commitment to hiring criteria prior to disclosure of the applicant’s gender eliminated discrimination, suggesting that bias in the construction of hiring criteria plays a causal role in discrimination ([Uhlmann E, Cohen G \(2005\)](#)).

Key point

Bias, stereotypes, and assumptions on topics such as what constitutes “merit” are powerful and can be triggered almost instantaneously. They can easily overrule more rational thinking and decision making.

Understanding the types of bias, stereotypes and assumptions that can distort good and fair decision making is important as is an understanding that we are all subject to them, often without realising we are.

Note: A number of the examples of bias used here are used again for emphasis to illustrate later chapters.

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Broad principles

a. The focus should be on removing bias from systems and processes not from individuals. Rather than focusing primarily on removing bias by individual human beings from decision making we should emphasise seeking to insert process changes to remove or mitigate the numerous ways in which bias affects decision making at every stage of recruitment, development, promotion and support once employed. Research suggests that whilst understanding bias, stereotypes and biased assumptions is essential, debiasing process is crucial to affecting decision making.

b. Accountability is key. In their landmark research into the efficacy of diversity interventions Kalev and Dobbin concluded “The most effective (diversity) practices are those that establish organizational responsibility: affirmative action plans, diversity staff, and diversity task forces. Attempts to reduce social isolation among women and African Americans through networking and mentoring

programs are less promising. Least effective are programs for taming managerial bias through education and feedback.”

[\(Kalev and Dobbin \(2016\)\)](#)

KPIs and targets linked to data patterns are one important element of such accountability.

c. Leadership is crucial. Leaders (at every level), who understand and reject discrimination, inclusive leaders, make a fundamental difference to sustainable outcomes on diversity. They model the behaviours they expect of others, understand the importance of diversity and inclusion, and hold themselves and others to account on the issue. Without such leadership, progress is very difficult.

d. A clear narrative is essential, explaining why addressing disproportionality in recruitment, development, promotion and retention is crucial. Without a clear understanding by Board members, conveyed clearly to all managers and staff, the measures proposed here will not work. The majority of recruiting managers are at Band 8a and

below, so they must be met, and discussed with, so it becomes an expectation that they understand, not just an instruction they are told about.

e. Positive action can be helpful but institutional change is key. Positive action can be useful in helping to “level the playing field” but changing the institutional blockages and mitigating the biases are the most important elements of successful interventions. Employers should beware slipping into a “**deficit model**” whereby the main problem is seen as the staff who are discriminated against not the institutional practices.

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f. Work climate is important.

The relationship between diversity and organisational outcomes is highly dependent on the organisational context and how diversity is operationalised, notably including psychological safety at all levels of an organisation. In other words, whether specific interventions (including those rated as more effective) are actually effective depends on the extent to which the five steps listed above are implemented.

g. Improved representation is crucial but without inclusion it will not be sustainable or deliver it's potential.

Inclusive teams enable staff from under-represented and disadvantaged groups to be listened to, respected and valued and to be able to question and challenge and bring themselves to work.

Without inclusion, staff from under-represented and disadvantaged groups will be less engaged, become outsiders, be held to a higher standard than other staff, and be at risk of higher turnover –with adverse impact on organisational effectiveness and patient care and safety.

The approach proposed here for mitigating bias should also impact on those managers who are deliberately biased or show no interest in equality and tackling discrimination because it embeds accountability.

Outside the NHS

A snapshot of some non-NHS employers suggested these principles were also endorsed within good practice outside the NHS and noted:

“Success in improving diversity can only be achieved when multi-level strategies are implemented over a sustained period of time. Interviewees strongly supported this view, reflecting that there has been no single initiative or

approach that can be credited with improving the diversity of their organisations. Rather it has been a case of concerted and sustained effort at various levels. They recognised that progress can be slow and several interviewees discussed the importance of acknowledging that engrained behaviours and attitudes take time to change – one individual remarked that for their organisation, improving race equality is like “trying to turn an oil tanker”. They stressed that senior leaders must recognise this, and advocate and support a long-term approach to tackling inequality. However, stakeholders also reflected on the importance of finding opportunities to speed up progress within a long-term plan. ([Darling C \(2017\)](#))

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Bias is ubiquitous and powerful

Neuroscience has shown that most decisions we make about people are influenced by biases we are not aware of at the time we make them.

Some decisions are influenced by conscious prejudices, but many (most) are influenced by unconscious biases. Such biases are frequently institutionalised through policies and practices that systematically advantage some groups and discriminate against others.

[Devine \(1989\)](#) shows how stereotypes affect our behaviour even when we disown the stereotype. We learn about stereotypes in childhood, well before we develop more sophisticated thinking, so stereotypes have a longer “**history of activation**” and are more readily prompted than conscious thinking. Overriding stereotypes requires conscious decision making, whereas activating stereotypes can occur automatically.

[Moreover, Valian \(1999\)](#) showed stereotypes impact the behaviours and judgments of individuals regardless of their own race or gender.

There are many different types of bias. Amongst those most commonly impacting on recruitment and career progression are:

Affinity bias. We tend to favour candidates with similar personal, educational, and professional backgrounds, the same protected characteristics or interests. It leads us to place less emphasis on matching the relevant skills or job requirements than we would with other candidates because we feel they will “**fit in**” or are “**like us**”.

Confirmation bias. This occurs when recruiters form an opinion (about a candidate for example) and then look for evidence that their hypothesis is right (and ignore evidence to the contrary). So, if an initial opinion is poor then the recruiter will nevertheless (albeit unwittingly) look for evidence that their initial opinion is right. We might, for example, think that because a candidate went to Oxbridge, they must be brighter or better than other candidates, and then look for evidence to support that view (and ignore contrary evidence).

Halo and horns effect. The halo effect occurs when we assume that because people are good at doing one thing well, they will also be good at doing other

things well. The horns effect has the opposite effect.

Effective heuristic. This occurs if we judge when someone is a good candidate by superficial factors such as weight, height, appearance and accent rather than whether they meet the competencies the job requires.

Availability heuristic. This may be triggered if panels make decisions based on information that comes to mind most easily – most recent interviews, funny comments etc – rather than the most important information.

If you want to know more..... If you’d like to know more about relevant biases and stereotypes, you may find, [Atewologun Cornish and Tresh \(EHRC 2018\)](#) useful.

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Biases and stereotypes are extremely influential in determining:

- How jobs are created, described and advertised;
- Whether or not positive action is in place, notably to ensure development opportunities exist to level the playing field, and employers are proactive seeking out talent rather than relying on the “**tap on the shoulder**”;
- How jobs are shortlisted;
- How jobs are interviewed;
- Whether processes are debiased at every stage and each stage is monitored with decision makers held to account;
- Whether those who lead actually model the behaviours they expect of others;
- Whether teams that successful candidates from under-represented groups join are inclusive;
- To what extent decision makers and leaders have the capabilities and understanding required to progress inclusion and to create the cultural conditions in which others will do the same.

Our brains operate on two different systems of thought:

- System 1 thinking provides the automatic reflex responses (fight or flight) that alert us to “danger”
- System 2 thinking is slower and controls conscious thought processes. (Daniel Kahneman (2012) Thinking, Fast and Slow).

Behavioural “**nudges**” recognise that System 1 thinking often overrides the more rational System 2 thinking process when we make recruitment decisions, and so seek to redesign processes to minimise the impact of System 1 biases.

Tackling the impact of bias on decision making

a. What is the dominant HR paradigm and does it work?

Every NHS organisation has an array of policies and procedures, supplemented by training, whose intention is to help ensure staff are treated fairly across their employment. This approach sets standards which are stated to enable staff who feel they have not been treated fairly to raise concerns, confident they will be fairly heard and will suffer

no adverse treatment for doing so. This human resources (HR) paradigm has, until recently, dominated much NHS practice on tackling discrimination, bullying, whistleblowing and disciplinary action. But research suggests this approach is fundamentally flawed as a means of improving organisational culture. Evesson J (2015) explained why this approach was doomed to failure in respect of bullying:

“In sum, while policies and training are doubtless essential components of effective strategies for addressing bullying in the workplace, there are significant obstacles to resolution at every stage of the process that such policies typically provide. It is perhaps not surprising, then, that research has generated no evidence that, in isolation, this approach can work to reduce the overall incidence of bullying in Britain’s workplaces.”

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Such ‘**methodological individualism**’ is underpinned by the individualistic nature of UK employment law. It relies on individuals raising concerns. Thus, the NHS Employers guidance on bullying at work for many years stated ‘employers can only address cases of bullying and harassment that are brought to their attention’. (NHS Employers. Guidance: bullying and harassment. 2006). That guidance is now withdrawn but its approach ignored the wealth of local data available to local employers on prevalence which could have enabled them to be proactive and preventative.

Fig 2 Schematic summary of different HR approaches

Old model	New model
Emphasises importance of policies, procedures and training thus setting standards and enabling individuals to raise concerns safely.	Emphasises importance of accountability and transparency. Adopts a “ public health ” approach to improving outcomes, triangulating data to be proactive and preventative, Intervenes to encourage staff, seeing fair and effective career progression as a key management function.
Encouragement and support to individuals to take advantage of development opportunities through mentoring and positive action. Training for panels and managers on ensuring processes are followed and are fair and free of bias.	Granular attention to primarily removing bias from processes, not through training individuals at each stage of the career lifecycle by understanding how bias and stereotypes affect decision making and how to mitigate it. Emphasises tracking all individual’s development proactively, linked to effective appraisals, transparent access to stretch opportunities.
Delegated to HR and often under-resourced.	Key issue led by CEO.

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a. What is the dominant HR paradigm and does it work?

...continued

Across UK employment, Hocque found that although four in five workplaces had an equal opportunity policy, many are ‘empty shells’ and lack substantive practices to deliver equality commitments. ([Hogue, K. and Noon, M. \(2004\)](#))

Similarly, until recently, employers largely relied on individuals raising concerns despite the likelihood that legitimate complaints would not be upheld and would certainly not change institutional discrimination. Kalev and Dobbin (2016), concluded that “**methodological individualism**” was not an effective model for changing outcomes on discrimination in recruitment and career progression. Instead they concluded that:

“Structures that embed accountability, authority, and expertise (affirmative action plans, diversity committees and taskforces, diversity managers and departments) are the most effective means of increasing the proportions of White women, black women, and black men in private sector management”

They also found that

- As for the effectiveness of grievance procedures, Kalev and Dobbin reported that many managers—rather than change their own behaviour or address discrimination by others—try to get even with or belittle employees who complain. They noted that of the nearly 90,000 discrimination complaints made to the US Equal Employment Opportunity Commission in 2015, 45% included a charge of retaliation—which suggests that the original report was met with ridicule, demotion, or worse;
- “things don’t get better when firms put in formal grievance systems; they get worse. Our quantitative analyses show that the managerial ranks of White women and all minority groups except Hispanic men decline—by 3% to 11%—in the five years after companies adopt them.”

Key Question

We have too rarely asked of HR interventions on recruitment and career progression ‘why do you think this is likely to work?’

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b. Does diversity training work?

An analysis of over 40 years of research on diversity training evaluation outcomes by [Bezroková et al. \(2016\)](#) found that diversity training builds people's knowledge about other groups and can affect people's beliefs and behaviour, but these effects fade over time. Indeed, it suggests that learning at a later point tends to be minimal, possibly partly because people feel virtuous having done the training and stop making the effort that is needed to address their prejudices?

Research suggests training may not be effective, and may actually be counterproductive unless individuals are motivated to decrease bias. ([Devine et al. \(2002a\)](#))

The default response of employers to bias has often, recently, been to introduce unconscious bias training but the evidence on its impact is mixed. Unconscious bias training may assist those who wish to learn - but not those who do not wish to do so ([Kalev and Dobbin \(2016\)](#)).

In particular, there is no evidence that a short session of online generic unconscious bias training is effective. However, specific training on the impact of bias in recruitment, close to the time of the recruitment decisions, accompanied by regular reminders can make recruiters more open to interventions that work.

Unconscious Bias Training (UBT) in summary

"Overall, our evaluation of rigorous studies on the effectiveness of UBT indicates a mixed picture and a need for further research to determine the effectiveness of unconscious bias training. We found:

- UBT is effective for awareness raising by using an IAT (Implicit Association Test) followed by a debrief or more advanced training designs such as interactive workshops.
- UBT can be effective for reducing implicit bias, but it is unlikely to eliminate it.
- UBT interventions are not generally designed to reduce explicit bias and those that do aim to do so have yielded mixed results.

- Using the IAT and educating participants on unconscious bias theory is likely to increase awareness of and reduce implicit bias.
- The evidence for UBT's ability effectively to change behaviour is limited. Most of the evidence reviewed did not use valid measures of behaviour change.
- There is potential for back-firing effects when UBT participants are exposed to information that suggests stereotypes and biases are unchangeable.
- Evidence from the perspective of the subjects of bias, such as those with protected characteristics, is limited. This evidence could provide additional information on potential back-firing effects." ([Atewologun, Cornish and Tresh \(2018\)](#)).

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c. Interrupting bias.

The crucial importance of accountability and transparency

Organisations that focus on designing ways to reduce the influence of bias are 3.1 times more likely to achieve their EDI goals. ([Kepinski, Hucke \(n.d.\)](#) Foschi (1996))

Found that individuals who are required to justify their decisions to a more senior person are likely to undertake more thoughtful evaluations. Specifically, it was found that when decision makers were required to explain their responses to a partner, women were less likely to be held to a higher standard of competence than men. The awareness of accountability acts to pre-empt the introduction of bias into hiring decisions before it happens and helps [stereotypes when making decisions](#)

Valian (1999) found the awareness of accountability acts to pre-empt the introduction of bias into hiring decisions before it happens and helps challenge stereotypes when making decisions and found that participants were less likely to

hold women to a higher standard of competence than men when they were required to explain their responses to a partner in a subsequent task. (Why So Slow?: The Advancement of Women (1999))

In their research examining 708 US companies, Kalev and Dobbin (2006) found:

- Structures that embed accountability, authority, and expertise (affirmative action plans, diversity committees and taskforces, diversity managers and departments) are the most effective means of increasing the proportions of White women, black women, and black men in private sector management. Moreover, they show effects even in the presence of controls for the specific initiatives that specialists often implement, from formal hiring and promotion rules to work-family programs.
 - Programs that address social isolation among women and minorities (networking and mentoring programs) are followed by modest changes. The effects of these initiatives vary across groups, with
- White women benefiting most, followed by black women. Black men benefit least. Networking and mentoring programs may appear to operate at the collective level, but they are designed to “fix” a lack of specific human and social capital in individual workers programs designed to counter the social isolation of women and minorities through mentoring and networking are disappointing, although mentoring does appear to help black women.
- Practices that target managerial bias through feedback (diversity evaluations) and education (diversity training) show virtually no effect in the aggregate. They show modest positive effects when responsibility structures are also in placebut they sometimes show negative effects otherwise
 - Responsibility structures make training, performance evaluations, networking, and mentoring programs more effective

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- The strategies designed to change individuals are less effective than the conventional management solution of setting goals and assigning responsibility for moving toward these goals. ([Kalev and Dobbin \(2006\)](#))

See also [Dobbin, Schrage and Kalev \(2015\)](#) *Rage against the Iron Cage: The Varied Effects of Bureaucratic Personnel Reforms on Diversity*

More recently, [Castila \(2015\)](#) explored why a firm found it consistently gave African Americans smaller raises than Whites, even when they had identical job titles and performance ratings. Castilla suggested transparency to activate social accountability. The firm posted each unit's average performance rating and pay raise by race and gender. Once managers realized that employees, peers, and superiors would know which parts of the company favoured Whites, the gap in raises all but disappeared.

[Price J Wolfers \(2007\)](#) drew attention to implicit racial bias in NBA referee calls whereby White referees called fouls against black players more often than against White players (and vice-versa).

They subsequently reviewed what (if anything) had changed and found that since the publication of their paper the bias they highlighted had disappeared. [It appeared that immense public attention had impacted positively on referee bias.](#)

The NHS commissioned a quick review of some private sector interventions around diversity (Darling 2017). A central finding was

“Several interviewees – those representing financial services firms in particular – articulated that embedded accountability was an integral aspect of their EDI strategies. For these organisations, as part of annual appraisal processes senior managers and partners are expected to meet certain standards around talent or their ‘people’ agenda, in addition

to meeting targets related to financial performance. Broadly speaking, such people targets relate to hiring patterns, staff retention, progression, and qualitative feedback from individuals.

Metrics around diversity and inclusiveness form part of these targets. For instance, the diversity of the talent pool, progression, absence, retention and reported wellbeing of specific staff groups. Where there is evidence of underperformance, managers can be personally penalised, receiving a lower appraisal score, and may ultimately lose out on financial bonuses. Interviewees reflected that this approach to accountability was an important mechanism for driving progress.”

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Examples provided included:

- EY gave parity around people and financial performance: 50% of the appraisal process concentrates on 'people' metrics, with the remaining 50% focusing on financial performance.
- In 2016, 30 percent of the performance appraisal process for people managers at Zurich Insurance centred on 'people' metrics.
- At Royal Mail, 'engendering ownership and accountability', was one of the eight key commitments that forms their diversity and inclusion strategy. Initially board level staff were held accountable. Subsequently, monthly scorecards for frontline senior managers were introduced to track and hold managers accountable for measures around headcount, recruitment and attrition, which are broken down and examined by gender and ethnicity.
- Business Unit Leaders (BULs) at Deloitte were appraised annually on their contribution to the organisation's talent

agenda, as part of their standard review process. Individuals who are not meeting expectations can risk losing profit share or bonus, and their leadership position can be reviewed. [The organisation aims to be open with teams around the reasons for any such action in an effort to demonstrate the level of importance that is placed on their talent agenda, and their approach to accountability.](#)

A literature review by Priest et al (2015) came to similar conclusions

[Studies from a range of contexts indicate that mandated policy interventions to promote diversity that have legal or funding consequences are associated with better outcomes than non-mandated policies without seeming to harm significantly harm the economic wellbeing of White men.](#)

One example given in illustration was the impact of the 2011 decision by the UK National Institute for Health Research that it would not shortlist any NHS or university partnership for grants unless the academic

department held at least a silver Athena Swan award (recognising policies to promote sex equality). Institutions were given a limited time to achieve this equality standard. Early findings ([Ovseiko et al \(2020\)](#)) showed large increases in women in leadership roles and in applications for Athena Swan awards since the announcement.

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In their research Kalev and Dobbin (2006) compare the “methodological individualism” of most HR strategies (with a reliance on policies, procedures and training to enable fairness in staff treatment) with the empirical evidence that it doesn’t work. They wrote:

The three most popular interventions make firms less diverse, not more, because managers resist strong-arming. For instance, testing job applications hurts women and minorities - but not because they perform poorly. Hiring managers don’t always test everyone (White men often get a pass) and don’t interpret results consistently.

Fig 3. Change over five years in representation amongst managers

Type of Programe	White		Black		Hispanic		Asian	
	Men	Women	Men	Women	Men	Women	Men	Women
Mandatory diversity training				-9.2			-4.5	-5.5
Job tests		-3.8		-9.1	-6.7	-8.8		-9.3
Grievance systems		-2.7	-7.3	-4.8		-4.7		-4.1

NOTE: Grey indicates no statistical certainty of a program’s effect

SOURCE: Authors’ study of 829 midsize and large U.S. firms. the analysis isolated the effects of diversity programs from everything else going on in the companies and in the economy.

FROM: ‘Why diversity programs fail’ by Frank Dobbin and Alexandra Kalev, July-August 2016 Harvard Business Review

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They found that

- five years after instituting required training for managers, companies saw no improvement in the proportion of White women, black men, and Hispanics in management, and the share of black women actually decreased by 9%, on average, while the ranks of Asian-American men and women shrank by 4% to 5%;
- Companies that instituted written job tests for managers saw decreases of 4% to 10% in the share of managerial jobs held by White women, African American men and women, Hispanic men and women, and Asian-American women over the next five years. There are significant declines among White and Asian-American women—groups with high levels of education, which typically score well on standard managerial tests;
- [When companies introduced performance rating systems there was no effect on minority managers over the next five years, and the share of White women in management drops by 4%, on average;](#)

Employer policies and procedures on recruitment may offer a means of challenging decisions but it is extremely difficult for individuals who have not been shortlisted or appointed to successfully challenge such decisions without the active support of an “inside” panel member sharing concerns about the process/outcome and may also carry a risk of being seen as “difficult”.

d. What’s the point of goals, targets and KPIs?

Trusts will already have KPIs on other HR measures so introducing them on recruitment etc should be entirely acceptable. Such KPIs and targets must be time limited, specific and linked to incentives or sanctions - but also to the provision of support to local managers. ([Mento et al \(1987\)](#)).

Goals have the potential to change behaviour because they impact positively on the why (motivation) and the how (knowhow and skills) of behaviour change. They can do so both for individuals, teams and organizations and can also impact the organisational climate. Research ([Berkman, E. \(2018\)](#)) suggests the most successful approaches use both these interventions

[Locke and Latham \(1990\)](#)

found setting goals resulted in markedly higher performance than not doing so.

Committing to clear challenging targets, and monitoring progress against these, stimulates performance and gets results. It is important to articulate why targets have been selected, and how they are different from quotas so that they “land right”. Targets are not quotas, they are measurable goals that organisations set themselves, based upon disproportionate under-representation of staff with protected characteristics in certain grades, professions, or departments.

Goals motivate us in particular through inserting accountability as an expectation that individuals (or the organisation) might be required to justify their acts or omissions to others, increases the cost of failure, and thus motivation, since no one wants to appear foolish or failing in the eyes of others (or suffer other potential negative consequences). ([Lerner, J., & Tetlock, P. \(1999\)](#))

PART 2. A DIFFERENT APPROACH

KEY PRINCIPLES IN UNDERSTANDING AND MITIGATING BIAS

d. What's the point of goals, targets and KPIs?

...continued

People work harder and make less biased decisions when they expect that they will have to explain their actions. One form of such accountability is the “**explain or comply**” approach whereby managers are asked to disclose why they were unable to achieve the goals set in a directive and if there is not a credible reason, are then required (with support) to meet the goals

Research shows that tasking specific (senior) or entities (such as a diversity taskforce) with accomplishing diversity goals makes those goals more likely to be achieved and results in increased representation of women; on the other hand, research also shows that goals are more likely to be abandoned when no one is in charge of them. Besides, accountability is a powerful tool to mitigate backlash against EDI goals. ([Dobbin, Schrage and Kalev. \(2015\)](#)).

Accountability means that there are consequences for not meeting the goals set. Transparency assists in such accountability by making progress or shortcomings available to a wider audience.

The consequences (for individuals and organisations) might be reputational or with specific consequences. In the NHS in England there might also be consequences via regulators – either through the Oversight Framework of NHSE/I or via the CQC Well-Led domain though both appear to have been of limited effectiveness so far. What gets measured is what tends to get done. Progress on gender (for example women on boards) suggests targets can work as a set of clear goals that facilitate a disciplined approach to change, provide interim milestones, track progress and create a sense of urgency. They are, however, not a substitute for the hard work of supporting organisations to improve talent management but they help focus attention. ([Vinnicombe, Battista Report 2016](#))

[Rynes and Rosen \(2005\)](#) found support from top management and rewards for increasing diversity were the two key factors in determining the success of diversity programs.

Bohnet and Chilazi (2020) helpfully summarise the evidence for goals and targets for diversity, equity and inclusion. They argue that

“Goals have the potential to be a powerful tool for behaviour

change because they address both the will (motivation) and the way (cognition and skills) of behaviour change. Moreover, goals are an intervention both at the level of the individual or organization (the decision-maker) and the context (the environment), and research on long-term behaviour change suggests that the most successful approaches deploy both of these intervention strategies concurrently.

