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De-Bias Recruitment and Selection Toolkit

NHS London Race Strategy

A better NHS for us all

Foreword

De-bias of recruitment, secondments and professional development opportunities is one of the key priorities identified in the 10 year London Workforce Race Strategy published in October 2020.

This Toolkit developed in partnership with NHS Trust Heads of Resourcing and Equality, Diversity and Inclusion Leads across London is the first step in closing the gap in Relative Likelihood to be appointed after shortlisting between Black, Asian and Minority Ethnic staff and compared to their white counterparts – in 2020 the gap stood at 1.6, this means white staff are nearly twice as likely to be appointed after shortlisting than their black or Asian colleagues an unacceptable gap in a city where 45% of the workforce is from a BAME background and a difference in experience that has been proven to have a negative impact on how our staff feel about working in the NHS.

The purpose of this toolkit is to ensure all those involved in recruitment and selection of NHS staff in London are aware of how bias exists within recruitment and selection processes and what actions they can take to ensure the process is equitable and bias is eliminated at each and every stage from Job Design to Onboarding.

Implementing the best practice and evidence based approaches outlined in the Toolkit will also support organisations that seek to improve their performance in WRES indicators 4 and 7 - WRES indicator 4 tells employers the **Relative Likelihood of white staff accessing non**

mandatory training and Continuing Professional Development compared to BME staff and WRES indicator 7 measures **the Percentage (of staff) believing that the trust provides equal opportunities for career progression and promotion.**

We are grateful to those individuals and organisations who have so generously given their time and willingly shared examples of good practice that are included in the Toolkit. Our intention is that we continue to add to the Toolkit with further good practice evidence and we invite all those who use it to contribute to this work on an ongoing basis.

We hope that you find the Toolkit a valuable addition to your local policies and processes and a good resource for supporting conversations about changes to practice.

Janine La Rosa

Head of Equality & Inclusion, London Region
NHS England and NHS Improvement

Jemma Ball

Associate Director of People & Culture,
East London NHS Foundation Trust
Chair of Heads of Resourcing Network, London

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How to Use This Toolkit

The purpose of this **Toolkit** is to provide a structure for how bias can be eliminated at each stage of the recruitment and selection process.

Recruiting people with the right values and skills to work on the many different roles we have in the NHS in London is a key foundation for ensuring our organisations are fairer places to work. However we need to guard against recruiting people who “fit” our teams and organisations and instead consider what each candidate is bringing in terms of their expertise that will contribute to an inclusive culture.

The Toolkit has identified 11 separate stages of recruitment and selection. At each stage we identify what might cause **bias** to occur and what **de-bias action** can be taken to mitigate or remove the bias. There are **Questions or Challenges** for each stage which you can address for your own organisation and **Risks** identified that are common to the process.

Where possible we have linked to **Resources** that are freely available so support change.

The **Toolkit** will be added to as more resources and examples of good practice are made available.

If you wish to contribute to these resources please contact the team at **london.racestrategy@nhs.net**

NHS England and Improvement London Workforce Equality and Inclusion Team.

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Types of Bias

Bias is generally defined as a preference – either to like or dislike – based on personal opinions.

Within the field of Equality, Diversity and Inclusion and Recruitment and Selection a **bias** is usually referenced as a negative behaviour that can lead to unfairness in the recruitment or selection of candidates.

Within this Toolkit we use the term **bias** in a generic form at various stages of the Recruitment and Selection process. There are a number of types of bias that have been identified and the definitions below are the most frequently encountered in Recruitment and Selection processes.

Stereotyping

When deciding to apply for a job, a candidate might subconsciously undervalue their skills because they belong to a negatively stereotyped group. Encourage all groups to apply and say so in your advert. For example, recruiters might unconsciously stereotype a mature candidate as not being as proficient in computer coding as a younger prospective employee, whereas a candidate who matches the stereotype for a particular role might be unduly benefited (e.g. a young woman applying for a nursing role over an older, male candidate). Stereotyping occurs when we unconsciously (or consciously) expect a member of a group to have certain characteristics without having actual information about that individual.

Status Quo Bias

Recruiters and managers might unconsciously favour candidates who have similar characteristics to the person who previously occupied the position; this would lead to little change in workplace diversity. In your selection, try not to be influenced by the characteristics of the previous person that occupied that role.

