

Reflections on developing an inclusive and transparent recruitment process

Inclusive recruitment interventions for Cohort 4 of the Digital Health Leadership Programme, part of the NHS Digital Academy

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Background

Ahead of recruiting for Cohort 4 of the Digital Health Leadership Programme, the flagship programme of the NHS Digital Academy, an inclusive recruitment approach was developed which aimed to reduce barriers and support increasing the diversity of Cohort 4, both in terms of demographics and roles. You can read the [inclusive recruitment report](#) here which outlined the key interventions to be implemented.

This document provides a summary of the impact these interventions have made following the successful recruitment for Cohort 4 which commenced in September 2021.

This was the first year the recruitment process for the Digital Health Leadership Programme was run in-house by Health Education England (commissioners of the Digital Health Leadership Programme). Recruitment of previous Cohorts was led by Imperial College London as the lead supplier.

We recognise this is an iterative process and there will be a need to regularly evaluate and where necessary modify our approach to ensure it continues helping to build a more diverse and inclusive programme that provides future applicants and participants with the best experience possible.

Cohort 4 headline recruitment data

Outlined below is a summary of the key recruitment data¹ for Cohort 4 of the Digital Health Leadership Programme. Where possible comparison has been made against data from previous Cohorts. A total of 272 applications were received for Cohort 4, compared to 259 applications for Cohort 3.

Total applications

Cohort 3		Cohort 4	
Gender	% Total applicants	Gender	% Total applicants
Male	65%	Male	53%
Female	35%	Female	45%
Prefer not to say	n/a	Prefer not to say	2%

Cohort 3		Cohort 4	
Ethnicity	% Total applicants	Ethnicity	% Total applicants
White	68%	White	61%
BAME	29%	BAME	37%
Prefer not to say	3%	Prefer not to say	2%

¹ Recruitment data included relates to applicants from England only.

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Successful applications

Cohort 3		Cohort 4	
Gender	% Successful	Gender	% Successful
Male	61%	Male	55%
Female	39%	Female	42%
Prefer not to say	n/a	Prefer not to say	3%

Cohort 3		Cohort 4	
Ethnicity	% Successful	Ethnicity	% Successful
White	81%	White	67%
BAME	19%	BAME	29%
Prefer not to say	n/a	Prefer not to say	4%

Age	% Total applicants	% Successful
25-34	14%	15%
35-44	47%	46%
45-54	33%	30%
55-64	3%	3%
Prefer not to say	4%	6%

Comparable age data not available for previous Cohorts.

Disability under Equality Act 2010 or health condition	% Cohort 3 total applicants	% Cohort 3 successful
No	95%	99%
Prefer not to say	3%	n/a
Yes	2%	1%
	% Cohort 4 total applicants	% Cohort 4 successful
No	90%	87.5%
Prefer not to say	4%	5%
Yes	6%	7.5%

Evaluating inclusive and transparent recruitment interventions

When the report on developing an inclusive and transparent recruitment process was published earlier this year, a series of ten evidence-based interventions were included to help increase the inclusivity and diversity of the Digital Health Leadership Programme. Below is a summary of the impact these interventions have made, where possible using measurable data collected during the recruitment process for Cohort 4. This included data collected from a feedback survey which was distributed to all Cohort 4 applicants when sharing their feedback after outcomes had been communicated. A total of 42 responses were received (15% response rate).

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Intervention 1: Increase reach to underrepresented groups by targeting communications at key networks

Several groups were identified as being underrepresented by the Digital Health Leadership Programme. These included women, ethnic minority staff, nurses, Allied Health Professionals (AHPs), and midwives.

To increase the reach of the Digital Health Leadership Programme to these underrepresented groups additional efforts were made to promote the programme using targeted communications. A range of targeted webinar sessions (nine in total) were completed before and during the application window opened for Cohort 4. A series of six 'drop-in' sessions were also ran during April 2021 which enabled participants to attend and ask any questions they had.

During the recruitment for Cohort 4 we saw both improvements to the number of applications and offers made to previously underrepresented groups. The proportion of application received, and number of places offered to females increased to 45% and 42% respectively (previously 35% and 39%, respectively). Applications by staff from a BAME background increased to 37% (previously 29%) and who were successful also increased to 29% (previously 19%). Additionally, 10% of successful offers for Cohort 4 were made to AHP staff, 12% to nurses and 3% to midwives.

It is difficult to attribute improving the diversity of the programme directly to producing more targeted communications, however it is reasonably likely this will have contributed. Results from our feedback survey stated 81% (34) of respondents felt the programme had been generally sufficiently advertised.

We recognise there is still more work to be done to further improve the diversity of the Digital Health Leadership Programme to continue supporting underrepresented groups.

From the total applications received for Cohort 4 only 5% identified as being from a Black/African/Caribbean/Black British background. Available workforce planning data based on the NHS Electronic Staff Record (ESR) shows that staff from a Black, Asian, and Minority Ethnic (BAME) group made up 15% of the informatics workforce in 2019 – specifically those from a Black or Black British background accounting for 4% of the informatics workforce. Informatics is currently the closest comparable workforce given most applications received for the Digital Health Leadership Programme come from this area of the workforce.