For the decision-maker, goals serve to amplify the value of goal-related behaviours, reduce the value of goal-unrelated behaviours, or do both at the same time. As for the environment, goals act as a situational nudge by making beneficial behaviours more rewarding ([since people are inherently motivated to achieve goals](#)); more salient and memorable; and easier by enabling people to process information more appropriately.”

PART 2. A DIFFERENT APPROACH

KEY PRINCIPLES IN UNDERSTANDING AND MITIGATING BIAS

d. What's the point of goals, targets and KPIs?

...continued

Goals are a legal means of improving representation and can be used in the same way as other workforce targets can be (such as for absenteeism, well-being, and turnover) to focus attention and hold the organisation to account. As Bourke and Dillon (2018) concluded

“the setting of specific diversity goals has been found to be one of the most effective methods for increasing the representation of women and other minority groups”. [\(Bourke B, Dillon B \(2018\)\)](#)

To do this effectively organisations need to adopt targets as an integral component of comprehensive strategies to hasten the advancement of ALL talent within organisations. Goals do not in and of themselves deliver change. What they do is state what an organisation is willing to commit to, what the organisation is willing to be measured by, and gives a clear message inside and outside the organisation.

The discussion around what targets to set, the means required to achieve them and

the monitoring mechanisms to measure progress are important to help organisations turn their commitment to diversity into practical progress. Targets provide clarity on where managers and leaders must focus their efforts and clarity on and what they are accountable for.

NHS recruitment targets

Every NHS trust, foundation trust and CCG must now publish progress against the Model Employer goals to ensure that at every level, the workforce is representative of the overall BAME workforce. [\(NHS England \(2019\)\)](#).

e. Removing bias in processes or in people?

[Bohnet \(2016\)](#) demonstrated that even though gender was not predictive of performance, employers evaluating individual candidates were likely to be swayed by stereotypes, exhibiting a preference for women on verbal tasks and men on maths tasks. However, when two candidates were assessed side by side, gender became irrelevant and evaluators instead focused on past performance – not the stereotypes they may hold. We know that diversity training is of limited effect. So a fundamental shift towards “what

works” is needed. As Bohnet put it in her preface to the excellent UK Government Equalities office (Government Equalities office (nd) guidance on Reducing the gender pay gap and improving gender equality in organisations (2016):

“Human resource management must be based on rigorous evidence of what works to level the playing field. Evidence-based design of hiring practices, promotion procedures and compensation schemes helps our organisations do the right and the smart thing, creating more inclusive and better workplaces. [This guidance is an important step towards helping employers know what works.](#)”

Unconscious bias training recognises the importance of bias, and may be useful, but its impact is limited (see above [P. 51](#)). Understanding bias is important but a combination of accountability and debiasing processes (not individuals) seems the most promising approach to mitigating bias in recruitment and career progression.

PART 2. A DIFFERENT APPROACH

KEY PRINCIPLES IN UNDERSTANDING AND MITIGATING BIAS

e. Removing bias in processes or in people? ...continued

Much of the rest of this report emphasises specific ways in which designing changes to process are more effective than a primary reliance on unconscious bias training.

“**Joint Evaluation**” for example, is a good example of an important method for mitigating the bias that influences the process of recruitment and promotion as soon as a recruiter sees the ‘**whole person**’ either in the flesh or through a CV and that affects our ability to assess their suitability for the role. Another well-known example of “**interrupting**” bias, or redesigning the process of recruitment, was the way in which “**blind auditions**” for musicians radically improved the chances of women being selected for symphony orchestras once they played.

Debiasing the process rather than the interviewers

Six decades ago, a number of American orchestras adopted “**blind**” auditions whereby screens were used to conceal the identity and gender of the musician from the jury. In the years after these changes were instituted, the percent of

female musicians in the five highest-ranked orchestras in the nation increased from 6 percent in 1970 to 21 percent in 1993. “**Blind**” auditions for symphony orchestras reduced sex-biased hiring and improved female musicians’ likelihood of advancing out of preliminary rounds, which often leads to tenured employment. Using a screen to conceal candidates from the jury during preliminary auditions increased the likelihood that a female musician would advance to the next round by 11 percentage points. During the final round, “**blind**” auditions increased the likelihood of female musicians being selected by 30%. ([Goldin, Claudia and Cecilia Rouse. \(2000\)](#))

[Baldiga Coffman \(2014\)](#)

showed how a simple redesign of SATs tests for Maths and English was another example of process design addressing bias. This American test once penalized students for incorrect answers in multiple-choice questions which made it risky to guess. Research demonstrated this matters, especially for women. Among equally able test takers, male students were more likely to guess, while female students were more likely to skip questions, fearing the penalty and thus ending up with lower scores. Gender differences

in the willingness to take risk accounted for about half of the gender gap. In 2016 the SAT was redesigned and now doesn’t penalize wrong answers. The new SAT doesn’t focus on changing the students’ mind sets about risk but instead corrects for different risk tolerances since it is meant to measure aptitude, not willingness to take risk.

[Darling \(2017\)](#) found a number of examples of systems for inserting accountability and regularly auditing recruitment and career progression decisions. They might all be summarised as a form of “explain or comply”. A range of different data might be used – shortlisting outcomes, appointment outcomes, career development opportunity access, staff survey metrics, retention rates, time spent prior to next promotion, appraisal outcomes, - sometimes in combination and all analysed by a number of protected characteristics. The resultant data would most commonly be analysed by gender, ethnicity and disability (though the data on disability may not be robust) in each department or even large team. The data was then compared with a goal for progress.

PART 2. A DIFFERENT APPROACH

KEY PRINCIPLES IN UNDERSTANDING AND MITIGATING BIAS

e. Removing bias in processes or in people? ...continued

A growing number of organisations are using versions of an “**explain or comply**” approach to hold themselves (and their managers) to account. Such data-driven accountability on outcomes has one advantage over challenging individual panel or management decisions: there might always be a reason why an individual decision was reached but where a pattern of data that points to possible adverse outcomes for some groups occurs then it is difficult to suggest that shouldn’t warrant scrutiny

Explain or comply

Organisations may already routinely apply a form of “**explain or comply**” approach when analysing their data on, for example, turnover or sickness absence. Using it in talent management might involve

- Setting KPIs for recruitment and talent management which will specifically include diversity of applications, shortlisting and appointment for all under-represented groups
- Analysis on a regular basis (quarterly?) by appropriate disaggregation e.g. departments, sites, occupations, grades

- Asking those departments whose performance is below their KPI to explain why they think that might be. For example, there may be a perfectly valid explanation linked to labour markets but if there is not (and there usually will not be) support is offered to help understand the reasons and help improve performance but this will be linked to the appraisals (and in the City of London potentially the bonuses) of managers.

Where NHS employers are starting to use analytics more widely to identify and track concerns, triangulating “**hard**” and “**soft**” data to locate and understand employment issues such as discrimination then such data is gold dust. The best ones emphasise problem-sensing not comfort-seeking and focus on preventative early intervention.

A range of different data might be used – shortlisting outcomes, appointment outcomes, career development opportunity access, staff survey metrics, retention rates, time spent prior to next promotion, appraisal outcomes, - sometimes in combination

A simple principle underpins such approaches: that on average over time, the

outcomes for White and black, men and female staff should normally be approximately the same.

Though employer policies on recruitment may, in theory, provide a means for individuals to challenge unfair recruitment decisions, it is extremely difficult for those who have not been shortlisted or appointed to successfully challenge such decisions. It can easily become the word of the candidate against the word of a panel. Successful individual challenges to recruitment decisions are extremely rare. An unsuccessful challenge, moreover is likely to mark the candidate in future as being “**difficult**”. After all, how many HR staff can name a recruitment decision that was overturned?

[Kalev and Dobbin \(2006\)](#)

analysed what worked (and what didn’t) on workplace diversity. They suggested three principles: engage managers in solving the problem, expose them to people from different groups, and encourage social accountability for change.

PART 2. A DIFFERENT APPROACH

KEY PRINCIPLES IN UNDERSTANDING AND MITIGATING BIAS

e. Removing bias in processes or in people? ...continued

Fig. 4. Five year impact of different programmes on representation amongst managers

Type of Programme	White		Black		Hispanic		Asian	
	Men	Women	Men	Women	Men	Women	Men	Women
Voluntary training			+13.3		+9.1		+9.3	+12.6
Self-managed teams	-2.8	+5.6	+3.4	+3.9				+3.6
Cross-training	-1.4	+3.0	+2.7	+3.0	-3.9		+6.5	+4.1
College recruitment: women*	-2.0	+10.2	+7.9	+8.7		+10.0	+18.3	+8.6
College recruitment: minorities**			+7.7	+8.9				
Mentoring				+18.0	+9.1	+23.7	+18.0	+24.0
Diversity task forces	-3.3	+11.6	+8.7	+22.7	+12.0	+16.2	+30.2	+24.2
Diversity managers		+7.5	+17.0	+11.1		+18.2	+10.9	+13.6

* College recruitment targeting women turns recruiting managers into diversity champions, so it also helps boost the numbers for black and asian-American men.

** College recruitment targeting minorities often focuses on historically black schools, which lifts the numbers of African-American men and women.

(Extract from Kalev and Dobbin (2006))

These interventions are not an alternative to accountability. They are much more likely to be effective within an overall framework of accountability as their earlier work showed.

PART 2. A DIFFERENT APPROACH

KEY PRINCIPLES IN UNDERSTANDING AND MITIGATING BIAS

f. Middle managers: often ignored but crucially important

In healthcare leadership is decisive not just for quality of care but in influencing the workforce culture of the organisation. ([Firth-Cozens J, Mowbray D. \(2001\)](#)). But without support from front line managers, effective and fair recruitment and career progression will stall. While more senior managers may have had time to learn, reflect and debate, middle managers can easily be taken for granted. Unless such managers are engaged, given the opportunity to ask questions, understand the rationale and gain confidence, and given support, then a strategy for fair recruitment will fail. This cohort is vital to the success of an organization's diversity and inclusion strategy. ([Byrnes 2005](#)).

Time spent explaining why fair recruitment is important and why accountability is key to tackling bias is likely to be both essential and be time well spent, as is addressing concerns such as how to have difficult conversations. Front line and middle managers play a pivotal role in the success (or otherwise) of fair recruitment because it is their acts and omissions that largely determine

what happens in selection, appraisals, development and retention

Dobbin et al (2015, 2016) propose that these front line and middle managers are crucial to effective implementation. Front line managers in particular are short on time and have numerous priorities. Interventions that reduce managers' resistance and get them on board are more likely to be effective if senior management seek to empower rather than simply instruct. Reinforcing positive behaviours alongside holding managers to account and pressing them to scrutinise their own behaviour and decisions for bias, is more likely to be effective. They suggest such staff may ignore new goals and continue with old practices when no one is in charge to support them, address their concerns, monitor progress and institute accountability even when organisational policies change. ([Kalev, A., Dobbin, F., & Kelly, E. \(2006\)](#)).

Research ([Bilimoria D, Joy S, Liang XF \(2008\)](#)) suggests that it is particularly important that there is visible and sustained top management support for positive diversity and inclusion policies and practices.

Front line and middle managers will judge how important these issues are by the importance they see senior management attach to them. A reliance on gestures, policies and procedures and training will not be effective. ([Hoque, K. and Noon, M. \(2004\)](#)). to act effectively is likely to require:

- Clear leadership both explaining the strategy and supporting it
- Providing additional resources (which may be OD support, training, and better IT systems)
- Holding people at every level of the organisation to account, through "explain or comply", KPIs accompanied by both support and consequences

The pressures of time, everyday pressures and workload, and the failure to deliver on the three principles are likely to lead to managers not seeing equality, diversity and inclusion as priorities in recruitment and career progression.

PART 2. A DIFFERENT APPROACH

KEY PRINCIPLES IN UNDERSTANDING AND MITIGATING BIAS

f. **Middle managers: often ignored but crucially important**

...continued

One example of effectively inserting accountability was described by Dovidio (2013)

"A number of years ago the first author of this chapter was invited to present research and otherwise participate in a workshop sponsored by the Department of Defence on minority promotions in the military. At the time, there was a concern that Blacks who were identified as being qualified for advancement were being promoted within the officer ranks at a rate consistently lower than that of Whites (given their representations in the promotion pools) over an extended period of time. The research presentation discussed the existence of modern, subtle biases against women and members of racial and ethnic minorities. This evidence from social psychology was consistent with the information and arguments presented by other participants in the meeting.

Within a couple of years, the Army had altered its promotion procedures. Promotion boards were given explicit instructions to

be race- and gender-conscious, to emphasize the importance of all groups to the mission of the Army, and to begin with the assumption that Blacks and women under consideration for promotion were expected to be as qualified as White and male candidates. Thus, if Blacks or women were promoted at a lower than proportional rate, an explanation needed to be provided". [According to the Army's annual Equal Opportunity Assessment Report, reframing the process to clarify promotion standards \(and thus deviations from the standards\) was sufficient for eliminating racial and gender disparities as long as these guidelines remained in place.](#)

Management interventions on fair recruitment and tackling discrimination are unlikely to succeed unless they have the active support of senior management through role modelling and demonstrating that equality, diversity and inclusion goals align with organisational objectives. [\(Green, M. Young, J. \(2019\)\).](#)

PART 2. A DIFFERENT APPROACH

KEY PRINCIPLES IN UNDERSTANDING AND MITIGATING BIAS

Allies

Too often the burden of challenging discrimination or a lack of inclusion falls upon those who suffer discrimination or are excluded. At each stage of the recruitment and career progression cycle, the role of allies in speaking out and helping embed understanding and accountability can be crucial.

Research (Lindsey et al 2017) suggests allies can be effective:

- “there is evidence suggesting that allies from groups that do not experience such disadvantage or discrimination groups can confront and thereby have an impact on others’ discriminatory behaviour in ways that members of target groups cannot quite so effectively do. This is particularly important where there are invisible identities such as sexual orientation or religion. ‘Ally training’ can be powerful. This involves training those in the target group (White people or men, for example) to speak up and confront perpetrators’ discriminatory behaviours directed against target group members ([eg, BME staff.](#))”

An experimental study showed that challenges to a White participant’s mildly discriminatory statement were more effective when enacted by another White person than when the same thing was said by a black person. Ally confrontation may be particularly important to support people whose identities are not directly observable—when people can conceal or hide their devalued identity (e.g., sexual orientation minorities, religious minorities), they may be hesitant to respond to prejudice because it risks “outing” themselves in unfriendly environments ([Czopp, A. M., Monteith, M. J., & Mark, A. Y. \(2006\).](#))

An excellent bite size video on allyship

A short 3 minute BBC Bite size video by John Amaechi has proved to be an effective prompt to good discussion and action.

[YouTube](#)

PART 2. A DIFFERENT APPROACH

A TALENT MANAGEMENT STRATEGY?

A Talent Management strategy?

[The DH response to the Macpherson Report was published \(DH \(2004\)\)](#) and formally introduced 'Talent Management'. Soon after, [Powell M et al \(2008\)](#) concluded that talent management in the NHS was not well defined and that it included both 'hard' (workforce planning) and 'soft' (nurturing leadership behaviours) activity. They found the evidence base for talent management was not clear, especially for public services and healthcare in this country. They pointed to the need for a more inclusive approach to talent management (not just top managers) and greater clarity on approaches to encouraging diversity in management and leadership roles.

What is the problem we're trying to fix?

While one of the main aims of the new system was to increase diverse leadership in the NHS, Powell reported some considered that it had the potential to be ageist, sexist and racist. They found more female and Black and Minority Ethnic (BME) staff tended to report barriers, which were perceived as very severe in a few cases.

Eight years on NHS policy became that:

"We need to develop leaders who have the knowledge, skills and behaviours to create and sustain cultures of compassion and inclusion. We must also urgently intensify our efforts to ensure our teams and organisations, particularly the senior leadership of the NHS, demonstrably reflect the diversity of the communities that they serve". ([NHS improvement \(2016\)](#))

As Chapter 1 showed, NHS organisations, particularly at more senior level, are some considerable way from reflecting the diversity of their workforce and often don't reflect the communities they serve. Moreover, as *Developing People: Improving Care* suggests, too many leaders do not yet have the knowledge, skills and behaviours to create and sustain cultures of compassion and inclusion.

However, the available data suggests NHS organisations have still not developed a talent management architecture capable of mitigating the effects of bias in recruitment and career progression. Crucially, staff development remains primarily the responsibility of individual employees or managers. However corporate responsibility to ensure that all talent at every level is proactively encouraged, monitored and supported in their career development, with special

attention paid to staff from under-represented groups, is patchy.

An effective talent management strategy would be proactive not reactive, for example, approaching and encouraging all staff, but especially those from under-represented groups. Such a talent management strategy should be able to identify those from under-represented groups whose career development has been slower. Slower career trajectory may be less a more a reflection of potential than of opportunities provided than. Appraisals may well be skewed. Access to stretch opportunities may be disproportionately limited.

The Chartered Institute of Personnel Development (2020b) defines [Talent Management](#) as the systematic attraction, identification, development, engagement and retention of talent in an organisation or system. By talent they refer to individuals who can make a particular difference to organisational performance, either because of their high potential or because they are fulfilling their potential in critical roles.

PART 2. A DIFFERENT APPROACH

A TALENT MANAGEMENT STRATEGY?

The NHS has accepted it needs to move away from identifying talent among select groups of staff and instead emphasise the need for the potential of all staff to be developed which requires:

- All staff to be confident that fair and equitable approaches to staff development and career progression are in place but staff survey data, notably for BME and Disabled staff, shows this is not the case
- All staff to feel they are valued and work within inclusive teams and organisations – against staff survey data suggests this is not yet the case, particularly for BME and Disabled staff
- Their organisation's leaders to demonstrate inclusion and compassion – some do but too many either do not or are unsure how to

To be effective talent management needs to be driven by data, research evidence and best practice, constantly reviewing if interventions are making a positive impact as intended. Data used should include onboarding information, appraisals, development data, job application and outcome data and turnover data (alongside soft intelligence and survey data) to identify where talent is being wasted, blocked or lost to the NHS at each stage of recruitment

and development and promotion. The data should be gathered and analysed intersectionally where possible eg the experience for example of BME women, or older Disabled staff.

Crucial to effective talent management – and to the career progression of individual staff – are effective appraisals and performance feedback linked to support and development opportunities linked to a system for tracking the progress (or not) of staff. However, most NHS employers:

- Generally, do not have IT systems linking intelligence on career progression with appraisals and performance data
- Undertake appraisals and PDRs which are prone to bias and in many NHS organisations there is inadequate awareness of this risk or how to mitigate it. The data is often not published.
- Generally, provide access to support and development opportunities which is prone to bias both in terms of access and then in how to consolidate it – and without adequately monitoring or evaluating it
- Have no means of constantly reviewing patterns of access, progression and treatment of staff

That data set is part of a wider data set NHS employers already have access to:

- WRES data
- WDES data
- Gender pay gap data
- Staff survey data
- ESR data
- NHS Jobs/TRAC data
- Local surveys and feedback from the lived experience of staff

Integrating data sets such as NHSJobs/TRAC and ESR with locally developed systems on, say, tracking appraisal outcomes or stretch opportunities is seriously under-developed.

Employers are increasingly trying to understand such data disaggregated in various ways – by directorate, by site, by pay band as well as by protected characteristic. Such an approach can be much more precise as to where the bottlenecks and barriers are that need to be removed. Some Trusts have taken the process further. The Surash Pearce report (Newcastle) a good example of such an analysis and at least one other Trust is adopting a similar approach though implementation of the recommendations has not yet been evaluated. ([Surash S, Pearce K \(2020\)](#)).

PART 2. A DIFFERENT APPROACH

A TALENT MANAGEMENT STRATEGY?

International recruitment

An environment in which staff do not feel valued or included will not be able to develop the talent of such staff. The GMC report Fair to Refer ([Atewolugun D, Kline R \(2019\)](#)) was commissioned to understand some of the experience of Black and Minority Ethnic doctors and in particular considered the experience of international recruits.

It highlighted what is needed to ensure the contribution of overseas staff is fully recognised including through their treatment and opportunities for career progression. The NHS has benefitted enormously from the contribution of overseas trained staff (most notably nurses and midwives as well as doctors) but often not put in place the support to those staff which enables their talent to be developed and to ensure they are not treated as “outsiders” with consequences for the treatment of those staff and the overall quality of care.

- A growing number of NHS employers are recognising that unless systematic efforts are made to welcome, support and progress the career of internationally recruited staff their experience will be patchy, they will face poorer treatment with implications for their careers, their longer term commitment to the NHS will be reduced and agency

costs will rise. A typical example of better practice can be found here ([NHS Employers \(2021\)](#))

What can we do positively that has a reasonable likelihood of working?

The cornerstones of an effective talent management strategy that acknowledges the challenge laid down by Developing People: Improving Care (2016) are fourfold

- An understanding of the multiple, subtle and powerful ways that bias influences recruitment, career progression and retention;
- An understanding of what research and best practice tells us are the evidenced based interventions likely to work – most notably an emphasis on removing bias from processes not just people, and using accountability and transparency as their cornerstone;
- An understanding of the numerous biases, stereotypes and assumptions that distort decision making;
- Granular attention to accountability, driven by the research evidence.

In addition, talent management – and the career progression of individual staff – require effective fair appraisals and performance feedback linked to support and

development opportunities in turn underpinned by a system for tracking the progress (or not) of staff. That will include:

- IT systems for linking intelligence on recruitment and career progression with appraisals and performance data
- Using such data to be proactive and interventionist, not simply leaving it to individuals to find their own way through a career jungle. For many staff from under-represented groups it may be the first time a manager has encouraged them to go for a more senior post as such staff may have poor access to informal networks, coaches, and effective mentors
- Board leadership identifying inclusive and compassionate talent management as a top priority
- Systematically using hard data and soft intelligence including from staff networks.

PART 2. A DIFFERENT APPROACH

A TALENT MANAGEMENT STRATEGY?

CQC Well led framework and talent management

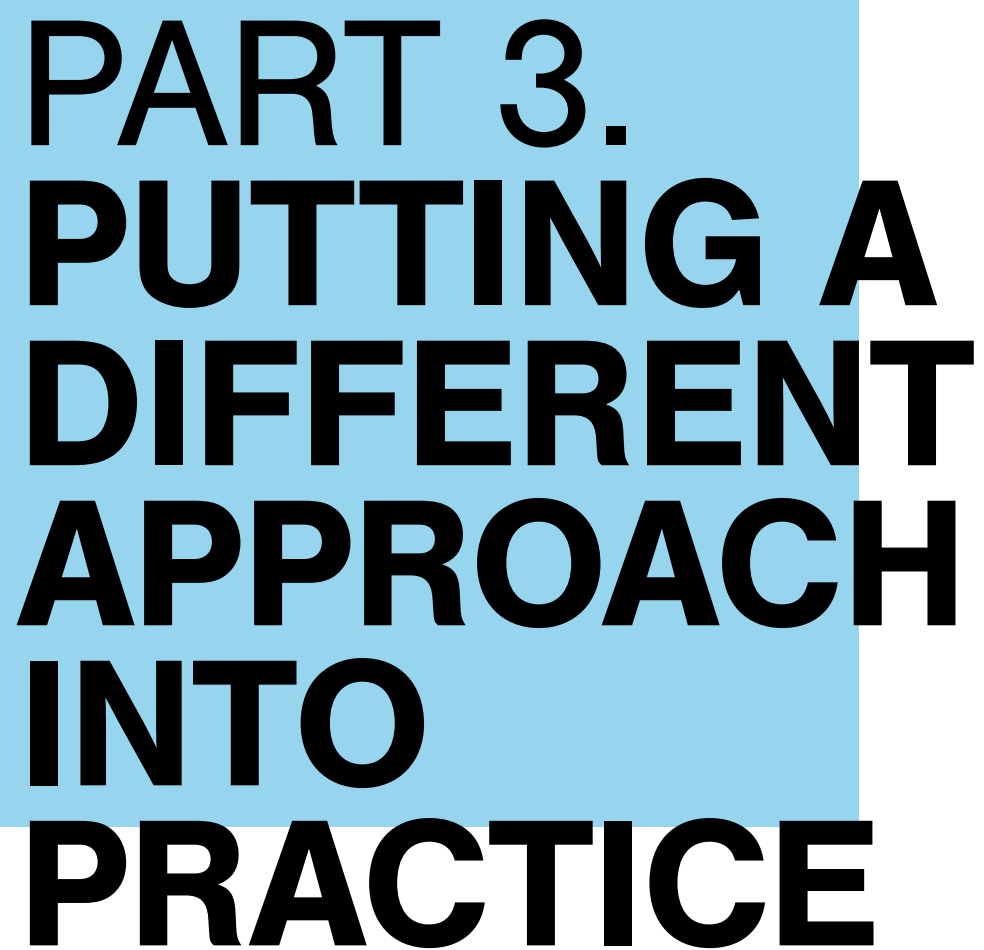
The Care Quality Commission (CQC (2018)) explicitly scrutinise talent management, notably whether:

- Strategic approach to developing leadership and management talent is in place
- A leadership strategy and succession plans are in place and are regularly reviewed. Use of relevant indicators in relation to the Workforce strategy eg safe staffing, workforce capacity and capability to deliver the future strategy, performance appraisal, training and development and leadership
- Are there clear priorities for ensuring sustainable, compassionate, inclusive and effective leadership, and is there a leadership strategy or development programme, which includes succession planning?
- Are equality and diversity promoted within and beyond the organisation? **Do all staff, including those with particular protected characteristics under the Equality Act, feel they are treated equitably**

There is no independent evaluation of how effectively this is done or whether it might change in the light of the **(HM Government (2021) Commission on Race and Ethnicity Report recommendations.**

Key point

Employers must be proactive, planning recruitment and career progression underpinned by the recognition that they need to be proactive and are able to track recruitment and career progression in ways that spot potential discrimination. If some groups of staff have slower career progression, poorer appraisal outcomes, few opportunities for develop courses or stretch opportunities, there should be an approach that anticipates that possibility and takes preventative, proactive steps to avoid that. Many NHS employers are currently a long way from such an approach.