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Confirmation bias

is the tendency to search for, focus on, or remember information in a way that confirms our own preconceptions. Research suggests that interviewers can take as little as four minutes to decide whether or not they want to hire the candidate. Information not consistent with the first impression can be overlooked, which is why it is important to use structured interviews. Try **not** to make **quick decisions** about candidates; think over your thoughts for a while and do not let details that confirm your pre-conceptions influence the way you assess or consider a candidate. Similarly, candidates with the preconception that they do not 'fit in' to a workplace may subconsciously search for information that confirms their preconceptions, which could affect their decision to apply.

Outgroup Bias

Support colleagues who are new to the organisation (through coaching, support groups, networks, training and orientation programmes). Pro-actively address the implicit bias through ongoing learning and support offered to minority groups.

Decision making bias

Include people in hiring decisions who have not been involved in assessing candidates. When people (who are similar) work together their opinions tend to converge and everyone agrees with everyone else. This is called group-think. Stick to what the scores tell you for final decisions.

For further information about Bias please see these useful resources from the Equality Works Group.

[The Different Types of Unconscious Bias – EW Group \(theewgroup.com\)](https://theewgroup.com)

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Job designed around
current post holder

No objective mapping of equivalence

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De-bias Action

Questions or Challenges

Risk

Resources

Job designed around current post holder - will not promote diversity if you "recruit to type"



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De-bias Action



Questions or Challenges

Risk

Resources

Focus on the requirement for the role. Consider how the role has changed. What type of cases/patients does the service see now; what is the impact of technology on how the role needs to be delivered; if the role can be done remotely does this change the requirements for the candidate?

Remove any requirements added based on existing role holder e.g. if existing role holder had a specialist skill that is not core to the role make sure that this is not included in the requirements for their replacement.

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De-bias Action

Questions or Challenges →

Risk

Resources

How many jobs are locally designed
vs centrally designed and locally
applied – impact of standardisation?
Ensure there is freedom to take out
requirements that are not relevant.

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Resources

Lack of resources to review the
volume of JDs needed.



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The HEE Star is an interactive model designed to support workforce transformation. This will prompt you to consider what workforce requirements are as services evolve or new services are designed. The link will take you to the HEE Star home page which will allow you to access the tool.

[HEE Star: Accelerating workforce redesign | Health Education England](#)

[Labour market disadvantage of ethnic minority British graduates: university choice, parental background or neighbourhood?](#)

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De-bias Action

Questions or Challenges

Risk

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No objective mapping of equivalence.
If a certain qualification is stated
what can be an equivalent level of skill
or experience that is equally valid
for the job?

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Questions or Challenges

Risk

Resources

Are masters degrees necessary?
The guidance from the Agenda for
Change handbook advises how to
consider equivalents.

Visualise career and candidate growth.
By specifying career pathways for
professions it is clear how an individual
can advance.

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Questions or Challenges →

Risk

Resources

Impact of Agenda for Change? Need to have minimum number of points to match to a particular band. Consider all job factors collectively to get a rounded picture of the requirements.

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Resources

Proposal – Review job design of 10
jobs most impacted by bias e.g. Band
6 nurses, Band 7 nurses, AHPs.

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Agenda for Change job factors need to be considered when undertaking job design. By ensuring job requirements can be described in terms of equivalent requirements this will support the removal of bias based on the existing role holder's profile. The link below explain how Knowledge, Training and Experience are considered as part of job evaluation.

[Knowledge training and experience - NHS Employers](#)

[Guidance - NHS Employers Recruitment Processes](#)

[Guidance - NHS Employers - Inclusive Recruitment](#)

[Guidance - NHS Employers - Inclusive Recruitment Supporting Economic Recovery](#)

[Guidance - NHS Employers - International Recruitment Toolkit](#)

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[Guidance - CIPD Recruitment -
An Introduction](#)

[Guidance - CIPD - Building
inclusive workplaces](#)

[Guidance - CIPD - Neurodiversity
at Work](#)

[Guidance - Neurodiversity Toolkit](#)

[Guidance - Government - Inclusive
Recruitment Support](#)