The same research also highlighted underrepresentation of BAME staff in higher Agenda for Change (AfC) bandings in informatics. While data on individual ethnic groups and AfC bandings is not readily available, it was shown in 2019 that 9% of the informatics workforce at AfC banding 8d and 5% at AfC banding 9 respectively identified as being from a BAME background (compared to 8% and 7% respectively of the wider NHS workforce)².

² [Informatics Workforce Report 2014 to 2019 - FINAL.pdf \(hee.nhs.uk\)](#)

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Data on AfC bandings for applicants to the Digital Health Leadership Programme is not collected and there are currently no criteria defining what banding an individual should be to apply for the programme. However, based on the common target audience for the programme including Chief Information Officers (CIOs), Chief Clinical Information Officers (CCIOs), Chief Nursing Information Officers (CNIOs) and similar or equivalent roles (which are estimated to sit on average around the AfC banding 8d or above) – this provides context that we must continue to support staff from BAME backgrounds in applying to the Digital Health Leadership Programme, but also that there is further work to do to improve the diversity of our senior leadership within digital and informatics.

An additional observation during the recruitment process for Cohort 4 was the inconsistencies associated with job roles/titles used across the digital profession within health. Applicants were provided with a free text box to enter their details; while this gave flexibility to submit specific job role data, we observed the challenges created in analysing and identifying relevant job roles. Given that shortlisters were provided with anonymised applications which contained only responses to the four assessed questions, depending how much detail an applicant had provided in these questions to their job role influenced the ability of shortlisters to determine if their role was applicable for the programme.

We feel there is an opportunity for future recruitment processes to ensure clearer data is requested relating to an applicant's job role and their professional background. Not only will this aim to improve the quality of data collected to better understand the professional diversity of a Cohort, but more accurate data will also better inform shortlisters to understand an applicant's suitability for a place on the programme.

Finally, our feedback survey suggested that applicants found out about the programme through common channels including social media (19%) and through the [NHS Digital Academy website](#) (22%), however, word of mouth was identified as the most common method (29%). It is positive to see the programme continues to have developed a strong reputation and is highly recommended, however, to target a wider audience and increase the reach of the programme, including to more underrepresented groups, we need to further consider how to improve communications.

Intervention 2: Clarity over academic requirements and time commitment in application materials

An opportunity had been identified to provide prospective applicants with more information relating to the programme commitments, including both time commitments and existing academic requirements.

During the promotion and recruitment for Cohort 4 additional information was published on the [Digital Health Leadership Programme website](#). This included details outlining entry criteria which included: years of experience (3-5 years relevant experience in informatics or digital health); time commitments for the programme (recommended study time of 5-8 hours per week on average); and academic requirements (confirming that having a previous degree was not a pre-requisite).

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This intervention seemed to generally make a positive impact for applicants – of those who responded to the feedback survey, 76% (32) stated they found the quality of information provided in the application resources (website pages, application booklets) as either “Very good” or “Good”.

We also recognise there are further opportunities to support prospective applicants. An additional step introduced for Cohort 4 including a long list process before the final stage of shortlisting of applications to eliminate applicants who were not eligible for the programme (e.g., due to their organisation or contract type). While this intervention helped to ensure places on the programme were allocated to eligible participants, it was highlighted by applicants who were unsuccessful at the long list stage that it would have been helpful from the outset to provide additional information to on the eligibility criteria for the programme. Prior to future recruitment we will aim to agree and communicate additional information relating to eligibility criteria, in particular organisation type.

Intervention 3: Offer previous alumni to be on shortlisting panels to improve diversity (particularly in terms of ethnicity and educational background)

To support increasing the overall diversity of programme included improving the diversity of those involved with shortlisting panels. Outlined below is a summary of the diversity data for shortlisters involved with Cohort 4 compared to previous Cohorts.

Cohort 3 (n=16)		Cohort 4 (n=32)	
Gender	% Shortlisters	Gender	% Shortlisters
Male	44%	Male	53%
Female	56%	Female	47%

Cohort 3 (n=16)		Cohort 4 (n=32)	
Ethnicity	% Shortlisters	Ethnicity	% Shortlisters
White	94%	White	75%
BAME	6%	BAME	25%

Of the shortlisters involved for Cohort 4, 71% identified as an alumni of the Digital Health Leadership Programme.

We are pleased this intervention has helped to increase the diversity of shortlisting panels for the programme, however, there is still further room for improvement. This includes the diversity of education backgrounds, as of those involved with shortlisting for Cohort 4 100% identified as holding at least some form of higher education attainments (first degree or higher). We will therefore continue to review how to involve individuals from a variety of backgrounds to further improve the diversity of individuals involved with shortlisting.

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Intervention 4: Anonymise applications so the panel cannot see names or personal details of those applying

To help reduce bias the sections from application forms which contained applicants' personal details were removed before sharing with shortlisting panels. Only information provided in the four main assessed questions was visible to shortlisters. Anonymising applications has been generally recognised as a positive way to minimise bias and allow shortlisters to focus their selection based on the skills and experience conveyed in applications, so this method will likely be retained for future recruitment processes.