**PART 3.
PUTTING A
DIFFERENT
APPROACH
INTO
PRACTICE**

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

The legal framework

The Equality Act S. 159(2) aims to help create a level playing field so all applicants are treated in an equal way or treated differently, depending on their needs, to help ensure equal treatment. It provides for positive action to take place as long as it has the aim of enabling or encouraging persons who share a protected characteristic to overcome or minimise disadvantage in employment.

This does not mean people can be employed or promoted just because they share a protected characteristic. Training measures and opportunities which are reserved for people with a protected characteristic can only be justified if they are proportionate. Decisions to offer positive action must be justified and each case must be considered on a case-by-case basis and its merits.

Positive action can take place before, or at, the application stage in recruitment. The forms such action might take are of two main types:

- encouraging particular groups of staff (or those not yet employed) to apply; or
- helping people who share particular protected characteristics to perform to the best of their ability (for example, by giving training or support not available to other applicants previously).

The effectiveness of positive action

Though there is evidence that some specific positive action interventions can be effective, overall the evidence is mixed. One NHS study (Johns, N. (2005)) was sceptical about the impact of positive action as it was generally not embedded in organisational strategy. ([Johns, N. \(2005\)](#))

However some forms of positive may have a positive impact as discussed in this Chapter but not as a substitute for tackling institutional blockages.

What is the problem we're trying to fix?

The stretch development opportunities and pace of career that women and BME candidates may have had are likely to be less, either due to discrimination or to career breaks linked to maternity.

Women report experiencing fewer challenging developmental opportunities than men despite wanting similar types of developmental experiences. The evidence shows that decision-makers who register high in "benevolent sexism" assign more challenging tasks to men than to women. ([King E et al \(2012\)](#))

"Benevolent" racism well may have been similarly manifested in more limited opportunities for BME staff to have challenging, empowering work opportunities.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

What is the problem we're trying to fix?

“**Benevolent**” racism may be similarly manifested in more limited opportunities for BME staff to have challenging, empowering work opportunities.

What can we do positively that has some likelihood of working?

There are a range of measures that NHS employers can take which can better enable effective positive action. These include:

- Ensure that self-declaration data for staff with protected characteristics are as high as possible, noting that there is evidence that staff in more senior grades (See the WDES data) may be less likely to self-declare.
- Ensure that staff survey response rates for under-represented staff are also as high as possible. It is important to especially focus on BME staff for the latter since their response rates, on average, are lower than for White staff. This data may well demonstrate the need for positive action and help identify where to focus such action.
- Specific measures for individuals could include:
- Review all aspects of training and development (include data on course attendees) to explore what measures are possible and most needed;
- Give pre-interview encouragement and support to under-represented groups;
- Ensure stretch opportunities are seen as opportunities for positive action and are central to talent management and monitored with patterns of disadvantage challenged;
- Review how appraisals and all forms of feedback are conducted with patterns of disadvantage monitored and challenged;
- Review how mentoring, and coaching are provided and who to;
- Consider how the treatment of temporary/interim and contractor staff, agency staff and staff employed by independent providers interfaces with your talent management strategy;
- Ensure your employer has a robust system for tracking the access, experience and outcomes of positive action.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

A cautionary note about commitment

If an employer highlights its commitment to diversity it must be sure it can justify doing so. There is nothing worse than a hollow diversity statement which cannot stand up to scrutiny. If applicants are encouraged to reveal racial cues when the employer has not tackled discriminatory hiring practices, then diversity statements may expose minorities to greater discrimination. ([Kang \(2016\)](#)).

Self-declaration data

Data is essential to enable employers to identify the under-representation or disproportionately low numbers of those sharing protected characteristics to demonstrate that your belief is reasonable. The NHS understands this. That is why all NHS organisations encourage staff to declare their ethnicity, disability or sexual orientation in particular. But self-declaration rates for the latter two groups are low, reflecting fear of the possible consequences of self-declaration.

The self-declaration rates for ethnicity are high in most organisations but, astonishingly they are often lower amongst higher graded staff. If senior managers do not see the need to declare their ethnicity it suggests they simply do not understand their role as leaders on diversity and inclusion, and fail to understand the importance of such data. Similarly, WDES data shows self-declaration rates for disability are lower in the more senior grades.

Research found that the key to self-declaration rates on sexual orientation is organisational climate – ie whether there is a safe working environment. The same is likely to be true on self-declaration on disability. A meta-analysis of 24 studies on workplace sexual orientation disclosure ([Wax \(2017\)](#)) supports this.

A mismatch of policy and practice

In one English Trust with a very strong equal opportunities policy this is one long standing (16 years) BME staff admin workers experience

- Start on Band 2
- Promoted to Band 3 and then Band 4 on merit
- Covered Band 5 post for extended period
- Returned to Band 4 – a White colleague got the substantive post despite outstanding praise from patients and consultants
- Restructured down to band 3
- Made clear to her she will stand no chance of promotion
- Pension will be paid on Band 3 in 5 years' time" (interviewed by author January 2021)

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step One: Encouraging people to apply and giving pre-interview support

It is perfectly legal to offer informal discussions and support in preparing for an application or interview, especially to those who may not get such support from their manager, or feel they are unfamiliar with the interview tests to be used. This must be underpinned by data demonstrating which groups are under-represented and may require additional support to reach their potential.

What is the problem we're trying to fix?

Employers often don't give sufficient encouragement to under-represented groups that are less likely to apply without encouragement and support. That should be (but often is not) part of an employer-wide talent management programme to proactively track existing staff career development and seek out candidates from under-represented groups in a methodical way.

Senior leaders are not always confident about explaining to front line managers and staff why such positive action is being taken and what they are expected to do. This should include face to face discussions rather than being a diktat. Too often there is no clear narrative and no discussion with front line managers as to why this is being done.

To be effective such initiatives must be proactive and systematic, using data such as which BME, female or Disabled staff have been on leadership courses, or have good appraisals, but have not been encouraged or supported to consolidate their learning, and then apply for promotions or secondments or acting up positions.

Under-represented staff groups need to have confidence that this is a sustained effort with active support from senior management. Staff networks should have been consulted on how best to frame such initiatives to ensure the maximum take up.

What can we do positively that has some likelihood of working?

Such initiatives will fail, and be counterproductive, if increased confidence is then dashed by recruitment processes that continue to discriminate. That does not mean such support should lead to automatic selection. It does mean clarity as to why individuals were not recruited and measures to meet identified skill gaps. There are specific steps that can be taken, widely reported in the "grey literature" and recommended as standing good practice in numbers of NHS Trusts:

At the time of advertising

- Give candidates sufficient time to apply – there is nothing worse than the suspicion that an application period was very short (or even over a holiday period) to persuade people the job is "stitched up" and there is no point applying. Give potential applicants at least two weeks' notice of the closing date for applications. Anything less than that looks like the interview process is a fix (and it may well be)

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step One: Encouraging people to apply and giving pre-interview support

...continued

- Wherever possible (and it almost always is) advertise flexible working arrangements as a default especially linked to parental or carer responsibilities, religious leave or longer single leave periods for overseas staff;
- Make sure your website, application form and interview arrangements are accessible to persons with a disability. Make sure applicants know who to contact if they require information about any of these including the process for making reasonable adjustments for tests, interviews and selection processes. Make sure they are confident the job will be made fully accessible if appointed
- Make sure that forms ask if reasonable adjustments are required, and that people are invited to speak with HR or the hiring manager if they want to discuss reasonable adjustments for an application, test or interview

- If application processes include extended written submissions check if additional support been considered for candidates for whom English is a second language or staff with dyslexia and other disabilities
- Offer Disabled candidates some flexibility for interview and test times.

Pre-application and shortlisting support

- Offer informal discussions and support in preparing for an application or interview, especially to those who may not get such support from their manager, or feel they are not familiar with the interview tests to be used
- Pre-application and interview preparation can help improve the confidence and performance of under-represented candidates in their interview. Offer opportunities to visit the organisation ahead of interview, learn more about particular work opportunities, or open days exclusively for under-represented groups

- Candidates from under-represented groups may be more anxious than other candidates and this may affect their performance through “stereotype threat”. Employers can help to address this by being open about the recruitment process, encouraging contact with existing staff and being available to discuss the process especially for shortlisted candidates. Panels need to remain aware this is a serious potential problem in interviews and tests
- Staff who are on maternity or carer leave, long-term sick leave, compassionate leave, or flexible working should be automatically included in adverts.
- Particular groups who are under-represented can be encouraged to apply. That may be helped if organisations proactively partner with vocational agencies and community-based organisations that, for example, support the employment needs of disadvantaged groups.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step One: Encouraging people to apply and giving pre-interview support

...continued

- Both candidates and interviewers should be provided, well in advance, with a note setting out what is expected from candidates in an interview. Encourage candidates (especially from under-represented groups) to meet with current staff. This is particularly important for staff who may be uncertain of how welcoming their future work colleagues may be; making a point of giving access to staff networks, or diverse role.
- To reduce the risk of cost influencing decision making in individual interviews, organisations should consider a central fund for reasonable adjustments
- NHS organisations should use a 'disability passport' scheme, along the lines of the one recommended by the TUC (TUC (nd)) ([which is modelled on BT](#))
- Give shortlisted candidates enough time to fully prepare for interview – at least a week from being invited to interview to attending.

In the case of disability, equality of opportunity is often not possible without different (favourable) treatment such as the Equality Act provides. Remember that positive action is not a substitute for designing bias out of selection processes and development opportunities. Nor will it be effective unless there is an inclusive culture.

Talent pools

Positive action talent pools can be an effective way of attracting BAME talent to an organisation. TRAC and NHSJobs allow employers to keep good candidates on file for a 6 month period so they can be re-contacted if another vacancy arises. Unfortunately, the IT platforms (NHS Jobs, TRAC, and ESR) are not conducive to the level of support and monitoring that a good talent management process requires. Individual employers have built their own systems but linking these to the national platforms is a serious challenge

A number of NHS organisations are now planning talent pools. This consists of a database of individuals who are eligible for promotion and development opportunities which must be advertised to all staff. There are minimum transparent criteria

for entry into these pools and positive action approaches can be used to help fill the pools.

Caution: deficit model

In designing and implementing positive action it is important to avoid a "deficit model" which assumes the main problem is the capability or commitment of the under-represented staff rather than the institutional obstacles that discriminate. Positive action can be useful and important but is no substitute for tackling the institutional obstacles.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step two: Training and development

It is legally permissible to prioritise access to training and development (including stretch opportunities, secondments and involvement in projects) where doing so is a proportionate response to an identified need. That could include payment of course fees.

What is the problem we're trying to fix?

Access to management and leadership courses has been historically poor for BME staff though it is now improving. Seven years ago, as the Leadership Academy data illustrated at the time, leadership and management courses were much less accessible to BME staff ([Calkin \(2013\)](#)).

The same applied to the NHS Graduate Management Training Scheme.

Even when under-represented staff groups are sent on management and leadership courses, the consolidation of learning and follow up through appraisals and opportunities is patchy. Some employers try to be methodical; others don't track attendees' progress or experience at all.

What can we do positively that has some likelihood of working?

NHS practice has started to improve in some respects. It should be the norm that at least every employer should:

- collect and use data to monitor access, experience and outcomes from training and development
- be more proactive. Despite a multiplicity of exhortation and encouragement, too many employers fail to go out and ask under-represented groups of staff why they are not applying, whether they would consider applying, and then offer support to apply for courses, stretch opportunities and promotions
- do more to consolidate what staff have learnt while on a course, or acting up, on secondment, or taking part in a project and reflect and build on their experience
- ensure that the improved access to Leadership Academy courses for under-represented groups of staff is sustained.

Applications for and recruitment to courses (including Leadership Academy and other external courses) and stretch opportunities should be monitored by directorate and senior managers asked to “**explain or comply**” if patterns of disproportionately poor access for under-represented groups appear.

POSITIVE ACTION

Step three: Leadership development

There is an extensive literature on healthcare leadership, but relatively little conducted to a high academic standard ([West M, Armit K, Lowenthal L \(2015\)](#)).

There is currently no high-quality evidence as to the extent to which such programmes specifically help women, Disabled staff or BME staff progress. Nevertheless, leadership development training is in high demand.

A particular challenge, especially (anecdotally) for aspiring BME staff is the failure to consolidate learning on such courses into everyday practice and stretch opportunities when attendees return to their previous job. Employers and course providers should consider adopting something along the lines of the suggested protocol below.

Leadership training: a protocol between staff, employer and course provider

NHS employers have historically spent large sums on externally provided CPD without a clear assessment of its benefits or even a clear commitment to support those who attend on their return. All national NHS development courses should:

- Ensure their intake is diverse and representative of the NHS (and social care) staff cohorts they recruit from. Courses that cannot demonstrate they have a diverse intake should not be recruiting until that problem is fixed. Intake data should be published on a regular basis. Employers should expect to monitor their staff joining such courses by protected characteristic;
- Have a clear expectation that when staff go on such courses there is a formal understanding (a protocol) of the expectations of the employer, of the course attendee and the course provider as to what preparation, encouragement and support is expected beforehand and what encouragement and consolidation of learning will be provided by the employer during and after the course.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step four: Stretch opportunities and talent management

What is the problem we're trying to fix?

“Stretch opportunities”

such as secondment, acting up, and active involvement in significant projects that give new experience and challenges, are a very important way of developing individual careers. Developing People: Improving Care (2016) states that:

“According to research, senior executives report their sources of key development as learning from experience in role and on the job (70%), learning from others, especially mentors, coaches and learning sets (20%), and formal coursework and training (10%)”

Lombardo and Eichinger (1966) expressed the rationale behind their 70:20:10 model as follows: “Development generally begins with a realisation of current or future need and the motivation to do something about it. This might come from feedback, a mistake, watching other people’s reactions, failing or not being up to a task – in other words, from experience. The odds are that development will be about 70%

from on-the-job experiences - working on tasks and problems; about 20% from feedback and working around good and bad examples of the need; and 10% from courses and reading.”

(Lombardo, M, Eichinger, R (1996). The Career Architect Development Planner)

In other words stretch opportunities are much more important than formal leadership or management training - and management training must be consolidated in the work environment ([Faragher \(2014\)](#)).

Unfortunately, under-represented groups of staff have poorer access to stretch opportunities, support during them, and consolidation afterwards.

[Fernández-Aráoz \(2017\)](#) asked 823 international executives to look back at their careers and say what had helped them unleash their potential, the most popular answer, cited by 71%, was stretch assignments. Job rotations and personal mentors, each mentioned by 49% of respondents, tied for second.

([See also Fernández-Aráoz, C. Roscoe, A. Aramaki, K \(2017\)](#)).

The same might reasonably be asked about other staff with protected characteristics, notably staff with disabilities and BME staff.

As [Casciaro and Lobos \(2005\)](#) found, when looking for help with a task at work, work partners tend to be chosen not for their ability but for their likability.

Despite the evidence of its importance and the evidence of discrimination, and almost five years after access to stretch opportunities was identified as a priority in NHS leadership development strategy (NHS Improvement (2016)), many NHS organisations do not:

- Monitor access;
- Ensure access is fair – many opportunities are filled “informally”;
- Treat such stretch opportunities as positive action options
- Have a clear policy on how such stretch opportunities should be advertised, appointed to, supported and consolidated;
- Analyse and then apply a “explain or comply” approach to the resultant data.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step four: Stretch opportunities and talent management

...continued

What can we do positively that has some likelihood of working?

Since stretch opportunities and their consolidation are so crucial to staff development, NHS organisation need to plan, create and fill them in a strategic way. Creating or filling such opportunities in a random manner, without a coherent means of supporting and consolidating staff is a serious mistake. Many future leaders experience developmental assignments as they randomly come up (driven by crisis situations and changing business environments) rather than being purposefully matched to assignments. Covid19 provided many such examples – a Technicolor version of what has been happening more quietly for many years. Affinity bias can easily play a dominant role in the allocation of such roles.

Steps to be considered should include:

- Planning ahead, developing talent pools of staff who should be considered for stretch developments
- An organisation-wide expectation that stretch opportunities will be created and filled in an open and transparent way including a policy on the advertising and filling of all significant stretch opportunities, especially acting up posts, secondments and substantial projects
- Seeing the creation and filling of potential stretch opportunities as a deliberate set of measures
- Seeing the creation, filling and support for stretch opportunities as part of the organisation's positive action measures to improve the representation of under-represented groups of staff
- Above all, stretch opportunities should be subject to the same “**explain or comply**” process on access as other vacancies.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step four: Stretch opportunities and talent management

...continued

Examples of stretch opportunity (and there are growing numbers) could include

- A planned rotational development system which might include short or extended secondments within the organisation
- Planned secondments across organisations – most obviously within Integrated Care Systems or between Arm's Length Bodies;
- Projects that give staff an opportunity to stretch their skills, raise their profile, gain new confidence – a quality improvement project, planning a new way of working, addressing a specific problem

Planning for this should be part of the cycle of talent review and appraisals for all staff

Integrating them with opportunities for mentoring, coaching, shadowing and development courses.

As talent management becomes better embedded it should then be able to cross reference to whether some groups of staff have much slower career progression than others – and then seek to understand why, and how to change that. One NHS organisation asked shortlisting panels to think twice about not shortlisting BME candidates where limited “**stretch**” experience can be demonstrated for the very good reason that BME staff are likely to have had less access to such opportunities during their career.

As recruitment policy has moved further and further towards demonstrating competency and giving examples of what candidates have already had the opportunity to demonstrate, it is likely that the opportunity to assess potential may have significantly decreased. Reliance on competencies alone can easily become a source of bias as opportunities to do work to demonstrate competency at a higher grade could themselves have been influenced by bias on the part of those allocating them.

Work samples and rotations

Rotating management trainees through departments is another way to increase contact. Typically, this kind of cross-training allows people to try their hand at various jobs and deepen their understanding of the whole organization. But it also has a positive impact on diversity, because it exposes both department heads and trainees to a wider variety of people.

A number of NHS Trusts have developed local systems for giving staff career development “**work samples**”. One Trust uses a “**temporary transfer**” system that gives staff a short part-time “**taster**” of different and potentially higher graded roles, while another Trust developed a Grade 5.5 for some staff, which is intended as a stepping-stone to a Grade 6 post.

A recent HEE report ([Cox 2020](#)) suggests that staff who have an opportunity to rotate have a better understanding of others' roles and that rotational opportunities assist succession planning.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step five: Coaching, mentoring and sponsoring

Coaching is a form of non-directive learning designed to pose questions that get those being coached to reflect on their own situation and so find solutions to challenges they face.

Mentoring is also a form of non-directive learning, but mentors normally give more advice than in coaching. It is normally done by a more senior person, not necessarily a manager.

There is some evidence that both may benefit some groups of under-represented staff. Thus research suggests that mentoring is associated with better performance, better career opportunities and promotions ([McCauley and Hezlett \(2001\)](#)).

Mentoring may particularly benefit women, including BME women but there may be less impact for BME men. [Kalev and Dobbin \(2006\)](#) found that mentoring programs had some impact on making managerial echelons more diverse notably for women, including women of colour but less so for men of colour.

What is the problem we're trying to fix?

The evidence is mixed. There is evidence that mentoring and coaching may be very helpful but the extent to which this is so will depend on the context (the wider framework of accountability), who has access (risk of significant bias) and whether the way in which support is given takes account of the specific challenges faced by under-represented groups.

A recent CIPD review suggests: "we find little research in the scientific literature on the diversity impacts of based on supporting and developing individuals to progress, such as coaching, mentoring and sponsoring".

They found:

- Sponsoring relationships are typically shaped by who senior managers have an instinctive affinity with; this introduces huge potential for bias and should arguably be strongly discouraged
- Research on reverse mentoring is not conclusive but points to potential benefits in diversity, in particular across age groups [CIPD \(2019\)](#)

A systematic review by [Aidman \(2016\)](#) found it was unclear whether research is nuanced enough to differentiate between coaching and mentoring for the general population, never mind specifically for BME staff. Despite its widespread use, there is a lack of academically rigorous effectiveness research on mentoring.

[Bagati \(2009\)](#) found that compared with White women mentees with influential mentors, diverse women counterparts were less likely to have a trusting relationship with their mentors. Diverse women's mentors are also less likely to coach women of colour on how to become politically savvy or recommend them for high-visibility assignments.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step five: Coaching, mentoring and sponsoring....continued

Studies have demonstrated that micro aggressions negatively impact interpersonal relationships in supervision and among faculty members. Hence, mentors need to be attuned to any micro aggressions they perpetrate, assume responsibility and take corrective action to repair and build trust in the mentoring alliance. Mentors should also have an understanding of the types of micro aggressions their mentees may face across health care and academic settings. Effective mentoring can involve explicitly inviting mentees to point out instances of micro aggressions— if mentors can respond non-defensively.

The challenge to building a positive alliance among White mentors and BME mentees is often affected by the “protective hesitancy” phenomenon, in which both parties avoid or refrain from raising issues around diversity ([Walters 2016](#)).

Some research suggests that, while BME graduates were more likely than their White peers to have been formally assigned to mentors, they derived less value from the relationship and said that informal mentorship — having senior executives (White or minority) connect with them naturally through work groups or common interests — was more effective. (Roberts et al (2019))

[Thomas \(2001\)](#) found that BME staff advance more rapidly in their careers when they have mentors who understand and openly acknowledge how race (both in terms of privilege and oppression) can be a major factor in the trainees’ institutional environment as well as in their mentoring relationship. Thomas found that professionals of colour who plateaued in management received mentoring that was basically instructional; it helped them develop better skills. Minority executives, by contrast, enjoyed closer, fuller developmental relationships with their mentors. This was particularly true in people’s early careers, when they needed to build confidence, credibility, and competence. That is, purely instructional mentoring was not sufficient; protégés needed to feel connected to their mentors.