[Guidance - Stonewall -
Employers Toolkit](#)

[Guidance - NHS Employers -
Employing people with
learning disabilities](#)

[Guidance - Mayor of London -
Inclusive Recruitment Toolkit](#)

[Guidance - Guardian Jobs Guide to
Inclusive Recruitment](#)

[Guidance - University of St Andrews -
EDI Online Inclusive Recruitment Guide](#)

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[Guidance - Positive Action
Recruitment with the Police](#)

[See Recruiting Metrics - How to
calculate \(from LinkedIn\)](#)

[Guidance - Royal Academy of
Engineering - The Academy D&I](#)

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Bias Trigger



Gendered language

Focus on nice to haves
rather than essentials

Length of description

Desirable criteria

Generic and jargon - acts as a
barrier to understanding the
role requirements

'It's not for us'

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De-bias Action

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Gendered language



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Questions or Challenges

Risk

Resources

Plain English. Undertake a language audit of all job descriptions to remove jargon, ambiguity, acronyms and other unnecessary words.

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Questions or Challenges →

Risk

Resources

Should we try harder to 'sell' our jobs
even where supply isn't limited?

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Resources

Increased cost to develop
job descriptions.

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[Gaucher, D., Friesen, J., & Kay, A. C. \(2011\). Evidence that gendered wording in job advertisements exists and sustains gender inequality. Journal of Personality and Social Psychology, 101\(1\), 109–128.](#)

[Gendered wording in Job Advertisements exists - Journal of Personality and Social Psychology](#)

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De-bias Action

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Questions or Challenges

Risk

Shift focus to the main purpose
of the role.

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Risk

How do we build capability and capacity in recruitment teams to support this new skillset?

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Risk



Recruitment team too far removed from job to develop bespoke descriptions. Mitigate by reviewing jobs that are most frequently advertised first and ask for input from service managers to undertake this.

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De-bias Action

Resources

Length, can make it difficult to read
and understand requirements of
the role.

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Resources

What does the candidate need to know? Keep to specifics and do not include an extensive list of tasks that are very rarely required.

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[Plain Language](#)

[AI tools to mitigate biases in
writing job descriptions & person
specifications - adopted Textio.
Example Atlassian](#)

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De-bias Action

Desirable criteria often based on historic factors such as what skills or experience the outgoing person had and not objectively justifiable criteria.

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Remove any criteria that cannot
be justified.

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Generic and jargon -
acts as a barrier to understanding
the role requirements

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Resources

Ensure use of plain language. Test understanding of job description contents with colleagues unfamiliar with the role.

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[Plain Language](#)

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De-bias Action

'It's not for us' nothing appealing about the job to Black Asian or Minority Ethnic applicants or an indication from the job description their application would not be welcome.



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De-bias Action



Make clear how the candidate will be supported in the role e.g. supervision arrangements, access to continuing professional development.

Include images that promote inclusivity in all recruitment literature including microsites.

Test job description contents with staff race equality networks if possible.

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Images - candidates perception of the organisation will be influenced by what they see.

Language and phrasing

Where it is placed – NHS Jobs only?

Geographical restrictions when could be anywhere

Internal/external

Length of time the advert is open for

EDI statement

Not rooted in community

Trac set up - make sure it is easy for people to apply and navigate the system

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Images - candidates perception of the organisation will be influenced by what they see.



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Resources

Due consideration around use of
images - are they inclusive and
representative of your organisation
and local area?

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[Who's Watching the Race? Racial
Salience in Recruitment Advertising](#)

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De-bias Action

Questions or Challenges

Resources

Language and phrasing.

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Questions or Challenges

Resources

Plain English explanation including job titles - remember that the NHS uses abbreviations and descriptions that will not be familiar to people who have never worked in healthcare.

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Questions or Challenges →

Resources

Managers may lack expertise in writing adverts and recruitment team not geared up to amend – who will own these actions/making changes?

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[Plain Language](#)

[Language Bias in Job Adverts](#)

[Gender Wording in Job Adverts](#)

[Gender Decoder](#)

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De-bias Action

Where it is placed – NHS Jobs only?



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Go beyond NHS Jobs to where the local unemployed community might look and specialist providers e.g. charities.

