

COACHING AS A BRIDGE FOR ADDRESSING STAFF INEQUITY AN RCOG-COMMISSIONED PROJECT

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Management
Futures



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INTRODUCTION

Research highlights persistent racial discrimination, cultural insensitivity, and disparities in career progression and pay affecting marginalised groups (NHS Workforce Race Equality Standard, 2022; Likupe et al., 2014). Despite initiatives such as the Workforce Race Equality Standard (WRES), barriers to equity remain.

Coaching has emerged as a tool for addressing these inequities, enhancing leadership skills, fostering career progression, and improving patient care. However, challenges such as time constraints, workload pressures, and limited organisational support hinder its effectiveness (Tate & McCrindle, 2020). For many doctors, particularly those from marginalised backgrounds, coaching remains underutilised.

DESIGN

The RCOG commissioned Management Futures to train a cohort of obstetricians and gynaecologists in coaching methods to support doctors from the global majority in overcoming career progression barriers.

12 doctors, predominantly from these backgrounds, participated in workshops and group coaching sessions. **This was set in the UK.**

A realist evaluation approach was used to assess the programme's impact, examining how and why outcomes were achieved within social, environmental, and organisational contexts (Pawson & Tilley, 1997).

These were divided into 3 phases: Development, Testing and Analysis of the Programme Theories.

DESIGN PHASES

A set of activities and outputs led to the development of **11 initial programme theories**, assuming causal relationship between coaching training and its effects. These were then tested using a range of activities including interviews, focus groups and researcher diaries. These were grouped into **3 themes**:

Organisational
Support for
Coaching

Effects of
Coach
Training

Effects of
Coaching
Sessions on
Coachees

Phase 3 analysed the data emerging from the testing phase to present coherent findings surrounding application, relevance, refinements and recommendations.

RECOMMENDATIONS

The RCOG coaching programme underscores the transformative potential of coaching in tackling professional inequities.

A coordinated model can foster a more equitable and inclusive workplace across the NHS and other organisations. Some of the proposed solutions include:

- Provide **clearer alignment and synergy** between the likes of RCOG and 'in-TRUST' organisational structures to establish a common purpose for coaching.
- If there is mutual buy-in and strategic alignment across these groups, there is more scope and possibility for coaches to engage with coachees in their respective settings and see the positive outcomes unfold. This is because they are **afforded time and recognition** to carry out this coaching practice which may become **more recognised** in these settings.
- Establish **recognised peer to peer support spaces** for coaches to share practice and developmental progress.
- This could lead to coaches being recognised **'champions' or 'mentors' for new coaches** within their own organisational settings to provide a pathway for others. This may be particularly beneficial for community staff from the global majority who may have begun as 'coachees' but developed an interest themselves to explore coaching.
- Establish **supervision** with the support of RCOG, ongoing **training drop-ins** for coaches and **visible recruitment** of coaches and coachees who see the value.
- Ensure coaching and mentoring are **recommended equitably** in certain situations (return to work after an adverse situation, requiring additional support or returning to training/needing additional support after experiencing racism, bullying or undermining in the workplace).

Cross Organisational Vision

- Organisational synergy (RCOG/Hospitals/In-Trust support)
- Recognition and acknowledgement of coaching CPD
- Coaching is understood

Coaching Development

- Coaching peer support networks
- Time to develop relationships with coachees
- Time to inspire coachees to journey into coaching
- Support coaches with mentoring

Coachees

- Accessible and visible opportunities to access coaching and benefit
- Access to coaching is recognised by organisation
- Access to coaching is valued and is inclusive

Learning and Evidence

- Translate the learning of this type of work to wider audiences
- Collect data about impact
- Establish ways to access insight from coaches, coachees and wider stakeholders

KEY FINDINGS

Organisational Support for Coaching

- Coaches and their organisations **know and understand the importance** and potential of coaching in supporting career progression doctors from the global majority.
- **A lack of organisational buy-in** from the coaches employer means that coaches are not supported to facilitate coaching through a lack of non-clinical time for coaching.

"The challenge is time and commitment. It is not just the 1-hour coaching someone; it is the prep, the post-coaching, making notes, thinking forward to the next meeting, clarifying everything in your head, and thinking of resources."