White men tend to find mentors on their own, but women and minorities more often need help from formal programmes. This is partly because White male managers often don’t feel comfortable reaching out informally to young women and minority men (and possibly Disabled staff) but yet they are eager to mentor. Research found that mentoring programs had some impact on making managerial echelons significantly more diverse notably for women, including women of colour but less so for men of colour. Importantly, [Kalev, Dobbin and Kelly \(2016\)](#) found that mentoring programmes (as with all other forms of positive action) were more effective in organisations with accountability structures.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step five: Coaching, mentoring and sponsoring

...continued

Giscombe (2008) reported that how effective mentoring was for BME women in career progression may depend on how influential their mentors are. However, even diverse women with influential mentors were still found to lag their White women counterparts on a number of dimensions, including:

- Overall satisfaction with the mentoring relationship
- Trust and mutual understanding
- Help with navigating organizational politics

Facilitating the development of a committed relationship between mentees and mentors is key to mentors' ability to support and sponsor mentees. Trust is a crucial element of successful developmental relationships, but trust-building between diverse women and those from majority groups can be difficult. [\(Giscombe K \(2008\)\).](#)

The research evidence is clear in suggesting that mentoring is associated with better performance, more recognition, increased pay, better career opportunities and more promotions [\(McCauley and Hezlett \(2001\)\).](#)

Nevertheless, there is conflicting evidence on how effective mentoring is and, in particular how best to organise mentoring programmes to be effective. [\(CIPD 2019\).](#)

What can we do positively that has some likelihood of working?

The evidence base for mentoring and coaching, though positive, is mixed. The CIPD found:

- Sponsorship may hamper inclusion by justifying and perpetuating the subtle but exclusive relationships that undermine diversity
- The evidence for reverse mentoring is mixed and its impact will depend on the context and the way it is organised with benefits accruing primarily to the mentee
- There is evidence that mentoring and coaching may have some positive effect.

The CIPD review concluded “organisations need to understand how they can reduce inequality. There is plenty of evidence for and against diversity training, but less on other initiatives such as mentoring for minority groups or wider culture change programmes. Workplace accommodation, truly flexible approaches to recruitment, working patterns and job design, coupled with a supportive work environment with an inclusive climate is key to unlocking the potential of diversity, for individuals and the wider business”.

[CIPD \(2019\)](#)

Mentoring programs (as with all other forms of positive action) were found (Kalev and Dobbin 2006) to be more effective in organisations with accountability structures but caution also needs to be exercised as to whether mentoring “across difference” triggers “protective hesitancy” notably for BME staff. Yet even with those in place, none of these programmes showed the sort of consistent pattern across outcomes that forms of accountability produced.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step five: Coaching, mentoring and sponsoring

...continued

Sponsorship.

Sponsorship involves mentoring but also involves actively advocating for selected employees and pushing opportunities their way. It involves senior managers giving their 'protégés' preferential treatment and influencing decisions to advance their careers.

What is the problem we're trying to fix?

The CIPD reports "Serious risks using sponsorship because compared with coaching, mentoring or more open talent development programmes, it may hamper inclusion by justifying and perpetuating a climate based on precisely the subtle but exclusive relationships that undermine diversity and quality.....

Sponsoring relationships are typically shaped by who senior managers have an instinctive affinity with; this introduces huge potential for bias and should arguably be strongly discouraged..... legitimising sponsorship relationships may reinforce a fixed mindset of talent, in that once a protégé is selected, the sponsor advocates them, to some extent irrespective of their ongoing performance and partially blinded to other people's growing talent. Encouraging sponsor-protégé relationships runs a risk of perpetuating a major source of bias, rather than redressing it.' [\(CIPD \(2018\)\)](#).

We should note that [Keller J \(2015\)](#) found that candidates hired through formal internal adverts outperformed sponsored internal appointments on nearly every conceivable dimension of quality and performance.

What can we do positively that has some likelihood of working?

Some evidence suggests sponsorship may be particularly effective (eg Kalev 2016) but its use is cautioned unless the risks of bias in selection are addressed. Reliance on informal sponsorship of candidates known through a personal connection, "the tap on the shoulder," is not only unfair and likely to be prone to bias but produces poorer appointments.

Reverse mentoring

Reverse mentoring takes place when more junior staff share their lived experience with more senior staff so the latter may learn from staff who typically are younger, of the opposite gender, who are Disabled, or from BME backgrounds.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

What are we doing that doesn't work?

Clarke and colleagues suggest the potential benefits for mentees from reverse mentoring included:

- Improving the social capital of the organization
- Renewed enthusiasm and energy for a new topic
- Gaining greater insight into the workplace
- Opportunity to provide junior specialists access to a wider network, which may otherwise be difficult for them to enter
- Attainment of new learned knowledge and skills.

They summarised the possible **disadvantages** as:

- The mentor as a younger or less experienced contributor to the relationship may be plagued by a lack of confidence and experience
- Although, by contributing new and innovative knowledge to the relationship, the mentor's status is raised, the mentor may lack prior experience in the role of mentor, limiting

his or her ability to fulfil this role adequately. Where mentors lack confidence in their interaction, information exchange is curtailed ([Clarke 2019](#))

When these issues are not thought through a possible result is what happened at Cambridge University where the University considered scrapping a mentoring scheme to help senior White academics and managers tackle institutional racism because some of those involved failed to take its work seriously whilst BME mentors were uneasy with the emotional labour involved in helping senior White staff better understand issues surrounding ethnicity and racism ([Batty \(2020\)](#))

What can we do positively that has some likelihood of working?

However, to overcome this potential limitation, they suggested that reverse mentoring relationships must be characterized by mutuality, reciprocity and mutual respect.

There is a lack of literature regarding the most useful way to assign roles in a reverse mentoring relationship, and whether the engagement of mentors and mentees would also benefit from self-identification.

In summary, reverse mentoring may be helpful but should be approached with caution.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step six: Other means of encouraging and supporting under-represented staff

Workplace flexibility

The NHS People Plan ([NHS England 2020a](#)) introduces a default assumption of flexibility around working hours. This could include:

- advertising all jobs as having flexible working options, such as part-time or “less than full time” work,
- remote working,
- job sharing or compressed hours;
- allowing people to work flexibly, where possible;
- encouraging senior leaders to role model working flexibly and to champion flexible working;
- encouraging men to work flexibly, so that it isn’t seen as only a female or Disabled staff benefit.

Recruit returners. Returners are people who have taken an extended career break for caring or other reasons and who are either not currently employed or are working in roles for which they are over-qualified. They recommend;

- Target places where returners are likely to be looking;
- Ensure the recruitment process is returner-friendly;
- Offer support before and during the assessment.

The NHS has had some success asking former staff to return to work during Covid19. Returners are more likely to be women who have taken an extended career break for caring or other reasons and who are either not currently employed or are working in roles for which they are over-qualified. It will be important, for success, that the recruitment process is returner-friendly, including the advert, with support before and during the assessment. For all returners, but especially for Disabled workers after acute disability, or other groups after difficulties in the workforce (such as bullying or stress), a phased return to work may be crucial,

[The Government Equalities Office \(2018\)](#) recommended a number of positive action measures as effective ways of closing the gender pay gap (and boosting the employment of women).

Improve workplace flexibility for men and women including

- Advertising offering all jobs as having flexible working options, such as part-time work, remote working, job sharing or compressed hours
- Allowing people to work flexibly, where possible
- Encourage senior leaders to role model working flexibly and to champion flexible working
- Encourage men to work flexibly, so that it isn’t seen as only a female benefit.

Encouraging the uptake of Shared Parental Leave.

The gender pay gap widens dramatically after women have children, although this could be reduced if men and women were able to share childcare more equally.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step six: Other means of encouraging and supporting under-represented staff

...continued

Disabled workers.

Flexible working – and the offer at recruitment or as a disability develops – may be an essential part of recruiting, retaining and getting the best out of Disabled staff

A number of NHS Trusts have led innovative programmes. One is Barts Health NHS Trust which supports the Project SEARCH programme, an international training programme aimed at supporting young people with learning disabilities get into employment. The resulting internship programme included skills training, long-term job coaching, innovative adaptations and career support. A significant number of these interns are now in employment including within the NHS.

Role models

Role models not only boost performance but they also improve attraction and retention. [PwC \(2017\)](#) reported 67% of women saying positive role models are important when deciding to accept a position with an employer, rising to 76% for female career starters.

Similarly, numerous studies on the impact of role models from a similar racial heritage have shown positive outcomes for performance, confidence, self-esteem, engagement, and motivation for ethnic and racial minorities ([Valero et al \(2017\)](#)).

Challenging unequal office “housework”

Women report doing much more “office housework” on average, than their White male counterparts, whether it is literal housework (arranging for lunch or cleaning up after a meeting), administrative tasks (finding a place to meet or preparing a PowerPoint), emotional labour (“he’s upset—can you fix it?”), or undervalued work (mentoring interns). For example, women engineers report a “worker bee” expectation at higher rates than White men do and women of colour report it at higher rates than White women do. ([Williams et al \(2016b\)](#)).

On the other hand, glamour work that leads to networking and promotion opportunities, such as project leadership and presentations, goes disproportionately to White men ([Williams J Mihaylo M. \(2019\)](#))

To counter this they make these suggestions:

- Rotation for office housework and don't ask for volunteers
- Mindfully design and assign people to high-value projects
- Acknowledge the importance of lower-profile contributions
- Pay close attention to the way people on your team talk about their peers and how they behave in group settings – stopping interruptions, domination of conversations and meetings. Be proactive in inviting marginalised or quieter staff to contribute
- Ensure equal access to you as a manager or leader.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Step six: Other means of encouraging and supporting under-represented staff

...continued

Transparency in promotion, pay and reward processes

Where pay discretion exists it can easily have discriminatory impact. In the NHS that may occur in discretionary awards to medical staff, and for all staff groups where there is any discretion in starting grades or increments, (or even access to overtime) including for interim staff. Introducing transparency to promotion, pay and reward processes may also reduce pay inequalities by encouraging staff, especially women, to negotiate in the way men are more likely to. ([Leibbrandt A., List, J. \(2014\)](#))
See also [Castilla, E. \(2015\)](#).

Staff networks

What is the problem we're trying to fix?

Where an organisation's recruiting managers are disproportionately male (or White) then that may have implications for the informal networks in place. When men were asked about their professional networks, 63% responded they were composed of "more or all men" compared to 38% of women who state the same ([Hodson et al \(2002\)](#)).

The evidence base on the effectiveness of more formal staff networks is mixed. White and male staff have historically been better networked with better access to senior leaders. The NHS People Plan attaches importance to supporting local formal staff networks linked to protected characteristics locally but such networks are currently often under-resourced with poor links to organisational governance and influence.

Women and black and ethnic minorities are literally left out of many conversations with upper management. Moreover, evidence suggests that even when people from underrepresented groups are in the conversation, their contributions are overlooked, downplayed or attributed to others in their group. A quintessential example of this is when a woman's idea is dismissed only to be applauded later when suggested by a man. Managers who pay attention to these patterns can actively work toward making sure everyone is at the table, all voices are heard, and that credit goes where it is due. In making these changes, managers can serve as role models for their followers and help to build inclusive norms. ([Heilman, M. & Haynes, M. \(2005\)](#))

What can we do positively that has some likelihood of working?

There is a debate as to the role of such networks. There is a significant literature on such networks of under-represented staff. They may be a powerful way of "holding leaders feet to the fire" if supported by the Board or they may be a means of social support – or both. ([Aldridge S., Halpern D., Fitzpatrick S. \(2002\)](#))

The evidence suggests that though staff networks may be effective means of lobbying within organisations for BME people, historically they may have been more likely to meet social support needs rather than professional/job specific support needs ([Paluck et al \(2009\)](#))

The NHS People Plan highlights the potential for staff networks to be a voice for all under-represented groups and to play a role in holding leaders to account on equality, diversity and inclusion.

However, they are neither a panacea for the under-representation of BME staff in decision making, nor are they a substitute for the evidence-driven role that HR should play, though they could assist with both.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

POSITIVE ACTION

Footnote: Temporary/ interim and contractor staff and staff employed by independent providers

The contractual position

Independent providers of healthcare services are required under the NHS Standard Contract ([NHS England 2020c](#)) to comply with “the obligations contained in section 149 of the Equality Act 2010, the Equality Act 2010 (Specific Duties) Regulations and section 6 of the HRA. If the Provider is not a public authority for the purposes of those sections and regulations it must comply with them as if it were.” These equality provisions include the WRES and the WDES as set out in Service Condition 13.

NHS employers should expect contractors to have due regard to reporting and acting to improve on WRES metrics as applied to their contract staff, in particular in respect of promotion, development opportunities and access to senior positions.

Contractors who do not provide healthcare services are not obliged to meet those requirements under the NHS Standard contract. Nor are agencies providing agency and locum staff. The current EHRC inquiry (2021) into racial inequality in health and social care may make recommendations which might impact on the expectations of NHS employers

What is the problem we’re trying to fix?

Temporary/interim staff, agency and contractor staff play an essential role within the NHS, as Covid-19 demonstrated, especially at a time when the NHS has such substantial staff shortages. However, many NHS employers pay little attention to how such staff are treated, whether discrimination occurs or even whether their treatment is monitored by protected characteristic.

This matters because how such staff are treated and how their skills are developed will impact on patient care and safety as well as their own health and well-being as demonstrated by the

impact of Covid-19 on such staff. Interim posts at senior level often appear to be recruited by a “tap on the shoulder”. Such posts may not be included in staff WRES data, not least because there is not always a formal and open recruitment process. Yet such posts may well have influence on how staff from under-represented groups are treated.

Some Trusts do insist the WRES applies to contractor staff when functions have been contracted out in recent years via a Wholly Owned Subsidiary. Few if any monitor the treatment of agency staff by protected characteristic and most contractors are not covered by the WRES or the WDES.

Agency staff are not covered by the WRES or WDES. Contractor’s employment practices may well replicate the patterns of discrimination found within the NHS more widely.

Bank staff are employees and the NHS WRES team have been exploring how to improve their treatment.

**PART 3.
PUTTING A
DIFFERENT
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INTO
PRACTICE**

POSITIVE ACTION

**Footnote: Temporary/
interim and contractor
staff and staff employed
by independent providers**

...continued

**What can we do positively that
has some likelihood of working?**

The default position should be that Interim posts should, whenever possible, be advertised and treated just as “**acting up**” or secondments should be – advertised, shortlisted, interviewed and appointed following best practice. Where, as a result of monitoring all such appointments, patterns of recruitment emerge which are not representative of the desired diversity of the organisation, department, or role, then those responsible should be asked to “explain or comply.

While agency staff fall outside the remit of this resource there is no reason why the ongoing efforts by NHS to influence agency staff terms and conditions should not extend into the areas considered here.

Where staff have been contracted out via a Wholly Owned Subsidiary, then WRES and WDES should be actively applied - and then monitored by the contracting organisations.

Key point

There are numerous, legal, ways of trying to ensure a level playing field by giving additional support to staff who have historically been excluded from recruitment and promotion opportunities. Some are more effective than others. Employers should adopt many of these measures but they remember, they are not a substitute for changing the institutional blockages that embed discrimination.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

APPRAISALS AND FEEDBACK: A CORNERSTONE OF EFFECTIVE TALENT MANAGEMENT

Research has shown the importance of effective appraisals in predicting patient mortality in the acute sector in the NHS. Using NHS staff survey data Dawson (2016) showed that:

- The quality of the appraisal conversation makes a significant difference to outcomes in organisations across all domains (mental health, community and acute trusts)
- In Trusts where more staff report having useful appraisal conversations (agreeing objectives, feeling valued by the organisation and able to do their jobs better), subsequent levels of staff engagement increase
- Where fewer staff report having useful conversations, subsequent levels of engagement decrease – and engagement is the most influential factor in the staff survey in relation to trust performance, including quality of care, financial performance and staff wellbeing ([Dawson et al \(2011\)](#))

What is the problem we're trying to fix?

Effective and fair appraisals and feedback are a cornerstone of effective talent management. Although most NHS staff report having had appraisals in the last twelve months, the proportion

reporting that these appraisals were good and helpful remains far lower. Moreover, all appraisals are prone to numerous biases.

Firstly, there are no shared assumptions about key criteria or the questions to ask. [Buckingham & Goodall. \(2019\)](#). demonstrated managers don't hold stable definitions of key criteria such as business acumen, strategic thinking, leadership potential, or assertiveness.

Secondly, ambiguous framing of appraisal questions or performance feedback becomes prone to bias. Typical appraisal questions such as "how did the member of staff's expectations meet yours as manager" easily open the door to stereotypes and other biases ([Castilla. \(2008\)](#)).

Such risks, may be compounded when appraisals and feedback occur given across a difference of protected characteristic, Effective feedback should be honest but it is susceptible to "proactive hesitancy", where feedback is to under-represented groups of staff, notably but not exclusively BME applicants as [Thomas \(2001\)](#) found when considering "protective hesitancy" whereby White mentors could be defensive and hesitant in giving honest feedback to mentees of colour.

If appraisals, performance reviews, and feedback from interviews are flawed that will impact on:

- Appraisal and performance review outcomes
- Learning for future development and career progression
- The extent to which staff are encouraged to access further training and development (and of what sort) and apply for promotions
- The extent to which staff confidence is undermined by biased or dishonest feedback.

These challenges are compounded by the failure of many NHS organisations to:

- monitor appraisals and feedback by protected characteristic
- engage in any form of "explain or comply" approach to patterns of appraisal outcomes
- the absence of IT systems capable of mapping the relationship between appraisals, interview feedback and career progression.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

APPRAISALS AND FEEDBACK: A CORNERSTONE OF EFFECTIVE TALENT MANAGEMENT

“**Protective hesitancy**” can lead to dishonest feedback of the “benevolent kindness” variety which the recipient will spot as being false, such as “you were very good but on the day someone else was better.” ([Correll S, Simard C \(2016\)](#)) In response, recipients may decide there is no point in pursuing the conversation but will be demoralised because what they needed was specific advice on what could have been done better together with suggestions (or support) on how to improve next time.

When giving critical feedback to women, male managers may be worried about how the feedback will be received. ([Ridgeway J, Correll S \(2004\)](#)).

As [O’Neill et al \(2002\)](#) put it “The failure to give feedback due to worry that the recipient might be upset is a critical barrier in having conversations necessary to advance women’s careers”.

[Correll and Simard \(2004\)](#) showed that “Women are systematically less likely to receive specific feedback tied to outcomes, both when they receive praise and when the feedback is developmental. In other words, men are offered a clearer picture of what they are doing well and more-specific guidance of what is needed to

get to the next level. Further, when women received specific developmental feedback, it tended to be overly focused on their communication style. While ability to communicate can be an important skill for leaders, it is noteworthy that women received most of the negative feedback about communication styles... but do not offer ways to improve specific behaviors”.

Content analysis of individual annual performance reviews ([Cecchi-Dimeglio \(2017\)](#)) showed that women were 1.4 times more likely to receive critical subjective feedback as opposed to either positive feedback or critical objective feedback.

Feedback to Disabled staff may also be undermined by a form of “**paternalism**” whereby a ‘well-meaning’ senior manager or HR person decides that Disabled staff will not be interested in performing certain roles or responsibilities. Even though such decisions can have consequences for future career progression.

A further contributory factor to bias in appraisals and evaluations is if staff are asked to make a self-evaluation which is then used as part of their performance appraisal. Differences in self-confidence

may trigger bias in the manager’s evaluations. Difference in self-confidence (often linked to protected characteristic or cultural background) will affect the self-evaluation and an “**anchoring**” effect is likely to influence the manager’s own appraisal of the staff member.

What can we do positively that has some likelihood of working?

[Cecchi-Dimeglio \(2017\)](#) and [Mackenzie, Wehner and Kennedy \(2020\)](#) suggest the following can help redress bias in appraisals.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

APPRAISALS AND FEEDBACK: A CORNERSTONE OF EFFECTIVE TALENT MANAGEMENT

Step 1: Define effective criteria before making critical decisions about employees

- Ambiguity in the criteria used to evaluate employees leads to biased outcomes, whereas thoughtfully developed and clearly defined criteria can help level the playing field. Be clear what “good” or “excellent” might look like. Develop an appraisal scale that specifies what an employee must start doing, stop doing, or continue doing by tenure and project cycle. Start by considering what’s important for the role in concrete and measurable terms. For example, “be innovative” is not measurable, but “bring together people from different functions and perspectives in forums that encourage idea sharing and problem solving” is
- Next, look for unintended consequences or hidden preferences in the criteria you’ve chosen e.g. it may be much harder for women, or single parents, to be as flexible or work to capacity when homeworking during Covid-19.

Step 2: Ensure consistency across all decision makers

- It’s crucial that everyone doing assessments is not only using the same criteria, but that they also understand and share the same definitions of them. Get managers together to align on the most important criteria and be explicit about how to measure them precisely and consistently. Pay particular attention to overlooked behaviours and skills that have become important in the new context, such as managing team infrastructure by sending out meeting minutes and checking in on colleagues
- When evaluating people in similar roles, seek to make equal references to technical accomplishments and capability
- Strive to write reviews of similar lengths for all employees. This helps ensure a similar level of detail – and therefore of specifics – for everyone.

Step 3: Monitoring and peer evaluation of managerial decisions

- Encourage managers to monitor one another when discussing performance. If a manager notices a peer misusing criteria or being ambiguous in their evaluation, they should ask them about it. For example, ask “what criterion did you use to come to that assessment?”
- If their peer downgrades an employee for missing an impromptu meeting due to a BME network meeting, for example, ask “how would you describe their overall performance otherwise?”

Bias is often unconscious, so the team has a better chance of mitigating it together than if the job is left up to individuals monitoring themselves.

It might be really useful to moderate all appraisals across the larger team? Appraisal outcomes should come as no surprise to the individual member of staff or team. If they do then the person / team haven’t been performance managed effectively across the year. Annual review scores should be in line with scores across the year. Where a pattern of disproportionately poor appraisals linked to a protected characteristic, an “explain or comply” approach should be adopted.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

APPRAISALS AND FEEDBACK: A CORNERSTONE OF EFFECTIVE TALENT MANAGEMENT

Step 4. Seek to collect data about the performance of people and teams throughout the year not on a spot check basis

Such an approach is more likely to encourage continuous learning.

A small-scale review ([Darling 2017](#)) of private sector practice for NHS England found that at one financial services firm, performance evaluations of staff were expected to follow an anticipated pattern (bell-shaped curve). There is a level of oversight by which evaluations conducted by managers are monitored. If there is a deviation from the anticipated pattern for specific groups – including women and BME groups – results are reviewed, and individual managers are asked explain and held to account.

Covid-19 and appraisals

NHS pressures, compounded by Covid-19 may increase the risk of bias and stereotypes because in any crisis, managers are less likely to access their “slow thinking” brains and more likely to make snap judgements, which are often influenced by stereotypes and are therefore flawed.

Mackenzie et al (2020) suggest that the often implicit preference for workers who are typically able to leave home concerns at home and focus solely on work while on the job, can lead to bias. They note “This can be additionally burdensome to working mothers, who face inaccurate assumptions that their need for flexibility conflicts with their commitment to work. Compare that with fathers, who typically face less scrutiny over parenting needs as a result of a historical belief that they’re ideal employees who put work first. Thus, managers may inadvertently make more allowances for men who are home schooling or caring for family members than for mothers doing the same.”

In sum: beware using “visibility” as a criteria at any time but especially during Covid-19.

“To mitigate the impact of Covid-19 on the careers of those already disproportionately burdened, organizations must carefully consider what they truly value and wish to reward under the current circumstances rather than simply carrying over the old criteria from last year’s evaluation cycle.”

Key point

Appraisals should be a cornerstone of effective talent management and fair recruitment career progression. NHS staff survey suggests they are widely regarded as ineffective. In addition, research demonstrates numerous ways in which bias can distort appraisal processes and outcomes. There are steps that can be taken to remedy these shortcomings.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

CREATING A JOB DESCRIPTION AND ADVERTISING THE POST

What is the problem we're trying to fix?