Intervention 5: Provide clear positive & negative indicators for shortlisters in order to make the process more objective

A list of assessment criteria was shared during the recruitment process for Cohort 4. The criteria were included within application forms allowing prospective applicants to know upfront what assessors would be looking for. This included both longlisting and shortlisting criteria (including positive and negative indicators for each of the four assessed questions). Additionally, the criteria were shared in advance with shortlisters, and training was delivered on using the criteria to capture feedback.

Of those who responded to our feedback survey 90% (38) felt it had been made "Very clear" or "Somewhat clear" what the selection panel was looking for from their applications. Areas for suggested improvement included ensuring the wider eligibility criteria for the programme were made clearer as opposed to the positive or negative indicators that had been included for shortlisting criteria.

Intervention 6: Unconscious bias training

To further support developing an objective application process unconscious bias training was delivered to all shortlisters involved for Cohort 4³. This was generally well received by shortlisters, and we will continue to review ahead of future recruitment processes to ensure effective training is delivered.

Intervention 7: All applications to be scored twice individually to minimise bias/subjectivity

All applications received for Cohort 4 were independently scored twice. All shortlisters were provided with briefing documents and instructions to support them through the assessment process and information on the inclusive recruitment interventions undertaken. Details of shortlisting pairings were only shared where moderation was required (i.e., major discrepancies between panel scores). We will continue to review how future recruitment processes can support shortlisters to deliver objective assessments of applications.

³ Unconscious bias training delivered by NHS South, Central and West CSU

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Intervention 8: Offer feedback to all unsuccessful candidates. Ensure this is sufficient and not generic.

Previous applicants to the Digital Health Leadership Programme had highlighted that insufficient feedback had been provided following their applications (91% from a survey of 86 respondents). We therefore committed to providing all applicants for Cohort 4 (regardless of being successful or unsuccessful) – with meaningful and constructive feedback.

Feedback to all participants was successfully delivered by early September 2021 (which included a link for completing the feedback survey). From a total of 42 respondents 69% (29) rated the quality of the feedback and signposting provided as “Very helpful” or “Helpful”. We did hear from some respondents there were further opportunities for improving the feedback provided, which in some cases had still felt generic and could have been more detailed. We will continue to review feedback processes for further recruitment campaigns to ensure applicants can be provided with helpful and meaningful feedback.

Reserve list

Consideration was also given during the Cohort 4 recruitment process to applications which had met the standard of the programme yet did not get a place due to it being highly over-subscribed. This mainly related to whether individuals would need to complete another full application to be considered for a subsequent Cohort. A total of sixteen⁴ applicants for Cohort 4 were considered to have met the standard of the programme and were notified they had been allocated a ringfenced place for Cohort 5 (commencing in September 2022). They will not be required to resubmit another application; however, they will be contacted nearer to the time of to ensure they still meet the necessary eligibility criteria for the programme.

Intervention 9: Collect full protected characteristic data from applicants

A full range of protected characteristics were collected during the recruitment process for Cohort 4⁵. Collecting a full range of protected characteristics will enable a better analysis of the diversity and inclusivity of the programme, as well as help to monitor and evaluate current and future interventions.

Intervention 10: Evaluate the process as we go – not just at the end

Applications and data submitted were monitored throughout the process and subsequent lessons learnt will help to inform future processes. We recognise there are further opportunities for developing a continuous improvement process to ensure our approach can be adaptive and respond to feedback received and information gathered as an on-going process during future recruitment.

⁴ The number of ringfenced places will not impact the number of places available for Cohort 5.

⁵ Applicants who did not wish to disclose this information were provided with a ‘Prefer not to say’ option.

Conclusion and reflections for future recruitment to the Digital Health Leadership Programme

We are pleased many of the initiatives implemented for the recruitment of Cohort 4 of the Digital Health Leadership Programme have contributed to developing an improved inclusive and transparent recruitment approach. However, we recognise there is still further work to be done and we must build on the progress made so far.

Based on the feedback received and data collected during Cohort 4, several key areas (listed below) have been identified as a priority that need to be considered ahead of future recruitment for the Digital Health Leadership Programme. These are not the only areas which require consideration, and we will continue to communicate any changes ahead of future recruitment processes.

Area	Subject	Detail
Promotion	Underrepresented groups	Confirm any underrepresented groups to be targeted and develop an engagement plan for promoting the programme to these groups.
	Programme contents	Review how further information on programme syllabus can be provided to prospective applicants.
Applications	Eligibility criteria	Review and enhance guidance for prospective applicants on criteria to apply for the programme.
	Executive Sponsor criteria	Review existing criteria for Executive Sponsors and how best to involve them during the application process.
	Application process	Evaluate application methods used to best support applicants and identify the strongest applicants for the programme.
	Applicant job role data	Review how information relating to job roles are captured and used to inform applications.
	Distribution of offers	Review process for distributing offers among eligible organisations.
Feedback	Capturing and disseminating feedback	Review how applications are assessed to support capturing helpful and meaningful feedback for applicants.