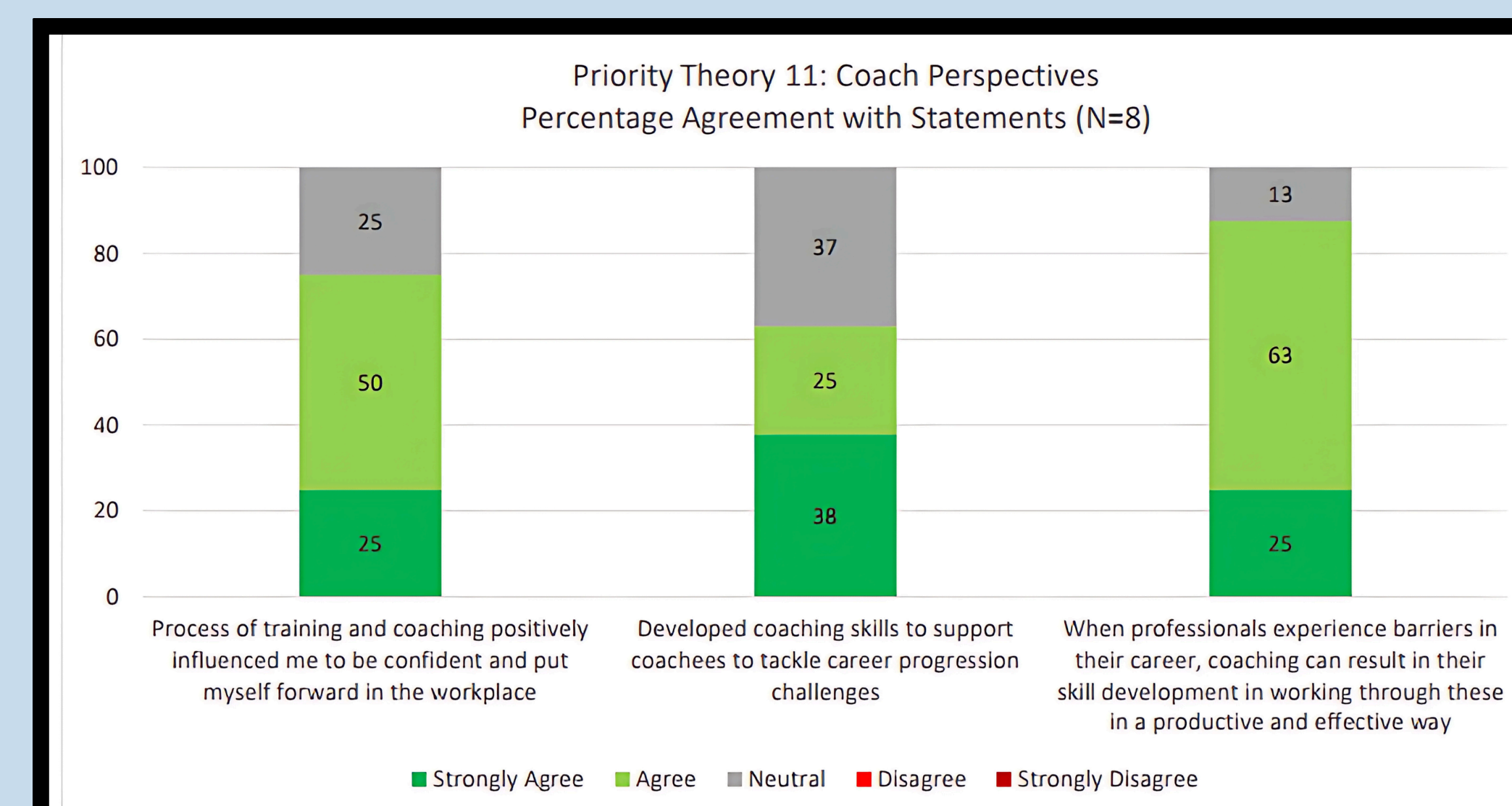
Effects of Coach Training

- Through the RCOG coaching programme, coaches developed skills in **reflection, active listening, empathy and building a rapport** with coachees.
- **With the right support** (e.g., including coaching within continued professional development), coaches believed there would be more opportunities for coaching support.

"Coaching and all the skills creep into everything that I do. Summarizing the 'what matters to you' lets them [the coachee] come to their own informed choice and it has really helped me in how to manage myself and how to give them that informed choice. It allows people to be heard and listened to."

Effects of Coaching Sessions on Coachees

- Coaching supports the coachee to **identify barriers** in their career progression, and **increase their representation** as Black, Asian and Minoritised community staff



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