Recruitment decisions are too often made on “hunches” or assumptions about what sort of person might be best, heavily influenced by bias and stereotypes, even when the “motions” of a recruitment process take place.

[Mohr \(2014\)](#) found an important difference when potential applicants were considering applying. On average, women apply for positions when they meet 100% of the required qualifications on a job advert while men are likely to apply when they meet only 60% of those qualifications, so the list of what criteria count as ‘essential’ may dramatically affect who applies.. This is often an issue with NHS job descriptions where the content may be driven by job evaluation analysis and be extraordinarily long.

[Rivera's \(2012\)](#) examination of interviews for elite positions showed matters may be made worse by the inclusion of “desirable” criteria which may be especially prone to bias since employers seek candidates who resemble them in leisure activities and experiences as

Creating the job: “Essential” and “desirable” criteria

NHS job descriptions are linked to the NHS job evaluation scheme. Job descriptions generally list a host of “essential” and “desirable” criteria” needed to meet a specified grade and these are largely driven by the job evaluation criteria. The end result is:

- An extraordinarily long job description of precisely the sort that will deter many potential applicants, particularly women
- A set of “desirable” criteria which are not relevant to future performance at all – but instead may be prone to “affinity” or other biases
- Job descriptions that require prior experience or qualifications that either may not be essential, or for which equivalent qualifications (including those earned overseas) are not accepted may well discriminate. For example, is a first degree, never mind a second degree, really needed for lots of jobs or might equivalent experience or qualifications be suitable?
- Too many jobs include physical requirements or working practices that are either not essential or are used to exclude applicants.

NHS job evaluation does not remotely reflect the importance of values e.g. inclusion and compassion even though evidence is now clear that these are absolutely essential requirements for most jobs including (especially) leadership and management roles. The NHS leadership development strategy *Developing People Improving Care* ([NHS Improvement \(2016\)](#)) explains the need for compassionate, inclusive leadership skills for leaders at all levels and states “These leadership behaviours create just, learning cultures where improvement methods can engage colleagues, patients and carers, deliver cumulative performance improvements, and make health and care organisations great places to work.”

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

CREATING A JOB DESCRIPTION AND ADVERTISING THE POST

What can we do positively that has some likelihood of working?

Research suggests five simple steps that would make a difference:

- Firstly, have no more than six essential criteria for each job
- Secondly, consider carefully whether “**desirable**” criteria are needed at all since they may be particularly prone to “**affinity**” bias
- Thirdly, compassion and inclusion should always be included as a core competency to be tested and think carefully about how it might be tested
- Fourthly, if you really need to describe physical requirements let Disabled people themselves consider whether they can undertake the job
- Fifthly, carefully check whether working practices e.g. a requirement for early starts or evening meetings, long hours or working overnight away from home, are really “**essential**” since they deter staff (especially women with family responsibilities).

What about Agenda for Change?

One challenge facing those creating job descriptions and essential criteria to be tested is how to create job descriptions with a small number of interview criteria when the Agenda for Change job evaluation scheme has so many factors (sixteen) to be considered when designing and grading a job:

- Factor 1 – Communications and relationship skills
- Factor 2 – Knowledge and training and experience
- Factor 3 – Analytical and judgemental skills
- Factor 4 – Planning and organisational skills
- Factor 5 – Physical skills
- Factor 6 – Responsibilities for patient client care
- Factor 7 – Responsibilities for policy and service deployment implementation
- Factor 8 – Responsibilities for financial and physical resources
- Factor 9 – Responsibilities for human resources
- Factor 10 - Responsibilities for information resources
- Factor 11 - Responsibilities for research and development
- Factor 12 – Freedom to act
- Factor 13 – Physical effort
- Factor 14 – Mental effort
- Factor 15 – Emotional effort
- Factor 16 – Working conditions ([NHS Employers \(2016\)](#))

However, there is no requirement to check **shortlisting and selection criteria (or candidates) against all the relevant job evaluation factors**. This is especially so as key criteria for many NHS roles are simply not included currently as JE factors. For example, while NHS policy (and research evidence) suggests “**Inclusion and Compassion**” are critical competences for many roles, they are not even included as a JE factor. It is for those determining the “**essential criteria**” for roles – and therefore the “**success profiles**” and interview questions, tests and scoring – to determine the key competencies required.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

CREATING A JOB DESCRIPTION AND ADVERTISING THE POST

There is absolutely no reason why there should be more than six essential criteria to be tested. For example, in choosing Aspiring Directors for the NHS (2018-2020), the NHS used just six as follows:

- Drives for better outcomes – taking action to improve the organisation’s ability to deliver in a sustainable way
- Takes people with them – able to shape the arguments and rationale for each audience
- Brings a learning mindset – a belief that people can learn, grow and improve
- Speaking up – having the conviction and sense of purpose to speak up when it might be easier to refrain
- Developing others – spotting potential and nurturing it
- Creates a culture of inclusion- not just role modelling inclusion but creating a climate of inclusion

(Gateway Assessment Competency Interview Guide (2019). NHS Improvement.)

For each role there will be some required technical competencies and some more general competencies alongside values that are deemed essential. They will not match the relevant job evaluation factors.

Choosing a small number focuses on what is really important – clearly they may vary from role to role, and may include specific technical or professional skills and qualifications - and how they are scored will depend on the nature and seniority of the role. The scoring matrix may well pick up other aspects of the job description anyway.

However, selecting essential criteria for the Success profile and interview questions and tests is NOT the same as undertaking a job evaluation/grading exercise.

Advertising posts

What is the problem we’re trying to fix?

Job adverts can (inadvertently) attract some demographic groups and deter others. Most obviously that might be where the examples given, the pictures, used or the wording used (he not she) may deter potential applicants who do not see themselves working in such an environment – most notably potential female, Disabled and BME applicants. Research found that the style or tone of job advert of job descriptions can be more inviting to some staff than others (esp. women/men). Gaucher et al (2011) found that when job adverts included certain phraseology then men were more likely to apply than

women. Examples might include “ambitious”, “dynamic”, “willing to rise to a big challenge”, “competitive” and “determined”.

Within some sectors (such as IT) the use of jargon and examples that are more likely to be familiar to men will deter some applicants. ([Gaucher et al \(2011\)](#))

Recruiters can fall prone to “**confirmation bias**” when doing online searching as they may be primarily looking for information that confirms their initial impressions of a candidate and which may be irrelevant to their on-the-job performance. ([Nickerson R.S. \(1998\)](#)).

Similarly, the “**halo effect**” may lead recruiters to base their judgements too heavily on one salient piece of information on an online profile. When encouraging applications from outside the organisation, careful consideration of potential networks for staff with protected characteristics may require careful thought.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

CREATING A JOB DESCRIPTION AND ADVERTISING THE POST

Advertising posts

...continued

What can we do positively that has some likelihood of working?

Employers should:

- [Use one of the free web sites where an employer can run the wording of an advert through to check if the wording is inadvertently likely to deter women researchers such as](#)
- Review whether where posts are advertised are likely to attract diverse applicants. For example do not just advertise senior positions in the Times or Telegraph, or only on NHS Jobs, without also widespread workplace advertising and using extensive appropriate social media
- Review how your social media advertising may be prone to confirmation bias
- Avoid making the application period too short since that may (intentionally or otherwise) disadvantage those “not in the know” and may disadvantage Disabled people who may need more time to complete applications. Two weeks should be absolute minimum. Anything less than that will look like a “fix”

- Staff who are on maternity or carer leave, long-term sick leave, or compassionate leave should, of course, be automatically included in adverts
- Proactively contact – preferably in person – staff from under-represented groups to ask them to consider applying, preferably using a data-based approach eg, who has been on relevant course, on positive action training for interviews, was shortlisted but not successful for a similar job.

Application forms, CVs and references

What is the problem we’re trying to fix?

The NHS rarely uses CVs except for interim posts and Board posts, but application forms can easily drift into a truncated CV and for senior posts recruiters may access online CVs. CVs are open to biased reading. Although the NHS overwhelmingly uses standard application forms, CVs are certainly used informally for some senior roles alongside an application and certainly for some posts filled on an “interim” basis

In CVs, even more than in the standard application form, ethnicity, gender, class and education can be deduced or assumed and may well influence the assessment of a CV through triggering unconscious stereotypes.

Research suggests that women may understate their achievements, skills and potential in the same way that happens within a job evaluation process ([Correll \(2004a\)](#))

The CVs of women and BME applicants may be more critically read than those of White men. Moreover the stretch development opportunities and pace of career that women and BME candidates may have had are likely to be less, due either to discrimination or career breaks linked to maternity breaks.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

CREATING A JOB DESCRIPTION AND ADVERTISING THE POST

Application forms, CVs and references

...continued

[Steinpress et al \(1999\)](#) modified an actual CV to remove gender and sent it to a random sample of university psychology departments and asked faculty members to evaluate the person on a number of dimensions. In one set of conditions, the CV was the version the actual applicant had previously used to get a job as a new assistant professor, and in the other conditions, the CV was the (more impressive) version she used years later as a tenured candidate. When the new assistant professor CV had a male name, the candidate was judged by both male and female evaluators to be worthy of hire approximately 73% of the time. When the same CV had a female name, it was rated worthy of hire approximately only 45% of the time). Evaluators wrote four times as many cautionary statements in the margins of their rating forms for the female candidate.

CVs themselves reflect gender patterns. One study ([Maliniak 2013](#)) found that women are systematically cited less than men after controlling for a large number of variables including year of publication, venue of publication, substantive focus, theoretical perspective, methodology, tenure status, and institutional affiliation.

The risk that application processes that require candidates to submit photographs or disclose identity data may be linked to employment discrimination have

prompted systems such as Gap Jumpers which can automate blind recruitment processes. There is some (limited) evidence that “**blind recruitment**” involving removing personal information such as name, age, gender, ethnicity and academic background (university, class of degree) from applications may reduce bias and improve diversity without compromising quality in long listing and shortlisting.

The HEE review of selection processes ([HEE \(2016\) concluded that “the predictive validity of CVs questionable at best, and therefore deemed ineffective for VBR \(value-based recruitment\)”](#)).

It is common during the final rating of all candidates to consider references. However, references themselves may be prone to bias both in how they are written and how they are read ([Trix, F, Psenka C. \(2003\)](#)).

“**Affinity bias**” leads elite professional service employers to favour candidates with the same narrow forms of “**cultural capital**” (schools, universities, class background) even though the employers know this contradicts their professed commitment to social inclusion and recruiting the best “talent”. ([Ashley L \(2016\)](#)).

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

CREATING A JOB DESCRIPTION AND ADVERTISING THE POST

Application forms, CVs and references

...continued

What can we do positively that has some likelihood of working?

- Wherever possible do NOT use CVs even to fill interim posts, acting up posts, or secondments
- If you do use CVs then go through the CV to remove all clues to gender and race before they are shared with the panel (at least one NHS Trust has started doing this)
- Consider “blind recruitment” where schools, university and class of degree are removed from application forms ([but see Page 59](#))
- Be cautious how references are read if they go beyond the minimum the NHS generally expects. The standard NHS practice of only asking for the most basic information should therefore be welcomed and adhered to, including for more senior posts.
- However, to be effective, it is crucial that no informal discussions take place between recruiters and any referees and this will need to be explicitly excluded

Attracting new entrants from local communities

Analysis of where job applications come from, not just who, may be instructive, especially if data

then demonstrates patterns of applications linked, for example, to geographical areas with differing socio-economic or ethnic composition.

The NHS People Plan highlights the importance of attracting new NHS staff from local communities. NHS Employers have produced a useful summary of some of the initiatives that may be used to do this at ([NHS Employers](#))

Key points

Research demonstrates that at each stage of the recruitment and career progression cycle it is remarkably easy for decisions to be made that will disadvantage some groups of staff, notably for the purposes of this report, women, Disabled staff and staff of Black and Minority Ethnic heritage. This is true for how a job description is created, what the essential criteria are determined to be, how and where it is advertised and the risk of relying on CVs and references since they may be written and read differently depending on the protected characteristic of the author.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

SHORTLISTING

The expectation should be that on average, over time, the likelihood of people who are White and BME, men and women, Disabled and non-Disabled being appointed and promoted, should be approximately the same.

What is the problem we're trying to fix?

Each stage of recruitment is vulnerable to bias. The following sections summarise the evidence on each stage and ways of mitigating the biases summarised in section 3 above.

Shortlisting that is not methodical and not guided by appropriate essential criteria and an effective “**success profile**” of the post in question runs a serious risk of a shortlist that is diverse nor the best possible one.

[HEE \(2016\)](#) also found research consistently shows that criterion-related validity is highest for interviews that are structured, ask relevant and standardised questions based on thorough role analysis, and utilise a panel of interviewers trained in best practice interview techniques and using validated scoring criteria.

Yet despite this clear evidence, shortlisting processes often fail to follow a structured process in which the criteria are appropriate and clear. Without such a

structured approach, the panel is likely to drift into the biases and stereotypes described earlier and be influenced by general impressions (or information not available from the interview process) rather than whether the essential criteria appear to be met.

Competencies and success profiles

What can we do positively that has some likelihood of working?

Required competencies for healthcare roles might include (this will vary depending on the level or nature of the role) providing evidence, for example, of:

- Ability to bring about improvement
- Ability to tackle problems providing services
- Developing teams people you manage
- Demonstrating compassion
- Speaking up (truth to power)
- Evidence of understanding and behaving inclusively
- Specific technical/professional skills

As discussed above ([Page 95](#)) for any role that involves management or leadership of any kind, evidence of understanding and behaving inclusively should be an essential

competency tested during the recruitment process. That should equally apply to all staff with patient facing roles. For each competency it is crucial that a “**success profile**” is developed that includes what you would expect candidates to provide – model answers – for each level of scoring. For each competency the questions asked should be designed to give candidates the opportunity to provide that sort of evidence.

The panel should then have a matrix which, comparing the answers provided with the success profile of expected answers, enables the panel to decide whether the candidate failed to meet some of the essential criteria.

Whether the shortlisted candidates meet those criteria can be explored in greater depth and with some assurance of consistency and fairness at the interview stage. This approach should be applied throughout the organisation, not just to senior and middle ranking posts.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

SHORTLISTING

If the essential criteria are agreed and fair then there is no obvious reason to test any other skills or abilities and doing so may introduce an inherent risk of bias. Where employers expect large numbers of applications or have essential criteria (e.g. maths) that they need to have confidence in, then it may be necessary to introduce tests which in effect “screen in” or “screen out” but the greatest care should be taken to consider whether any such tests may themselves be discriminatory (see below). Throughout this process it is crucial to bear in mind that recruitment should be about potential. Demonstrating past achievement may be one indicator but it may itself be biased since it is likely to reflect past opportunities provided which are likely to disadvantage under-represented groups of staff and to replicate past advantage. So:

- Draw widely on current competencies but remember some applicants may be able to demonstrate them through achievements outside work
- Focus on potential, bearing in mind the ways in which bias can creep into both judging past achievements and future potential
- Do not judge candidates by how many “stretch opportunities” they have had but rather judge them by both what they have learned and the skills and values they can demonstrate.

Screening tests

Employers may use a variety of tests to screen applicants. These include

- Occupational Personality Testing
- Occupational Ability Testing
- Occupational Specific Testing (eg Clinical Test, Presentation, etc)

What is the problem we’re trying to fix?

Employers should be cautious about using such tests unless they are really relevant and robust for the role they are used for. Panels should note:

- Those providing such tests may not be able to demonstrate that they will not adversely impact in a discriminatory manner. Any external provider must provide evidence their tests are not biased using the [British Psychological Society \(nd\) reviews of Tests](#)
- All such tests have the potential of the serious shortcoming that they may be measuring past opportunities to learn, rather than future potential.
- Disabled candidates may be particularly disadvantaged if appropriate adjustments are not considered and made available
- Evidence on how well occupational personality tests predict job performance is mixed ([Martin 2014](#)).

Some studies, for example, are critical of the use of occupational personality tests in recruitment and selection processes ([Thompson P, McHugh D \(2009\) Work Organisations: A Critical Approach.](#)), arguing that they are used to create a false sense of systematic decision-making and that “they are more effectively ‘gate-keeping’ rather than selection methods” (p235)

- [HEE \(2016\)](#) suggest that “where there is a high risk of coaching for personality tests, personality tests are best used to drive more focussed questioning at interview”. However, a properly constructed occupational personality test should (and can) have mechanisms built in to detect when candidates are answering in a way designed to present themselves in a manner which they think will be desirable to the employer and will flag this as part of the test results.

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Screening tests ...continued

Numerical, Verbal and Logical Reasoning tests may have a gender or race bias. They may also be likely to be a test of past opportunities to learn rather than future potential with adverse consequences for BME candidates. These are all important reasons to ensure that if testing is undertaken, that a robust and fully verified test is used and, in particular, any occupational personality testing is interpreted by a qualified professional who is a member of the BPS Register of Qualified Test Users. The register can be checked online at the BPS Website.

What can we do positively that has some likelihood of working?

Standardised tests of cognitive ability have come to play a significant role in some selection processes. They may:

- They give candidates the opportunity to demonstrate their suitability for the role in a broader environment rather than simply through “giving a good interview”
- They can allow employers to systematically assess individual differences (for example in occupational ability, or occupational personality) rather than relying solely on examples of work already undertaken

- They may be good predictors of job performance when used correctly, especially for occupations that require complex thinking, although no one element should ever be the sole basis for a selection decision
- Tests should be supported by a body of statistical evidence which demonstrates their validity and reliability. The British Psychological Society (BPS) set clear standards on testing and test use and has a register of authorised Test Manufacturers and Qualified Test Users
- Identify potential equal opportunities issues (that is, whether the tests will disadvantage certain groups, or might need to be adapted).
- Inform candidates ahead of interview that they will be undertaking online testing and give the opportunity for them to request reasonable adjustment should they have a disability or special need that would put them at a disadvantage
- Provide reasonable opportunities for candidates to rehearse undertaking example tests. Some sectors (eg many police forces) encourage specifically support practice beforehand ([College of Policing \(2020\)](#))

How and when to use?

Where occupational personality tests are used they may be better used to inform interview questions and/or provide indications of how candidates will work within a team, or give an insight into working style, rather than screen people out at shortlisting or be scored at interview.

However, before using a test, recruiters should:

- Ensure that those involved in administering tests have had appropriate training to do so via a British Psychological Society registered provider and that interpretation of tests is only done by someone who is a qualified member of the BPS Register of Qualified Test Users
- Consider whether it is appropriate to use a test at all (will it provide additional relevant information, and is it relevant to the job/person specification) and if so at what point of the process the test should be used and for what reason

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Pace of career progression and shortlisting

What is the problem we're trying to fix?

Smith R (2005) suggests the processes that lead to promotion do not differ between White men and White women, but relative to White men, black women and Latin Americans must have more prior job-specific experience and more overall work experience before receiving a promotion—all else equal. Research (see Section 3 above) is clear that there is a “motherhood penalty” that disadvantages women (of whatever heritage) at many stages of their careers, disadvantaging women for time out during maternity, bringing up children, or elder care.

What can we do positively that has some likelihood of working?

Panels should be extremely cautious when shortlisting about relying on evidence of a rapid career progression as evidence of future ability or using evidence of career breaks to disadvantage a candidate. The former may instead be evidence of previous preferential (or disadvantageous) treatment within career progression.

Panel composition

What is the problem we're trying to fix?

Panels are frequently composed of members who may not have had any recent training on good practice. They are even more prone to affinity bias, confirmation bias, and being influenced by halo and horns bias.

What can we do positively that has some likelihood of working?

The shortlisting panel should:

- only include those who have recently had training in the specific ways in which bias can impact recruitment decision making and should include someone with an understanding of Disability and reasonable adjustments – or have immediate access to such a person. Such training alone will not bring about a step-change but may assist in understanding and implementing the process changes evidence suggests are then effective
- never consist of less than three members since there is likely to be a greater risk of conformity bias with such small numbers

- include at least one person from outside the recruiting department who feels confident in challenging the other panel members. That might be because of their seniority or it might be because there is some form of accountability beyond the panel.
- consider including people in hiring decisions who have not been involved in shortlisting candidates.

Adding “**independent**” panel members is crucial especially where the recruiting manager is the most senior panel member and where conformity bias might be expected. The external member may be a senior manager from another department, or a more “**junior**” member of staff whose authority comes from external accountability – for example a patient representative or BME staff member.

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Panel composition

...continued

The impact of such panel members may arise as much from their role in embedding accountability as from their specific spoken contributions since their mere presence should have the effect of reminding the panel of their accountability. The extent to which that applies is likely to depend on the relative seniority of the independent member and what arrangements are in place to enable them to raise concerns confidently and without fear of adverse personal consequences.

The [CIPD \(2015\)](#) suggest “including people in hiring decisions who have not been involved in assessing candidates. Including neutral colleagues who have not tested or interviewed candidates in final hiring decisions will help you be more objective, as they will be less swayed by particular aspects of the selection process”.

Do not include the hiring manager on the final appointment panel?

There is a small but increasing amount of anecdotal evidence within the NHS that not including the future manager on the final panel may significantly reduce affinity bias and improve the diversity of appointees.

Employers could also, therefore, consider piloting, as at Google, not including the recruiting manager on the final panel at all, to avoid affinity bias. (Bock (2015) Work rules! Insights from inside Google that will transform how you live and lead.)

Panel diversity

What is the problem we’re trying to fix?

Panel diversity is not the “silver bullet” it is sometimes presented as, especially if the diverse members of a panel are junior or are unable to hold the chair and other members to account.

Research on whether the panel itself should be required to be diverse is mixed. Having selection panels with a mix of men and women seems to sometimes help women’s prospects and at other times to harm them. Some studies show that the more women there are on a panel, the more likely women are to be selected for a role ([De Paola, M., Scoppa, V. \(2015\)](#)) while some studies find the opposite. ([Baques, M., Sylos-Labini, M., Zinovyeva, N. \(2017\)](#)). The same may apply to the impact of BME panel members.

Having selection panels with women members seems to help women’s prospects sometimes and harm them at other times. The effect can also depend on the role being recruited for or the role of women on the panel. More research is needed to understand the conditions under which a diverse selection panel is or isn’t effective for improving gender equality. ([Fletcher \(2006\)](#)).

The lack of clear evidence on panel diversity is not surprising given that the decisions of people from underrepresented groups are not inevitably more likely to uphold the principles of equality than anyone else’s. ([Hernandez T \(2010\)](#)).

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Panel diversity

...continued

What can we do positively that has some likelihood of working?

One potential advantage of a diverse panel is that people expect that those who are different from them in key ways will have different perspectives which can lead to more careful decision making, which in turn may reduce the reliance on stereotypes as cognitive shortcuts ([Phillips and Loyd \(2006\)](#)).

In addition for groups that may be more prone to stereotype threat (e.g. BME candidates) having a diverse panel with BME panel member(s) may be helpful.

- Panels should have a minimum of three members at all times
- All panel members should have undergone training in the last 12 months on bias specifically in recruitment.

An independent member of the panel, intended to make panels more diverse, may become less tokenistic if the independent members of panels are accountable beyond the panel eg to the Human Resources Director such that they can

have confidence that it is safe and effective to challenge panel process and decision they feel uncomfortable with. Inserting some form of accountability for the panel chair as well as the independent member will be crucial if more diverse panels are to make a significant difference. Some examples are given below on [P. 112](#)

An independent panel member may make BME, Disabled or female candidates more comfortable, and help mitigate unconscious bias and discrimination when selecting future employees but may be tokenistic if the independent panel member is junior to other panel members and is unsupported by more senior managers.

Short lists and blind recruitment

What is the problem we're trying to fix?

The risk is that application processes that require candidates to submit photographs or disclose identity data may be linked to employment discrimination has prompted NHS Jobs to remove data on protected characteristics from application forms shared with panels.

However, there are often clues to the background of applicants (ethnicity, disability, class) through their school or university or simply through other information contained in the application form.

What can we do positively that has some likelihood of working?

There are systems outside the NHS such as Gap Jumpers which can automate blind recruitment processes but unfortunately at present NHS recruitment systems cannot replicate such a function. There is some (limited) evidence that “**blind recruitment**”, involving removing personal information such as name, age, gender, ethnicity and academic background (university, class of degree) from application forms and CVs may reduce bias and improve diversity without compromising quality in long listing and shortlisting. ([Makoff-Clark \(2019\)](#)).

In isolation “**blind recruitment**” may only have fairly limited effectiveness in removing bias from shortlisting but as part of a wider systematic approach to removing bias it may be useful.

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Shortlists and under-represented candidates

What is the problem we're trying to fix?

[Valian \(1998\)](#) found that women will be more fairly evaluated if they are at least 25% of a group. If an applicant pool includes too few women and minorities, the biases will likely be exacerbated since stereotyping tends to increase when members of the stereotyped group are rare. With a higher proportion of women and minorities in the pool, the gender or race of the applicants are less distinctive and less likely to lead to bias.

Two decades later [Johnson, Hekman, Chan \(2016\)](#) found that the chances of a woman being selected from a shortlist with two women was 79 times higher than from a shortlist with a single woman. Similarly, it was 194 times more likely that a BME candidate would be selected if there are two BME candidates on the shortlist than if there is just one. Wherever possible it would seem self-evident that creating a diverse shortlist may be more effective in challenging bias than intensive unconscious bias training is going to be.

What can we do positively that has some likelihood of working?

The research suggests that longer shortlists that may reduce the likelihood of single representatives of a

protected characteristic and may significantly improve the likelihood of a diverse appointment.

At the very least, panels should be strongly reminded of this evidence immediately before acting as a panel at the recruitment stage.

Employers are able, and should be encouraged, if they wish to flex their recruitment processes, to increase the numbers of under-represented groups who are shortlisted – such as the Rooney Rule.

The Rooney Rule

The Rooney Rule (initially developed in American Football) is a system to ensure BME candidates are added to shortlists as long as candidates meet the job specification and short list criteria and the measure is a proportionate means to minimise disadvantage in employment. It is in use in a number of organisations eg for FA authorised junior football coaching staff, the English Football League, and in some city firms. When originally introduced in the US it made very significant impact but more recently the evidence seems more mixed. At least one NHS Trust applies a version of this to middle and senior appointments. (See page 112) [\(Collins \(2020\)\)](#)

Employer's (unjustified) pessimism about Disabled candidates

Employers often hold pessimistic views about the abilities of Disabled candidates [\(Hernandez et al \(2008\)\)](#) See also [Hernandez and McDonald \(2007\)](#) and [Lengnick-Hall et al \(2008\)](#). Yet research suggests that where reasonable adjustments are in place the performance of Disabled staff matches that of other staff.

Employers may under-estimate how many workers with disabilities are in their applicant pools for three reasons. Many disabilities are effectively “invisible” and/or episodic. People may choose to conceal their disabilities because they fear negative repercussions on their careers should they disclose them. Some managers underestimate how many Disabled people might or could apply because their recruitment practices deter Disabled people from applying. [\(Santuzzi et al. \(2014\)\)](#)

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AI and recruitment

What is the problem we're trying to fix?

There are two issues. Firstly NHS recruitment processes are seen as “**clunky**”, and often have delays within the process that may be open to partial automation.

Secondly, and distinctly, outside the NHS there is an increasing use of algorithms to assist shortlisting or even appointment, matching CVs or application forms to job criteria. While this may be useful, algorithms that use biased criteria and systems can be as biased as any other method.

There are increasing challenges to some algorithmic systems especially due to the temptation to build algorithms around the characteristics of those who have previously been successful in gaining employment thus reproducing any patterns of discrimination that previously existed – or drawing on stereotypes of what different groups of potential applicants are capable of. ([Dastin \(2018\)](#)).

What can we do positively that has some likelihood of working?

The use of AI and algorithms in recruitment to actively influence selection is growing. There are attempts to create algorithms that avoid these pitfalls but at present their use should prompt caution. This is a rapidly developing field and it may be that the NHS will want to explore greater use of AI, at least to assist recruitment in future but at present caution is probably appropriate. See [Bogen \(2019\)](#) and [Webber \(2019\)](#)

If that happens, a 2019 report from the government's Centre for Data Ethics and Innovation suggested that there was real potential for algorithmic systems to improve recruitment but that recruitment firms needed to ensure that the recommendations they made were not discriminatory. It argued:

“Algorithms can be supportive of good decision-making, reduce human error and combat existing systemic biases. But issues can arise if, instead, algorithms begin to reinforce problematic biases, for example because of errors in design or because of biases in

the underlying datasets. When these algorithms are then used to support important decisions about people's lives, for example determining whether they are invited to a job interview, they have the potential to cause serious harm.”

Its summary of the academic, policy and other literature relating to bias in algorithmic decision-making illustrates the complexities of this issue and highlights both the significant potential of these technologies to challenge biased decision-making and the risks that these same technologies could exacerbate existing biases. ([Rovatsos 2019](#))

In other words, while the NHS might explore the extent to which, in the future AI could assist recruitment without discriminating, it should do so with great caution.

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Testing for values

What is the problem we're trying to fix?

Inclusion and compassion should be essential values for all NHS jobs as drivers of effective teamwork, innovation, creativity, productivity, retention and staff well-being. Unfortunately formulaic questions, not requiring evidence of past interventions to promote compassion and inclusion, can invite formulaic responses. Values should be treated as an essential competence not an optional virtue

Values-based recruitment (VBR) was identified as a core objective by HEE and mandated to be used within the NHS. [A Literature review by HEE \(2016\)](#), found that in comparison to other recruitment methods, values-based recruitment has been demonstrated to have a high level of predictive validity. There are numerous examples on the NHS Employers website, but it is not yet possible to tell which ones are more effective.

What can we do positively that has some likelihood of working?

Some NHS organisations have developed innovative and effective ways of testing for this that is going beyond asking a question at interview.

There are a growing number of innovative ways of testing for values (through facilitated group discussion, a situational judgement test, or a specific interview around values, for example), which are increasingly seen as an indispensable competency in the NHS especially as we now know that inclusive and compassionate behaviours are key to good leadership managerial style. [\(Developing People: Improving Care \(2016\)\)](#).

Accountability: Putting recruitment on hold?

Prior to Covid-19, NHS Regional Talent Boards have started to apply the principle that the proportion of those selected for "Aspiring Directors" should be at least as diverse as the pool from which selection is made or

the programme is put on hold if that seemed likely to improve the diversity of applications. A similar principle applies on the NHS High Potential Scheme. In the early pilot schemes, the proportion of BME staff in particular in the Aspiring Directors pool was higher than in the bands (regionally) from which staff applied came from – greatly helped by local employers being very proactive and seeking out staff from under-represented groups.

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Recruiting to NHS Boards

An NHS Confederation Task Force (Dalzeil ([Dalzeil](#))) reported that Board appointment processes, amongst other shortcomings:

- Were not independent nor transparent
- Tended to allow “**chemistry and fit**” to override diversity (Dalziel 2021)

There is no shortage of guidance on good practice, all sharing similar recommendations notably from the [Equality and Human Rights Commission guidance \(EHRC nd\)](#) and the [Davies report \(2011\) on Women on Boards](#) all made similar recommendations

Research commissioned by the [EHRC \(Doldor et al 2012\)](#) concluded that Executive Search Agencies assessed candidates on their “**fit with the current board**” rather than just the skills they possess

Nine years later, despite commitments by Executive Search Agencies to improve, too many organisations still use executive search agencies

- Without insisting they create diverse shortlists – or asking whether such agencies are needed at all
- Without using a rigorous process with clarity and equality proofing the job specification and essential criteria

- Without checking the agencies can demonstrate a track record in creating a diverse pool and appointments– and that their own senior staff are themselves diverse.

Newly formed, and powerful Integrated Care Systems (ICS) and Strategic Transformation Partnerships (STPs) show little improvement in patterns of disadvantage in their appointments. Their Chairs are overwhelmingly White men. 28 of those appointed are White men, 12 are women and 4 are from a BME background. ([NHS England \(nd\)](#))

What can we do positively that has some likelihood of working?

Employers can create a more diverse pool by insisting on a diverse long list for such posts (entirely legal) and by insisting that those creating the long list, a shortlist and appointing are clear about both the need for diverse candidates and how to ensure they apply and are shortlisted. Beware the temptation for those long listing, short listing and appointing to introduce criteria for selection that unconsciously bias appointments or do not have an explicit inclusion competency.

- All job descriptions should include a competency linked to compassion and inclusion
- Do not permit any panel member to consider whether a candidate might “**fit in**”

when that might directly prevent choosing a more diverse and appropriate candidate.

Bohnet’s research that bias in a separate one-off appointment is hard to spot suggests that batch recruitment may result in more diverse outcomes. Board Non-Executive Director appointments, for example, could easily be (and often are already where fixed terms apply) structured with a cycle of more than one vacancy for Non-Executive Directors, for example. This already happens within some public sector bodies such as the Financial Conduct Authority and the General Medical Council.

Anecdotal evidence with some existing batch recruitment (e.g. nursing) suggests more diverse appointments might well result.

The EDI strategy developed for the NHS Aspiring Directors programme brings together lessons and good practice for Board recruitment from the first two years of that programme. Atewologun D, Kline R (2020) Equality Impact Assessment of the RTB Aspiring Directors and related programmes

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Recruiting to NHS Boards

...continued

Women and Boards

A recent NHS report on women and Boards in the NHS concluded:

“Echoing the Lord Davies Review findings in the private sector, the main area effecting change to board composition was the appointment process. For example, areas included: rewriting the recruitment pack; stopping rolling appointments; recruitment training; diverse panels; purposeful shortlists; challenging interviewing techniques; and flexing criteria. Using multiple hires and the ‘tiebreaker rule’ allowed chairs to consider diversity holistically across their board. The successful use of the associate NED scheme was also recommended.

“Gender awareness and the different expectations and treatment of candidates was a focus of the appointment process for executive roles, but overwhelmingly chairs articulated the importance of proactive succession planning and strategic talent management. Spotting, encouraging, developing, and supporting candidates from middle through to senior management gave a more diverse pool of potential executives.

“Other themes covered by the chairs’ interviews included the

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importance of transparency in diversity data; dealing with issues of resistance and challenge within their own board or governors; the clarity of messages from NHS leadership; and the implications of diversity for integrated care systems (ICS)” ([Sealey, R et al \(2020\)](#))

These suggestions all have in common a proactive approach to talent management and career progression. Numbers of NHS Trusts, for example, already run an Associate NED programme very well, while using “stretch opportunities” as positive action would be entirely appropriate where staff with protected characteristics are under-represented.

The NHS Seacole Group guide has recently published an excellent guide to some of the issues to consider when seeking to increase Board diversity. No Board should start a Board recruitment process without reading it. ([Seacole Group \(2021\)](#))

Accountability: individual recruitment panels

Following the case study reported by Dovidio, one NHS Trust has introduced the following protocol:

- 1) All recruiting managers, at all levels, must have completed interview training, including unconscious bias training, to sit on interview panels
- 2) All interviews for positions

at Band 8a and above will be conducted by diverse panels that include a trained BME recruiting manager

3) Whenever a shortlisted BME candidate is not appointed to a Band 8a role or above the recruitment panel will write to the Group Chief Executive, to explain:

- a. Why the successful candidate was more suitable in terms of experience, skills or aptitude
- b. What the unsuccessful BME candidate(s) could do to develop their experience, skills or aptitude to be more likely to be appointed for a similar role in the future.

The benefits of the new approach are expected to be: assurance that Trust recruitment policies and processes are followed because managers have received the right training; an improvement in the interview experience of BAME staff; and greater assurance that reasons for non-appointment are clearly documented and fed back as they should be for all candidates. The Board believes that achieving equality in senior management roles will drive equality across all other WRES indicators. The (data) shows the Trust has been making some progress since implementation. ([Royal Free London NHS Foundation Trust 2019](#))

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

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Accountability: individual recruitment panels

A number of NHS Trusts have introduced other approaches that seek to insert accountability into the recruitment process:

- Prior to Covid-19, NHS Regional Talent Boards started to apply the principle that the proportion of those selected for “Aspiring Directors” should be at least as diverse as the pool from which selection is made or the programme is put on hold if that seemed likely to improve the diversity of applications. A similar principle applied on the NHS High Potential Scheme
- In one Trust, directors have to sign off the recruitment plans for all posts over 8a to make sure that secondments etc give stretch and opportunity. They only interview if there are at least one BME candidate and one women candidate shortlisted. If not, the Trust goes out to look at wider recruitment routes and promotion. Only if unsuccessful, getting further shortlist candidates will they process with the shortlist as is
- Another NHS Trust developed a process enabling (and protecting) independent panel members (notably BME panel members) to report directly to the HR director if there are concerns about an appointment at middle or senior management level. On at least one occasion a candidate who had been appointed had the appointment letter withdrawn following the raising of such a concern
- The independent panel members

of another Trust are expected to report directly to the HR director if there are any concerns about decision making within individual panels. The insertion of accountability seems to make the panel chair more aware of the consequences of not adopting a fair approach and has improved the diversity of middle managers, especially BME staff

- In one NHS England region data showed female and BME representation across finance in the region was poor
 - Regional Director of Finance made a decision this wasn't good enough
 - The region adopted a regional recruitment approval panel which is led by the regional Finance team
 - All vacancies have to come through the panel
 - The panel provide advice e.g. wording, where it's advertised, shortlisting criteria
 - The panel picks up issues re shortlisting and level of diversity with accountability through the Director

Bringing these principles on panel accountability together

- An approach developed by the charity brap www.brap.org.uk has been adopted in a couple of Trusts. The policy recognises that there needs to be specific authority for any panel member included with a specific EDI role and includes
- If appropriate – be part of the make-up of short-listing panels
- To make a note of any deviation

from the process or behaviours that might impact negatively or positively on an interviewee

- To be able to effectively describe/identify any biases within the interview process
- Ensure the panel can justify their decisions using the criteria which can offer helpful feedback to unsuccessful candidates
- Support and encourage panel members to ensure that they can operate fairly
- To participate in the interview process and audit the process against a good practice check list
- To inform HR of infringements in practice that might impact on the outcome of the interview process

Where the latter is necessary the EDI adviser is expected to:

- Point out any perceived infringement – and try to gain agreement on the consequences / impact for decision making
- Ask for the decision to be suspended and escalate to HR
- Be prepared to discuss your observations with the panel Chair/HR

To be effective, those raising concerns about recruitment processes must feel confident it is safe to raise their concerns. It needs to be set out as an expectation of panel members. Any concern raised should be regarded as a protected disclosure (which it is likely to be).

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

SELECTION PROCESSES

There are several ways of testing for the competencies set out in any “success profile”. Table 3 below summarises the key factors to be considered when choosing which methods fare best on prediction and on promoting diversity.

Table 3: Comparisons of most common selection methods

Selection method	Reliability	Validity	Candidate acceptability	Cost to organisation	Promotes diversity	Susceptibility to coaching
Unstructured interviews	Low	Low	High	Moderate to high	Low	High
Structured interviews	Moderate to high	Moderate	High	Moderate to high	Moderate	Moderate
Group interviews	Low	Low	Moderate	Moderate	Low	High
Personal statements	Low	Low	High	Low to moderate	Low	High
References	Low	Low	High	Low to moderate	Low	N/a
Situational judgement tests	High	High (1)	Moderate to high	Low to moderate (2)	High	Moderate to high
Personality testing	High	Moderate	Low to moderate	Low to moderate	Moderate	Moderate to high
Selection centres using work samples, in tray test etc.	Moderate to high	High (3)	High	High	Moderate	

Source: [Reference HEE \(2016\)](#)

(1) If based on robust psychometric methodology

(2) If used for high volume selection

(3) Only if exercises are used in combination based on a multi-trait method approach.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

SELECTION PROCESSES

What is the problem we're trying to fix?

Despite there being a research consensus on what works (and what doesn't), consistent application by NHS organisations is a challenge both because of work and time pressures (doing it in a hurry) and a lack of clarity and awareness on the risks of bias, stereotypes and assumptions by many of those shortlisting and interviewing. The HEE review ruled out any reliance on some methods:

- Unstructured job interviews were poor predictors of performance pretty bad at predicting how someone would perform once hired. [Dana et al \(2013\)](#) describe how the information collected in unstructured interviews was powerful where it confirmed affinity bias even if such information was irrelevant to job requirements.
- The only methods that were worse predictors were found to be reference checks and the number of years of work experience.
- Personal statements were judged to be neither valid, effective nor useful. [\(HEE 2016\)](#)

However while some NHS Trusts are exploring evidence based interview processes, substantial improvements could be made based on research.

What can we do positively that has some likelihood of working?

What works best?

HEE (2016) also found research consistently shows that criterion-related validity is highest for interviews that are structured, ask relevant and standardised questions based on thorough role analysis, and utilise a panel of interviewers trained in best practice interview techniques and using validated scoring criteria. [HEE \(2016\)](#)

A 1998 meta-analysis (Hunter and Schmidt (1998) of 85 years of research on how well assessments predict performance looked at 19 different assessment techniques and found that the best predictor of job performance are skills-based assessment tasks or work sample test (29 percent), which entails giving candidates a sample piece of work, similar to that which they would do in the job, and assessing their performance at it. [\(Hunter J., Schmidt F \(1998\)](#)

A standard script reduces the risk of bias – especially affinity, conformity, confirmation, halo and horns effect bias. [\(See also Macan \(2009\)\).](#)

Other research endorses situational judgement tests (SJTs) [\(Cabrera, M. Nguyen, N. \(2001\)\).](#)

HEE (2016) concluded that SJTs show improved validity over other selection measures including cognitive and personality tests and can be mapped to organisation values. See also [Christian M et al \(2010\).](#) Situational judgment tests: Constructs assessed and a meta-analysis of their criterion-related validities and [\(McDaniel 2001\)](#)

Data-based interview techniques may substantially outperform "instinct". [\(Kuncel et al \(2014\)\)](#) Although such algorithms may be prone to bias and should be used with the greatest caution. Over time the NHS may want to explore whether some of the more credible systems (notably those that are transparent, equality proofed and have been evaluated) can be amended and both acknowledge the risk of bias and can demonstrate how that risk has been mitigated).

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

SELECTION PROCESSES

What can we do positively that has some likelihood of working?

The research is clear. Carefully structured interviews, using a success profile and matrix for scoring against it, is essential. Multiple means of assessing and multiple raters are preferable to relying on a single interview.

Occupation Personality or Ability tests may be better used to inform the interview rather than directly contributing to an assessment score. (See above)

Multiple methods of assessment

Research suggests that multiple means of assessment are better than just relying on one ([CIPD. Ahead for Hiring \(2015\)](#)) and that apart from work sampling (which may be too expensive in many cases), situational judgement tests provide the best balance of improving diversity, reliability and predictability.

These findings were broadly endorsed by a HEE review (HEE (2016) of selection methods (see Table 3), which also found that, when designed appropriately, Assessment Centres are valid predictors of job performance when the exercises are used in combination. Although effective selection centre exercises require time to design and assessor and role actor input, so they can be costly but they can also be an effective method for Values-Based recruitment.

What can we do positively that has some likelihood of working?

The research is clear:

- In each of these types of selection processes it is crucial that an agreed set of questions are adhered to that reflect the competencies being tested. Panels should beware any unstructured parts of the interview as they are prone to bias and likely to stray away from the competencies being tested, or to unfairly advantage some candidates. Structured interviews (undertaken effectively) minimise bias in selection by obliging panels to focus on the competencies being tested
- Wherever possible, assessment should include more than one means of assessing (not just interview).

To mitigate the risk of adverse impact on under-represented minority groups in particular, a combination of application form, a variety of tests and semi-structured interview with multiple raters present, to challenge subconscious bias may be more effective.

In addition to achieving diversity, this strategy has the benefit of improving the collective predictive power of the tests used to hire candidates over and above using solely cognitive measures. ([Sackett, Schmitt, Ellingson, & Kabin, \(2001\)](#)).

In other words, assessing a full range of competencies relevant to the job can reduce overall subgroup differences. ([Ployhart & Holtz, 2008](#))

Note however the cautionary note ([P. 103](#)) on using tests for ability or personality to inform the interview but not being part of the interview scoring.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

SELECTION PROCESSES

But remember: No recruitment process is an exact science

[Zedeck et al \(2009\)](#) found that even the best screening or aptitude tests predict only 25% of intended outcomes, and that candidate quality is better reflected by “statistical bands” rather than a strict rank ordering. This means that there may be absolutely no difference in quality between the candidate who scored first out of 50 people and the candidate who scored eighth.

Putting the evidence into practice

The pilot sites for the NHS National Aspiring Directors programme used this evidence as follows when, for example, testing for the competency “Speaks Up” as follows:

“Most Executive Directors will show evidence of dealing with conflict when they are faced with it, and taking responsibility for issues. But not all will show that they speaks up, which is fundamentally about having the conviction and sense of purpose to speak up when it might be easier to refrain. To determine whether the person you’re assessing demonstrates this competency, consider your evidence of whether this person:

- Speaks up when it would be easier to stay silent? For example, have they pushed colleagues to be more open about the cons as well as the pros of a proposal, in board papers? Have they challenged colleagues when they’ve observed them be dismissive of views that differ from their own?
- Sensitively raises the ‘elephant in the room’? For example, have they raised concerns about inadequate systems, processes, or financial assumptions internally with colleagues, partners or regulators?
- Voices the concerns of people who aren’t in the room, such as patients/service users, front line staff or under-represented groups? For example, do they regularly bring the discussion back to the impact on patients/service users and front line staff, when debating difficult decisions with colleagues or partners?

- Stretch behaviour: Decides not to do what has been asked, because its better in the long term for patients/service users and other outcomes? For example, have they stated that they will not hit a key target because doing so would put quality of care at risk?

When scoring:

- Remind yourselves “what is this competency about”?
- Be sure as is possible that the candidate themselves did what they say they did
- Use a rating scale along these lines to guide your scoring against each evidence heading
- Do your scoring individually prior to a panel discussion to avoid conformity bias. After panel discussion you may change your score

Requires improvement	Room for improvement	Strong evidence	Outstanding evidence
Limited evidence	Some evidence	Demonstrates each of the first 3 key strands of evidence sought	Good evidence of all 4 key strands of evidence sought

1. Remember, there may be evidence from the answers to other questions you could include that relate to this competency but NOT evidence not demonstrated in the interview (ie you can’t include “I know Fred, he didn’t do justice to himself today and I know he would be really good”
2. Remember that under time or other pressures at the end of a day, bias is more likely to slip in”.

NHS Improvement (2019) *Aspire Together*. Gateway Assessment Competency Interview Guide. August 2019

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

SELECTION PROCESSES

What is the problem we're trying to fix?

The shortlisting chapter ([Page 101](#)) summarised some of the evidence about tests used to screen for shortlisting.

Members of stereotyped groups often perform worse on tests (a naturally stressful situation) when their identity as part of that group is highlighted or they are primed to think about it; a phenomenon that psychologists call stereotype threat. [Steele and Aronson \(1995\)](#) showed the relevance of stereotype threat to test performance of African Americans.

Research building on this has shown that stereotypes can enhance as well as impair performance. Panels should not create stressful environments to test how people will perform under duress. Instead, resilience may be tested through specifically designed exercises without creating generally stressful environments. ([Kobasa \(1979\)](#))

What can we do positively that has some likelihood of working?

The advice summarised under shortlisting especially applies if tests are used as part of the interview itself (not advised). [HEE \(2016\)](#) suggest that “where

there is a high risk of coaching for personality tests, personality tests are best used to drive more focussed questioning at interview”

Joint evaluation of candidates

What is the problem we're trying to fix?

[Bohnet et al \(2016\)](#) show that joint-evaluation succeeds in helping employers choose, irrespective of an employee's gender and the implicit stereotypes the employer may hold. In their experiments, gender, the group stereotype of interest, was not predictive of future performance on maths and verbal tasks. They found employers tasked to choose an employee for future performance were influenced by the candidate's gender in separate evaluation. Bohnet's findings have implications for organizations that want to decrease the likelihood that hiring, promotion, and job-assignment decisions will be based on irrelevant criteria triggered by stereotypes.

In contrast, in joint-evaluation, gender was irrelevant - employers were significantly more likely to choose the higher rather than the lower performing employee. They concluded that research in behavioural decision making

suggests that employers may decide differently in joint than in separate evaluation because they switch from a more intuitive evaluation mode based on heuristics in separate evaluation to a more reasoned mode when comparing alternatives in joint-evaluation. In addition, joint-evaluation might also affect choices by providing additional data that employers can use to update their stereotypical beliefs about a group to which an employee belongs. By definition, an employer has more data points available in joint than in separate evaluation. If these data points provide counter-stereotypical information, they may shift an evaluator's beliefs about the group enough to make him or her choose counter-stereotypically.

In their experiments, Bohnet found that only about 8 percent of the employers engaging in joint-evaluation, as compared to about 51 percent of the employers engaging in separate evaluation, chose the underperforming employee. In addition to being a profit-maximizing decision procedure, joint-evaluation is also a fair mechanism, as it encourages judgments based on people's performance rather than their demographic characteristics.

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SELECTION PROCESSES

Tests

...continued

What can we do positively that has some likelihood of working?

One recent review ([Saggar et al \(2016\)](#)) concluded of joint-evaluation that this approach may be especially useful where recruitment can be done in batches as in multiple recruitment of non-executive director board vacancies where terms of office provide a natural opportunity, or in a reorganisation or establishment of a new organisation or unit.

Key point

To maximise the likelihood of selecting good candidates, and to mitigate the risk of adverse impact on under-represented minority groups in particular, a combination of application form, a variety of tests and semi-structured interview with multiple raters present to challenge subconscious bias may be more effective. Carefully structured interviews, using a success profile and matrix for scoring against it, is essential.

Multiple means of assessing and multiple raters) are preferable to relying on a single interview. Joint evaluation or batch recruitment may be a further appropriate method to achieve these goals Occupation, Personality or Ability tests may be better used to inform the interview rather than directly contributing to an assessment score.

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THE INTERVIEW AND APPOINTMENT

What is the problem we're trying to fix?

There are several opportunities for bias to influence decision making. Careful panel preparation ahead of the interview is key to effective and fair interviews and that can be a real challenge where panel members have demanding everyday jobs and are not aware of the multiple ways in which bias, stereotypes, assumptions and behaviours can influence decision making.

First impressions

Panel members must be aware of the risk of reaching decisions in the opening minutes (or even less) of interviews as research suggests this is a real risk. The selection decision may be made in the first four minutes of an interview. [\(Barrick et al \(2012\)\)](#)

If they do then there is a real risk that the remainder of the interview may fall prone to confirmation bias. [\(Frieder R. \(2015\)\).](#)

In one experiment [Bernieri \(2000\)](#) reported that judgments made in the first ten seconds of an interview could predict the outcome of the interview. Though such predictions are useless they do create an interview where the panel risk searching for confirmation of that fleeting impression (confirmation bias) rather than rigorously assessing candidates.

What can we do positively that has some likelihood of working?

Panels should:

- Whatever their best intentions may be, bias can easily influence their assumptions, behaviours and decision making
- Be aware that both the order of interviews and length of interview process can increase the likelihood of cognitive shortcuts leading to increased bias.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

THE INTERVIEW AND APPOINTMENT

Before the interviews start:

- Pre-interview preparation on the day needs to set the scene and rules so there is a reminder about the risk of bias before each interview starts – in particular affinity bias and confirmation bias
- Panels must be reminded at the start of each interview (by the chair or the HR representative) of the risks of bias and the importance of always being conscious of the risk of slipping into stereotypes
- Panel members should have declared an interest if they know a candidate and confirm they have not discussed any aspect of the interview with them
- The importance of encouraging challenge to the chairperson is essential to avoid conformity bias
- At any point in the interview process (not when a candidate is in the room) panel members should be expected to interrupt the process if they think there is a significant issue of bias emerging. The panel chair should be expected to lead on this where possible.

There are a number of specific risks, discussed below.

a. **Avoid informal processes throughout**

What is the problem we're trying to fix?

The more informal the interview, the more likely bias will become a factor. Panels that do not adhere to the agreed success profile, questions, and scoring matrix are likely to be influenced by bias.

What can we do positively that has a likelihood of working?

- Provide candidates and interviewers with a handout (beforehand, with the interview invitation) detailing expectations. Develop an interview protocol sheet that explains to everyone what's expected from candidates in an interview. Distribute it to candidates and interviewers for review
- Ask the same list of questions to every person who is interviewed – that are directly relevant to the job the candidate is applying for and that are part of an agreed scoring matrix linked to an agreed success profile

- Ask performance-based questions, or behavioural interview questions, eg "Tell me about a time you had too many things to do and had to prioritize," which are a strong predictor of how successful a candidate will be at the job
- Administer skills-based screening - If applicable, ask candidates to take a skills-based assessment (for example, if part of the job is analysing data sets and making recommendations, ask the candidates to do that)
- Use more than one method of judging candidates eg as well as an interview use situational judgement tests, a work sample test and so.

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b. Interviewer assumptions that discriminate

What is the problem we're trying to fix?

[Warmington \(2017\)](#) summarises a range of assumptions which may discriminate. These include:

Pace of career

“BME careers tend to plateau. BME individuals recognise that they are not getting anywhere by way of career progression, so they often take a sideways move to gain different types of experiences. They often continue to gain qualifications and stretch themselves by taking on different sideways roles. The danger is that when they apply for the next upward role, they can be viewed as being ‘over-qualified’ or their CV is looked upon as being ‘bitty’ and ‘not linear’.

In other words, recruitment panels look for clear linear progression, which is the definition of a ‘high flying candidate’. Recruitment panels read a lot into CVs/applications and the steps that people make in their careers. Staying in a role too long can be negatively interpreted, as well as moving on too quickly. Not getting promoted upwardly and taking a sideways move is not always seen as positive.

A common failing is to prefer applicants with a faster career trajectory, or more prior acting up and secondment opportunities even though the evidence is clear that some groups of staff (notably Black and Minority Ethnic staff, and women with childcare responsibilities) may not have had similar opportunities. [\(Dhaliwal S and McKay S \(2008\)\)](#). While qualifications and past experience may be part of a selection process, uneven access to both may disadvantage otherwise talented applicants and not necessarily be a good predictor of future potential.

[Smith R \(2005\)](#) found in the US that Black men had to work longer periods of time after leaving school and Latinos must accrue more years with their current employer before being promoted. Finally, the processes that lead to promotion do not differ between White men and White women, but relative to White men, black women and Latinos must have more prior job-specific experience and more overall work experience before receiving a promotion—all else equal.

The stretch development opportunities and pace of career that women and BME candidates may have had are likely to be less, either due to discrimination or to career breaks linked to maternity. [\(Correll \(2004a\)\)](#)

What can we do positively that has some likelihood of working?

Do not penalise candidates for being able to demonstrate less examples of stretch opportunities. Bias influences who gets these and reliance on them as evidence may reinforce bias already experienced in a career. Instead judge on the quality of those opportunities and what potential they demonstrate.

Be wary of drawing inference based on gaps in a CV or a slower pace of career progression as these may be due to:

- For female candidates: maternity, breaks to bring up young children, elder care (disproportionately undertaken by women)
- For BME and Disabled candidates: poorer access to stretch opportunities and past discrimination in interviews should not be reproduced by decisions of a new panel.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

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“Hit the ground running”: Past performance or potential?

Panels frequently make assumptions about future potential based upon past opportunities. At a time when vacancy filling may have been delayed for financial reasons and when the NHS is under immense pressure, it may be tempting to use this criteria.

A significant failing of recruitment panels is to evaluate some people (women and BME candidates) on their performance, but others (men) on their potential ([Bersin et al \(2019\)](#)). Moreover, White men tend to be judged on their potential, whereas women and BME applicants tend to be judged on their previous performance. ([Brewer & Gardner, \(1996\)](#))

[Fairburn et al \(2001\)](#) showed that promotions are still largely a reward for past performance and that organizations often believe the attributes that have made someone successful so far will continue to make them successful in the future (even if their responsibilities change) ([Benson \(2018\)](#)).

A related shortcoming is the assumption that a particular test result is a guide to future performance. When decision makers believe that some people (e.g. White, male) are more competent than other people (women, black and

minority ethnic) that can impact on whether we interpret their past performance as evidence of future ability. That may well lead to some people (White, male) gaining more development opportunities and better appraisals, compared other groups of people ([Correll S Ridgeway C. \(2003\)](#))

In-groups tend to be judged on their potential and given the benefit of the doubt, whereas out-groups have to show they've nailed it. ([Williams J, Mihaylo S \(2019\)](#))

What can we do positively that has some likelihood of working?

Take care, both within the “success profile” at shortlisting and at interview, to account for discriminatory practices, which may have prevented candidates demonstrating their full potential. So, for example, beware of attaching too much significance to the number of stretch opportunities candidates may have had, or the pace of their career development since they may both reflect prior discriminatory practices encountered not future potential.

Managers should avoid criteria that are likely to reproduce the bias in past opportunities. Asking what a candidate might be like after six months in post – their future potential is likely to be a good guide and to remedy the risk of bias.

The merit of “merit”?

What is the problem we're trying to fix?

The concept of “merit” assumes that given a level playing field, individuals of equal talent and motivation will advance at equal rates. When some groups of applicants are disproportionately impacted this is usually explained by lack of experience, training, or opportunities, or by motivational deficiencies, preferences for work and family rather than consideration of whether the definition of merit used is flawed. ([Cech and Blair Loy \(2010\)](#))

The individualistic focus of “merit” places responsibility for poor outcomes on the shoulders of the unsuccessful, labelling the unsuccessful as “incompetent or undeserving” ([Knights and Richards \(2003\)](#)) whilst successful candidates owe it to their personal achievement. ([Brennan and Naidoo \(2008\)](#))

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Definitions of “merit” can become self-fulfilling: those who gain access to the networks and development opportunities required to acquire merit are generally those who define it ([McNamee, Miller \(2004\)](#)).

Moreover there is some evidence that women underestimate their abilities more than men do. ([Fletcher \(2006\)](#)).

Whether staff and candidates meet the standard of merit set may also be affected by the “endowment effect” leading panels and managers to value the skills and potential of current staff they know to the detriment of equally (or better) qualified candidates.

This may well become a factor whenever discretionary payments (clinical excellence awards, performance related pay or bonuses, discretionary increments) are awarded which is why monitoring and an “explain or comply” process should always be applied to the patterns of such payments.

[Uhlmann, E. and Cohen, G. \(2005\)](#) describe how job discrimination can occur where recruiters redefine merit in a manner congenial to the idiosyncratic credentials of individual applicants from desired groups.

[Castilla and Benard \(2010\)](#) found that when an organization is explicitly presented as meritocratic, individuals in managerial positions favour a male employee over an equally qualified female employee by awarding him a larger monetary reward.

Some interviewers might rate an applicant leniently because they feel that it might reflect unfavourably on themselves, or it might affect their relationship with the person being rated ([Glickman, A. S. \(1955\)](#)).

[Keller \(2019\)](#) found that when managers could fill a vacancy with someone they already had in mind, they ended up with employees who performed more poorly than those hired when the job had been posted and anyone could apply.

Recruiting panel members who score high on unconscious bias are more likely to redefine what constitutes “merit” for a particular role. ([Hodson, G., Dovidio, J. F., Gaertner, S. L. \(2002\)](#)).

What can we do positively that has some likelihood of working?

Panel definitions of “merit” may be influenced by the experiences

of those with advantages in background, experiences and networks in ways that disadvantage other staff and candidates.

[Mackenzie, Correll, Wehner \(2018a\)](#) suggest that may be countered by examining and broadening the definitions of success used (in success profiles for example), and then by asking what each person adds to the team being recruited to teams.

They suggest panels might ask instead:

- “How does this person’s approach help us get to better discussions and decisions?”
- “What skills and experiences am I missing on my team that this person has?”
- “What has this person learned from his/her experiences? Can she take risks and persevere through difficulties?”

As [Mackenzie and Correll \(2018b\)](#) point out “We often perceive being quickly promoted as an indicator of someone’s talent. But using this criteria might lead you to overlook the value of grit and perseverance.”

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“We have to appoint the best candidate”

What is the problem we’re trying to fix?

Too often seeking demographic diversity is counter-posed to choosing on merit.

One NHS Trust report on the WRES July 2015 (their spelling) stated

“BME representation on the Trust Board has been discussed and considered as an issue, with wider diversity having been sort. However, it has been decided that all situations should be appointed to on merit.”

What can we do positively that has some likelihood of working?

Diversity can enable differences in knowledge, information, models of thinking, (heuristics) which may give better outcomes on tasks such as problem solving, prediction, innovation and creativity, evaluation, verification and developing strategies.

Diversity and intelligence are not alternatives.

Scott E Page explored what happened if two groups of individuals are each assigned a kind of problem to solve. One group has a higher average IQ than the other, and is more homogenous in its composition. One group, say, is all doctors

with IQs above 130; the second group doesn’t perform as well on IQ tests, but includes a wide range of professions. What Page found, paradoxically, was that the diverse group was ultimately smarter than the smart group. The individuals in the high-IQ group might have scored better individually on intelligence tests, but when it came to solving problems as a group, diversity matters more than individual brainpower. (Johnson (2012)). (Johnson, S. Future Perfect: The Case for Progress In A Networked Age (2012)

Both demographic diversity (e.g. gender, disability, age, race, sexual orientation, social class) and cognitive diversity (i.e. people who have different ways of thinking, different viewpoints and different skill sets in a team or business group) can make a very significant difference to performance – and although they are not the same, they do substantially overlap. Demographic diversity (that is likely to overlap with education, work and life experience to a significant degree) will specifically contribute to the differences in performance of those engaged in non-routine cognitive thinking – which includes a large proportion of NHS roles.

Diversity alone does not necessarily improve performance. Indeed, diversity may reveal prejudices that may undermine performance if they

are not managed effectively, since there are potentially different conflicts and tensions in diverse teams that may not exist within homogenous ones. [\(Guillaume Y et al \(2013\)\)](#)

But where leaders put in place the preconditions for inclusion – most especially psychological safety and respect for, and welcoming of, difference – and then make clear their belief it is essential and can improve how teams work, it can make a significant difference.

Best teams do not just consist of the “best performers”

Research demonstrates, counter-intuitively, that the best teams engaged in non-routine cognitive work do not consist of the group with the best individual performers but are diverse ones consisting of both good performers alongside other varying cognitive (and often demographic) performers. Counter-posing the “best” candidate and one who adds diversity is a false dichotomy.

It is also appropriate when creating an, shortlisting and appointing to a post to consider the overall strengths and weaknesses of the team the candidate would be joining and how they might add to the mix of skills and experience.

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Disabled applicants and interviews

The numbers of Disabled staff in employment will increase, including within the NHS, not least because the country's workforce ages and the ability of staff to work longer increases. The importance of employers improving their practices at a time of severe workforce shortages was underlined by one study (Burchardt T (2003)) showing that two percent of people of working age become Disabled each year, of these, fifteen percent had an 'accident' in the previous year; forty four percent had experienced the sudden onset of a health problem; and forty one percent had intermittent, chronic or unspecified conditions which got worse ([Burchardt T \(2003\)](#)).

What is the problem we're trying to fix?

Disabled job applicants who declare they are Disabled, may find their career progression undermined but applicants who do not declare a disability for fear that they would not be shortlisted may experience negative feedback at interview, as soon as their disability becomes apparent.

Disabled applicants have a very difficult choice to make in deciding whether, when and how to disclose their condition and request workplace accommodations, which are so important and can help to improve work participation while supporting well-being. Non-disclosure could lead to eventual unemployment, unsafe working conditions, and could affect job performance.

Interviewers negatively react to job candidates' disabilities in an interview context ([Hebl, Skorinko \(2005\)](#)).

For example, they recall less information about interviewees who have a facial stigma (a scar or birthmark) and spend more time looking at the affected body part ([Madera, Hebl \(2012\)](#)).

This effect is likely to be replicated for physical, cognitive, or sensory disability features, especially when those features are highly visible in an interview, such as a job candidate's face, arms, and hands, and the use of a wheelchair, guide dog, or a White cane.

What can we do positively that has some likelihood of working?

Whether Disabled staff get appointed is predicted not by the good intentions of managers but by whether there are formal disability recruitment policies and training specifically focused on hiring and retaining workers with disabilities ([Araten-Bergman \(2016\)](#)).

The Equality Act (2010) Section 60 states an employer may not ask about an applicant's health or disability (except for certain specific reasons) until an applicant has been offered the job or has been selected into the pool of applicants to be offered a job when a position arises. When using health/disability questions as part of the recruitment process only certain specific reasons justify such questions, including to establishing the need for a reasonable adjustment in the recruitment process; the ability to undertake a function that is specific to the job; for disability monitoring purposes; and for supporting positive action where there is an occupational requirement for a disability.

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Be aware of the evidence on Disabled workers ability and performance:

[Lengnick-Hall et al \(2008\)](#) suggested that “most employers hold stereotypical beliefs not supported by research evidence” The key factor in performance, they found, was whether employers accommodated employees’ disabilities.

Where that occurs [Lee and Newman \(1995\)](#) found HR managers rated the performance of 72% of these employees as average, above average, or excellent; See also [Kaletta et al. \(2012\)](#)

There is evidence that workers with disabilities do not experience higher levels of lateness or absence in comparison to employees without disabilities and had lower turnover ([Kaletta et al \(2012\)](#)) whilst [Hernandez and McDonald \(2007\)](#) found better or equal attendance records for Disabled workers except where reasonable adjustments were problematic.

[Bacon, N, Hoque, K. \(2015\)](#) found greater employer willingness to conduct disability audits and improve employer equal opportunities practices for Disabled staff than actually make reasonable adjustments,

Disabled workers may benefit from flexible work arrangements, not least to avoid busy travel periods ([Schur \(2003\)](#)

Covid-19 demonstrated the flexibility potential of home working using IT, which may especially benefit some groups of Disabled workers as [Lidal et al \(2002\)](#) showed two decades ago

It is worth noting that professional regulators have recently improved their approach to the issue, which may make it harder for employers to resist employing Disabled staff. ([General Medical Council \(2019\)](#))

Neurodiversity

There is a growing awareness of the specific contributions that neurodiverse staff can make ([Austin R Pisano G. \(2017\)](#))

[Värlander \(2011\)](#) argues that disability is a productive resource that can foster creativity, innovation and problem-solving skills, diversity promotion, humility, and holistic attitudes towards employees.

Findings summary

- The key factor in performance is whether employers accommodated employees’ disabilities, so this is a crucial issue to address in a consistent manner
- It is important that training for managers and recruiters on recruitment includes training specifically on disability and recruitment including on neurodiversity and mental health conditions.

The prospective employer should listen and welcome conversations about reasonable adjustment requests including the timing of interviews or assessments, providing the questions a short while in advance – pausing the interview if the person needs to think or regroup and allowing virtual interviews.

Ask all interviewees not just Disabled candidates

When the essential duties of the job require specific abilities, employers can ask applicants whether they are able to carry out these duties. However, the question should be “How would you perform this required task?” and should be asked of all interviewees, not just Disabled one. All interviewees should be asked such a question, not only applicants who may have a disability.

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It is surely time, as one doctor put it recently, to have some serious workforce planning for Disabled doctors.

“As a Disabled doctor, I find it hurtful that despite the current existential workforce crisis, Disabled doctors not in clinical work in the NHS, including formal training schemes, do not appear to be actively welcomed to return to practise” ([Rahman S \(2020\)](#)).

Candidate experience and stereotype threat

What is the problem we're trying to fix?

[Word C \(1974\)](#) showed how small signals – smiles, lack of interruptions, leaning forward not back, unintended looks between panel members, handshakes can all significantly impact on candidate performance with noticeable differences.

Similar findings were reported by [Carless and Imber \(2007\)](#).

What can we do positively that has some likelihood of working?

The greatest care should be taken in unintentionally creating a different environment for candidates who are “different”. Panels should be repeatedly reminded of the significance of micro-iniquities and cultural variation.

That would include:

- How candidates are welcomed into a room
- Whether panel members lean back or lean forward
- The tone of questions
- Any looks between panel members.

Scoring candidates

As discussed earlier the key to effective fair recruitment is the use of:

- More than one source of assessment
- A robust success profile with clear rating criteria for each competency required and an assurance that these criteria are being adhered to
- Panels who have an awareness of the risks of bias and assumptions and act to prevent them at the time, not afterwards.

What is the problem we're trying to fix?

Because overriding stereotypes requires a conscious act of will, people become more likely to stereotype when they are distracted, tired, rushed, or otherwise cognitively burdened ([Devine et al. 2002](#)).

Some interviewers might rate an applicant leniently because they feel that it might reflect unfavourably on themselves, or it might affect their relationship with the person being rated ([Glickman, A. \(1955\)](#)).

Another failing is to confuse candidate confidence and competence, influenced by the (unfounded) belief that displays of confidence are a sign of competence, a confusion that may significantly benefit men rather than women in particular ([Chamorro-Premuzic \(2013\)](#)).

This is despite the fact that there is now compelling evidence that women are more likely to adopt more effective leadership strategies than men ([Eagly A \(2013\)](#)).

[Lorenz et al \(2011\)](#) showed that “the wisdom of the crowd” depends on the individual opinions of the crowd being just that i.e. conformity bias will be prompted.

[Tversky and Kahneman \(1974\)](#) found that when we are exposed to other peoples' opinions before forming our own we are more likely to go with the dominant view.

In the final discussions about the overall ranking of candidates there is ample opportunity for bias to creep in, exacerbated by the likelihood that this may take place at the end of a long day when panel members are tired and may have additional priorities (childcare, urgent work).

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Scoring candidates

...continued

System 1 thinking is susceptible to irrelevant factors, such as how warm one feels, over-relying on one bit of information ('we have the same hobby') or being influenced by the candidate you interviewed earlier. In these situations, a small contextual detail can have a disproportionate and unjustified effect on your overall judgement of the candidate. The "wash up" at the end of the process is especially prone to bias as it may lead to inappropriate data being introduced e.g. "I know this candidate and they can do so much better than their interview today".

What can we do positively that has a likelihood of working?

Panels should clarify prior to interviewing how scoring should be done, including how a rating on each criteria will be decided by each individual panel member in their initial scoring, which should closely follow the criteria set out in the success profile for each post.

BOX: Putting research into practice

Buckinghamshire Healthcare NHS Trust have developed an approach to recruitment to senior positions that is underpinned by the research about mitigating bias. They piloted the creation and the appointment to a Board Affiliate role. The key elements were:

1. The job description and advert were analysed for gendered and non-inclusive language before the advert went live using (Gender Decoder Gender Decoder: find subtle bias in job ads (katmatfield.com)) and inappropriate language removed
2. A bespoke application form measured candidate responses against four work sample questions. Work sample questions are regarded (HEE 2016) as good predictive assessment tools for the specific skills, knowledge and tasks required for a role. They enable employers to see how a candidate thinks through a problem, as well as giving the candidate a taste of what the role would involve
3. A highly structured blind shortlisting was completed based on candidate answers to the four questions only and scores were given against set criteria laid out in a marking guide. All personal and identifiable

information was removed before shortlisting (including CV, education background, current job title). The order of candidate answers was randomised within each shortlisting pack to remove ordering effect biases. The four candidates with the highest cumulative scores from shortlisting were invited to interview

4. After shortlisting was complete, the shortlisters were invited to review the CVs for each candidate (independent of their answers to the four questions) and rank them in order of suitability for the role. This exercise was undertaken to understand the impact of the information contained within the CV on their decision making and was not considered within shortlisting. The CV evaluation was significantly different to the shortlisting outcomes with candidates who had scored the least in the blind shortlisting being ranked the highest based on their CV)
5. A structured interview with a full set of questions for the interview and a marking framework was provided and each candidate asked the same questions and scored based on their answers to those questions only

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...continued

7. Scoring was done for each candidate's answer on a scale of 1-5 based on the extent to which the candidate's answer demonstrated the desired criteria, using the marking framework provided, not against the previous candidate's answers. The importance of scoring candidate's answers against the specified criteria, not against the previous candidate's answers was stressed
8. Panel members were reminded of the risk of bias and to stick tightly to the structured scoring system which sets out marking criteria
9. Post-interview, once the interviews were concluded and all scores received, The interview scores are weighted 60% and the shortlisting scores weighted 40% of the total score. This allows for two reference points for marking, in accordance with best practice (CIPD:A Head for Hiring)
10. The Trust Head of Inclusivity provided the cumulative scores for each candidate to the hiring panel, and the candidate with the highest score was appointed by the Trust Chair (Hiring Manager)

11. Feedback. Each candidate will be provided with feedback on their cumulative scores for each answer as well as qualitative feedback where possible.

The Trust evaluation was that this approach had been effective and should be extended with a rolling evaluation. Specifically, the Trust are exploring a small scale batch recruitment with the future line manager not involved on the panel.

An explicit, repeated commitment to hiring criteria and to equity in decision making, with an awareness of bias, should be a normal part of panel processes. Kahneman (2011) suggests panel members should write a note to themselves (preferably in a harder to read font style so our thinking slows down) before an interview.

In a lab study, commitment to hiring criteria prior to disclosure of the applicant's gender eliminated discrimination, suggesting that bias in the construction of hiring criteria plays a causal role in discrimination ([Uhlmann E., Cohen G 2005](#)).

This will be crucially assisted by taking notes linked closely to the success profile and scoring matrix during the interview that can be an antidote to the biases that affect panels who wait, without proper notes, till the end

of the interview to score, since they risk remembering strong examples but forgetting other evidence from the interview; Scoring with skimpy notes runs the risk of confirmation bias – forming a very early opinion and then looking for information that supports it. There should be guidance on what should be captured in the interview notes.

Panel members should not discuss candidate performance before scoring since to discuss prior to scoring runs the risk of conformity bias. Much better to discuss the scores allocated than what they should be first since the clear risk is that the dominant/senior panel members' views will influence the scoring of other panel members.

Kahneman (2011) emphasises the importance of keeping to the scores and not allowing other factors to influence. When we have limited mental resources available for social perception—for example, because we are distracted by another cognitively taxing task, or we are under emotional or physiological stress—we rely more on stereotypes for our judgments and to guide our responses. (Kahneman (2011) Thinking fast and slow)

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The final decision should be made by bringing together data from multiple sources. Bias at this point can entirely undermine an otherwise rigorous process. There is little point collecting robust data to predict individuals' performance if the actual hiring decision does not give due weight to the insight gathered. Final decision-makers are susceptible to a host of biases summarised above. Some organisations consider limiting the time spent on assessment in a given day to avoid decision fatigue.

[The CIPD \(A Head for Hiring 2015\)](#) note that some research recommends using up to six metrics and quote Kahneman urging decision makers to “not let intuition override what the metrics say”.

It is also entirely appropriate to consider what competencies will make the team work better since work is nowadays rarely undertaken as a lone individual. Not only should the ability to work in a team being considered important but there may be specific skills that best complement existing skill sets and these should have been reflected in the success profile. ([A Head for Hiring 2015](#))

The candidate experience

All organisations should:

- Provide application guides: Some job seekers do not know where to begin to sell their skills and potential

effectively. Provide applicants with examples of expected response formats and content of application forms. Detail common reasons for successful (and unsuccessful) applications to guide applicants in their submissions – and offer to discuss with applicants

- Seek candidate feedback: Conduct focus groups, along with exit and stay interviews, with successful and unsuccessful diverse candidates to understand the challenges they faced in recruitment as well as challenges that diverse talent face in their day-to-day work lives. Act on the information gathered to drive inclusive recruitment and improve the experience of diverse candidates and employees
- Ask why some staff did not apply. One way of developing a more inclusive recruitment strategy is to ask under-represented groups who don't apply for a job why they didn't? To get frank responses (“the job already had someone's name on it”) may require some serious effort to persuade disillusioned or unconfident staff to share their experiences, maybe with the help of the local staff networks.

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Feedback to unsuccessful candidates

What is the problem we're trying to fix?

In situations where black and minority ethnic candidates fail to secure a new job or a request for promotion, the explanation they receive is often vague and barely justifies the credibility of the unfavourable outcome. This in turn fails to eliminate any perceived implicit racial bias or ulterior political motive. [Gündemir et al \(2014\)](#)

Poor feedback and a lack of honest evaluation and support going forward will deter other staff from under-represented staff from applying for promotion. It is likely to be compounded by the “protective hesitancy” or “benevolent sexism” discussed earlier on [page 34](#)

What can we do positively that has some likelihood of working?

Good feedback should contribute to the candidate's development and be recorded as part of a comprehensive talent management process. The successful candidate (whatever their background) should be asked to identify their own development needs and have shared suggestions from the panel as to what they believe they should be.

Feedback should be done face-to-face for unsuccessful internal applicants with advice on career development and locked into individual talent management plans. Feedback should be offered to all shortlisted applicants, by phone to external candidates and in person to internal ones. It should be done by members of the panel making the decision. Feedback should bear in mind the earlier evidence of how feedback in appraisals can be improved ([Page 93](#)). It should be specific, honest and identify what steps should be taken to improve performance and the likelihood of being appointed next time. Feedback should be written down immediately after the appointment decision and shared as soon as possible, with delay.

Managers should be expected to be offered and take part in training in how to have supportive listening and honest conversation in feedback and appraisals, particularly where there is a difference in protected characteristic between the person giving feedback and the person receiving it.

The approach developed in one Trust places an obligation on a recruitment panel to identify the development needs of unsuccessful shortlisting candidates in its [2019 WRES report](#). This should become standard practice.

Employers should keep track of candidates who were

unsuccessful ensuring they have constructive career conversations and are proactively approached to consider applying for posts. Talent pools should become standard practice.

Onboarding

What is the problem we're trying to fix?

The onboarding process should help ensure, as a top priority, that “outsiders” are welcomed, their difference valued, and their presence and expertise welcomed. If not, their team will suffer, performance will be lower, and turnover is a real possibility. But if the potential benefits of a more diverse workforce are to be realised, then talent management does not stop at the point of recruitment. It should simply enter a new stage.

Without an inclusive team environment, staff from under-represented groups will risk being treated as outsiders with consequences for turnover and effectiveness, or “held to a different standard”. Inclusive leaders understand that while demographic diversity is crucial, inclusion is what helps leverage that diversity. In particular in such an environment turnover intentions decline ([Oikkonen & Lipponen, \(2006\)](#)

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What can we do positively that has a likelihood of working?

Career development should be a prime responsibility for employers, not primarily left to individuals. So all staff, at their onboarding, at appraisals, and in feedback following interviews, should have their aspirations documented, their development gaps identified and the steps to meet these should be agreed, monitored and compared across departments, occupations and by protected characteristics. It is essential that such a discussion takes place for every new member of staff. That in turn should lead to consideration of the proactive steps the employer (and new staff member) will take to ensure that as a new staff they are fully included in their new teams. It should include an expectation of the identification of development needs, ensuring open discussion about welcoming difference and what extra the new staff member brings. This is especially true where staff are overseas trained or employed where additional mentoring and other support may be essential to ensure a smooth transition into the NHS and release their full potential.

Failure to do so can easily lead to such staff being treated as outsiders with serious consequences for both the member of staff (health and career) and their team. ([Atewologun D, Kline R. \(2019\)](#)).

Employers might include a survey after six weeks and then six months to establish what progress is being made in onboarding individuals. Some employers will already have a standardised checklist to frame onboarding since there may be a real risk of differential onboarding experience influenced by bias. The demonstrable benefit of checklists is underpinned by an understanding that the human mind cannot remember everything it needs to. (Guwande (2009)).

Progress (or lack of it) of staff following onboarding should be tracked by protected characteristic to identify any trends in:

- Higher turnover
- Slower career progression or progress at future interviews
- Poorer appraisals
- Access to “stretch opportunities”

An “explain or comply” approach should then be applied to the relevant department on these metrics and mitigating steps taken to proactively discuss their progress with affected staff.

Complaints

Candidates should be made aware of how they may raise informal, and if necessary, formal concerns about their experience during applications, interviews or post appointment. In doing so these should be regarded as a learning opportunity for the employer not something that triggers any form of retaliation. Under no circumstances should any adverse consequences for anyone involved in raising a concern about recruitment be permitted.

All new staff (not just Disabled staff) should have discussions about whether reasonable adjustments are required – especially so for staff who have requested adjustments for interviews or tests.

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Career progression of appointed staff with protected characteristics

What is the problem we're trying to fix?

Disabled, BME and female staff experience a steeper career gradient than other staff and are under-represented in high status occupations or higher grades. Senior BME and Disabled staff may therefore be seen as 'unusual' when they reach more senior grades. They may also find themselves being held to a "higher standard". This may be why there are still relatively few BME Chief Nurses or Chief Executives, for example, while female and BME doctors are still disproportionately found in lower grades and less in higher status specialities. Disabled doctors and nurses are under-represented especially in more senior roles.

We know from the data ([see page 18](#)) that there is both an ethnicity and a gender gradient in NHS employment. Research also suggests both "a 'glass ceiling' and 'glass partitions' in the careers of Disabled managers ([Roulstone A, Williams J \(2013\)](#)).

The national NHS staff survey data for BME and Disabled staff indicates deep dissatisfaction with the fairness or otherwise of promotion and career progression. The data inevitably

impacts on staff engagement and turnover, leaving the NHS poorer for talent (and numbers) at a time when it desperately needs all the competent staff it can get.

What can we do positively that has some likelihood of working?

Employers should

- Interrogate data on career progression and turnover, seeking to identify where a proactive intervention is helpful
- Seek (as some already do) to understand how candidates experience the recruitment process from start to finish
- Survey shortlisted candidates alongside an offer of a focus groups to discuss what improvements might be made
- Survey panel members on similar lines with a particular focus on improving the experience of candidates from under-represented groups. There is merit in surveying a sample of applicants not shortlisted too
- Have exit interviews undertaken by someone other than their line manager.

Local staff networks should be involved in reviewing recruitment and employment processes that may adversely impact on recruitment and retention and that can be a proactive way of improving future outcomes. They should hold Trusts to account without being expected to be experts on solutions.

Employers should be expected to demonstrate why any proposed intervention is likely to work.

This could also include Disabled networks auditing the current accessibility of training, recruitment and application processes. It could include women's networks auditing how current arrangements for recruiting and employing women may be impeded where women (or men) have childcare or elder carer responsibilities, during and after maternity leave, and BME networks identifying specific obstacles to recruitment and development and career progression of BME people.

There is a growing awareness within the NHS of the importance of ensuring under-represented staff groups experience fair recruitment and career progression. However, there is less understanding of how best to create an inclusive environment.

Prospective employees are often asked during job interviews what their five-year career aspirations are or where they see themselves in five years; yet few managers ask themselves what their own five-year talent strategy is. Managers also need support ([Chamorro-Premuzic and Kirschner \(2020\)](#)).

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Turnover

Individual NHS employers hold turnover data and can analyse that by protected characteristic. Anecdotally, there are reports that senior BME staff, in particular, may have higher rates of turnover and every organisation should check what their local data means and understand it. Symptomatic of this was data seven years ago from the Trust Development Agency, a national Arms' Length Body which noted that their improved recruitment rates may be limited because

“More people from BME communities are standing down from their posts than are being appointed to replace them”. Trust Development Agency (2014) Equality and Diversity Strategy 2014-16

In recruiting and retaining staff, research suggests that external hires take longer to adapt and have higher rates of voluntary and involuntary exits – yet, they are generally paid more than internal candidates. The latter are also more likely to be loyal and committed to their company. [\(Deortentiis P \(2018\)\)](#)

Key point

Good employers pay great attention to what happens after an interview.

Firstly, to ensure the successful candidate(s) have an effective, inclusive onboarding that includes identifying areas of development the new staff member may need.

Secondly, it is essential to give honest and constructive feedback to unsuccessful candidates, leading to support to ensure they do better next time.

Thirdly, analysis of candidate feedback can be really helpful and should be accompanied by analysis of any patterns of outcomes from recruitment panels.

PART 3. PUTTING A DIFFERENT APPROACH INTO PRACTICE

INCLUSION

What is the problem we're trying to fix?

Too many teams that newly recruited staff join are not inclusive, despite the clear evidence that without improved inclusion, organisations, staff and patient care will not reap many of the potential benefits of improved representation.

“Inclusion is the extent to which staff believe they are a valued member of the team, within which they receive fair and equitable treatment, and believe they are encouraged to contribute to the effectiveness of the group. Inclusive workplaces and teams value the difference and uniqueness every staff member brings and seek to create a sense of belonging, with equitable access to resources, opportunities and outcomes for all, regardless of demographic differences.”

Inclusive organisations are more likely to be ‘psychologically safe’ workplaces where staff feel confident in expressing their true selves, raising concerns and admitting mistakes without fear of being unfairly judged. ([Shore et al \(2018\)](#)).

In such teams and organisations staff are more likely to listen and support each other resulting in fewer errors, fewer staff injuries, less bullying of staff, reduced absenteeism and (in hospitals) reduced patient mortality. ([Carter et al \(2008\)](#))

Inclusive teams recognise the deep human need to belong, and the anxiety staff may feel when speaking up or sharing ideas in front of others for fear of saying something that may appear stupid or wrong. ([Edmondson 1999](#)).

In such teams staff health and well-being is likely to improve, in turn benefitting patient care. One of the most important human needs is to belong. Feeling excluded in the short-run creates a form of social pain, which at the level of brain functioning closely resembles the experience of physical pain [Weir K \(2012\)](#). In the long run, feeling excluded leads to higher rates of depression and psychological alienation, poorer cognitive functioning, impaired motivation, and poorer physical health. The need to belong is thus a powerful human motive ([Baumeister 1995](#)).

Diversity initiatives that bring in leaders or team members from under-represented groups may be resisted as well as welcomed. To gain from diversity based on demographic attributes, organisations have to leverage this resource by lessening the conflict, communication barriers, and lack of mutual respect that can develop in identity-diverse groups ([Rink & Ellemers, 2009](#))

Achieving higher levels of collective intelligence has a cost. A collaborative approach may slow down the process. It takes time to solicit, expose, and process dissenting feedback.

Patience is essential. And collaboration isn't easy. Letting go of prior opinions, enforcing team “equality of contribution” to expose independent views, and managing dissent are inherently uncomfortable.

Disability and inclusion

Employees with disabilities who have inclusive team leaders are 36% less likely to face bias (compared to those without such managers), 14% less likely to express themselves at work, and 32% less likely to feel stalled in their careers. Employees with disabilities who disclose to most people they interact with are more than twice as likely to feel regularly happy or content at work than employees with disabilities who have not disclosed to anyone (65% versus 27%). They are also less likely to regularly feel nervous or anxious (18% versus 40%) or isolated (8% versus 37%). ([L Sherbin \(2017\)](#))

Organisational leaders' behaviour with Disabled staff sets the tone for other staff behaviours; if supervisors do not behave in ways that demonstrate acceptance of the newcomer, it is unlikely that colleagues will ([Schur et al \(2005\)](#)).

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The cost of the absence of inclusion

In research that matches other findings, [Sherbin and Rashid \(2017\)](#) found that 37% of African-Americans and Hispanics staff and 45% of Asian staff said they “need to compromise their authenticity” to conform to their company’s standards of demeanour or style.

Women say they feel invisible and at risk for a host of difficulties when they’re the only person of their gender or race on their team. The lone representatives of an identity group – have higher rates of mistrust, scepticism, and doubt about the organisations’ goals, motivations, and ability to support people like them. The same report showed that for women, being an “only” is also correlated to higher rates of sexual harassment. Companies can stop failing black workers by hiring a critical mass of them, particularly at high-functioning, elite levels where they can be influential. [\(Weber 2018\)](#)

Organisational leaders who notice higher attrition of women compared to men may think that more women leave due to professional interest, familial responsibilities, or low prioritisation of work and career. Missing from these types of assumptions is the possibility

that women may also choose to leave because they feel they are held to biased standards of personality, performance, and competence, and struggle with low satisfaction, stereotype-driven feedback, or lower performance evaluations as a result. [\(Hoyt and Murphy \(2016\)\)](#) See also [von Hippel, Sekaquaptewa, and McFarlane \(2015\)](#)

What can we do positively that has a likelihood of working?

Where all leaders (from the top to the front line) made it clear that high quality compassionate care was the core purpose and priority of the organisation there is evidence that such alignment has an important influence on reducing the effects of ‘fault lines’, defined as group and status differences that interfere with effective collaboration - a common problem in health care organisations [\(Bezroková \(2012\)\)](#)

Ely and Thomas (2020) argue that increasing diversity does not, by itself, increase effectiveness; what matters is how an organisation harnesses diversity, and whether it’s willing to reshape its power structure. Learning from cultural differences is more likely once leaders have created trust, begun to dismantle systems of discrimination and

subordination, and embraced a range of styles. They set out four actions leaders should take to create an inclusive work climate:

- Build trust and creating a workplace where people feel free to express themselves;
- Actively combating bias and discrimination
- Embrace a variety of styles and voices inside the organisation
- [Use employees’ identity-related knowledge and experiences to learn how best to accomplish the organisation’s core work.](#)

There is developing support now available to NHS organisations on inclusion. One good starting point may be [\(West \(Nd\)\)](#)

Key point

The NHS has rightly focussed on the lack of diverse representation at middle and senior manager and leadership levels. But the evidence is clear: without inclusion it will not be possible to leverage the benefits of such improved representation – and even that may not even be sustainable without creating an inclusive environment. Creating such an environment at team and organisation levels will benefit patient care and safety.

APPENDIX 1. THE LEGAL FRAMEWORK IN RECRUITMENT

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Statute

The Equality Act 2010 states unlawful discrimination by employers can take several forms:

- You must not treat a worker worse than another worker because of a protected characteristic (direct discrimination);
- You must not do something which has (or would have) a worse impact on a worker and on other people who share a particular protected characteristic than on people who do not have the same characteristic. Unless you can show that what you have done, or intend to do, is objectively justified, this will be indirect discrimination;
- For women who are pregnant or on maternity leave, the test is not whether the woman is treated worse than someone else, but whether she is treated unfavourably from the time she tells her employer she is pregnant to the end of her maternity leave (equality law calls this the protected period) because of her pregnancy or a related illness or because of maternity leave;
- You must not treat a Disabled worker unfavourably because of something connected to their disability where you cannot show that what you are doing is objectively justified. This only applies if you know or could reasonably have been

expected to know that the worker is a Disabled person. This is discrimination arising from disability. Employers are required to make reasonable adjustments to a feature of the workplace (eg to make it more accessible) or to a practice (eg the recruitment procedure) to enable Disabled people to gain or retain employment. This places a positive duty on an employer in favour of Disabled employees or applicants and shifts the duty from equality of treatment to equality of opportunity.

- Section 158 of the Equality Act 2010 permits positive action.

APPENDIX 1. THE LEGAL FRAMEWORK IN RECRUITMENT

Case law: Intention and motive

Employers repeatedly confuse the significance of whether there is discriminatory intention behind acts and omissions, including within treatment recruitment. It is not necessary to show that the person(s) alleged to have discriminated did so consciously since “unconscious” discrimination is also prohibited.

The Law Lords noted that claims under discrimination legislation present special problems of proof as those who discriminate ‘... do not in general advertise their prejudices: indeed they may not even be aware of them’. (Glasgow City Council v Zatar 1998 ICR 120, HL)

It may be helpful to consider extracts from three high profile judgements:

- In a significant case, the House of Lords similarly stated: “Many people are unable, or unwilling, to admit even to themselves that actions of theirs may be racially motivated” (Nagarajan v London Regional Transport and others [1999] IRLR 572 (HL)).
- A tribunal will not assume that a person’s actions are free of subconscious bias even if the person is an honest and reliable witness, and one who genuinely believed they were acting for non-discriminatory reasons. (Gellser and another v Yeshurun Hebrew Congregation UKEAT/2016/0190.)

- In one high profile NHS case the concept of “unconscious bias” was regarded as a crucial part of the judgement in the high profile Employment Tribunal decision in the case of Mr R Hastings v Kings College Hospital NHS Foundation Trust: 2300394/2016.

If it is established that there is an instance of negative conduct which could be assigned to race discrimination, and the employer cannot provide a reasonable and adequate explanation that this was not due to discrimination, then the court or tribunal may draw an inference that the negative conduct was caused by discrimination (s.136 Equality Act 2010) Moreover, discrimination (including race discrimination) need not be the main reason for an act or omission to have been discriminatory. Case law has determined it simply needs to have a “significant influence”: “... the discriminatory reason for the conduct need not be the sole or even the principal reason of the discrimination; it is enough that it is a contributing cause in the sense of a ‘significant influence’. (Law Society v Bahl [2003] IRLR 640, at 83).



APPENDIX 2. REASONABLE ADJUSTMENTS

APPENDIX 2. REASONABLE ADJUSTMENTS

Good practice can take three forms:

- practices and cultures intended to benefit all staff;
- practices that support specific groups (often women) that had unintentional positive effects for Disabled people;
- practices prompted by individual workplace adjustments.

Disability can take different forms. Some are episodic. How disabilities present may change during a person's career ([Jetha, Bowring, Tucker, et al. \(2019\)](#)).

Even two people with the same disability may compensate for it in quite different ways. When commencing their careers staff are less likely to request accommodations. Workers without disabilities frequently request reasonable adjustments. ([Schur et al., \(2014\)](#)).

Staff with young children, caring responsibilities for relatives and parents may all access different work patterns through NHS policies. Adjustments for all such staff can save money and show the contributions and the well-being of such employees are valued. Moreover, for Disabled

staff such adjustments are generally cost effective ([Kaye, H. Jans, L., Jones, E. C. \(2011\)](#)) and may help productivity, engagement and reduce turnover.

Where employers support the needs of all staff, Disabled or not, regardless of disability status, they may achieve better "fit" for staff within the organisation (Schur et al. (2014)) whilst enabling adjustments for all staff may help create a climate on Disability that recognises everyone benefits from inclusive workplace practices.

All staff should be asked positively at interview "What can we do enable you to reach your full potential in our organisation?" Such an approach may help shift the interview focus from legal compliance seeing the benefits of adjustments and inclusive workplace practices for everyone ([Kaye, H. Jans, L., Jones, E. C. \(2011\)](#)).

The shift to remote working during Covid19 has made managers realise that "presence" in the office can take more than one form and working from home for part of the work is a

commonly requested (and often refused) adjustment.

A social model of disability would focus on removing barriers with the end goal of facilitating inclusion and 'levelling the playing field'. A medical model simply establishes what is 'wrong' with someone and, in the context of the workplace, an employer then decides whether they think it 'reasonable' to accommodate that difference. As a matter of course we ask about dietary requirements at events but are often not proactive about adjustments for disability. The Access to Work programme provides advice and support whilst the Equality & Human Rights Commission gives guidance on commonly accepted adjustments that can be facilitated by [employers \(EHRC: Reasonable adjustments in practice \(nd\)\)](#).



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REFERENCES

Note regarding the selection of references

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Published NHS (East of England)
September 2021