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Geographical restrictions when
could be anywhere.

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Build in to recruitment process an
assessment of whether whole or part
of job could be done remotely.

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Questions or Challenges

Risk

Internal/external.

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Questions or Challenges

Risk

Open up to new entrants from outside the NHS – remove requirements for a number of years experience in the NHS.

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Questions or Challenges



Risk

What are the merits of the different platforms – covering the whole age range?

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Questions or Challenges

Risk



How to weight the different media that is available for people to advertise on – LinkedIn/ job centre. What type of candidates will the different media attract and will this perpetuate exclusive rather than inclusive recruitment?

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De-bias Action

Length of time the advert is open for can exclude those who take a more considered approach to job applications and like to think about the suitability of the role.

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Extend advert deadlines as evidence shows that women can take longer to decide to apply.

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De-bias Action

Equality, Diversity and
Inclusion Statement



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De-bias Action



Need to ensure an Equality, Diversity and Inclusion Statement is included in all adverts. It should meaningfully represent the organisation's values and encourage applications.

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De-bias Action

Not rooted in community.

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Recruitment rooted in local community
but clearly communicate where there
is flexibility on requirements.

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De-bias Action

Trac set up - make sure it is easy
for people to apply and navigate
the system.

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Engaging with local colleges and communities, seek out schemes that support in to work.

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Trac & NHS Jobs Application
forms aligned to Agenda for Change

Complex and long process.
Not user friendly.

Unnecessary information requested



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De-bias Action

Questions or Challenges

Risk



Trac & NHS Jobs Application
forms aligned to Agenda for Change

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Questions or Challenges

Risk

Include questions on fit with NHS Values on the template application form on NHS Jobs. This will require candidates to consider personal qualities alongside experience and education.

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Questions or Challenges



Risk

Application process needs to be fair across all bands and staff groups. Not a single solution - tailor to role requirements.

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Questions or Challenges

Risk



Replacement of current operating systems for applications (NHS Jobs and TRAC) not within the gift or organisations and costs likely to be high. May need to push for a national solution or have a pilot in some areas to share costs.

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De-bias Action

Questions or Challenges

Risk

Resources

Complex and long process.
Not user friendly.

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Questions or Challenges

Risk

Resources

Focus on skills.

Shorter job application is available on Trac – takes away emphasis on career history. Can improve prospects for younger candidates as they can describe other activities or achievements.

Alternative means of applying – open days (see behind the scenes/ simulation suites) and help filling in the form.

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Questions or Challenges →

Risk

Resources

Video interview to answer key
questions and used to shortlist?

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Resources

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[Prince's Trust Case Study](#)

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De-bias Action

Questions or Challenges

Unnecessary information requested that might trigger bias e.g. where clinical training was undertaken instead of what professional registration details are.

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Questions or Challenges

Develop skills based recruitment tools.

Use alternative format application
forms that are available on TRAC

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Questions or Challenges



How to tie in with those who can
support and /or are doing this well.

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Lack of weighting between essential
and desirable criteria

Lack of hiring managers idea of ideal
number of years service

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De-bias Action

Questions or Challenges

Risk

Resources

Lack of weighting between essential
and desirable criteria.

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Questions or Challenges

Risk

Resources

Recruit for attitude and train for skill.

Assessment centres and speed
interviews instead of CV and
application.

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Questions or Challenges



Risk

Resources

Written application is only information available for shortlisting. How can shortlisting be made more inclusive?

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Resources

How to keep it secure so you know
the person taking the assessment is
the person coming for the role.

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[Recruiting Metrics](#)

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De-bias Action

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Lack of hiring managers idea of ideal
number of years service.



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Questions or Challenges

Risk

Resources

Automated shortlisting.

Ask panel members to assess candidates independently before coming to a joint decision. This will avoid “group thinking” and save time shortlisting.

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Questions or Challenges →

Risk

Resources

How much would automated
shortlisting cost?

How to ensure that the Artificial
Intelligence itself is not prejudiced?

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Resources

Some new methods might be
untested in healthcare settings.

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[Making decisions about
applicants in batches](#)

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Language used and
questioning techniques

Accents and judgement

Judgement about candidate's ability to
be understood by others.

Design of questions

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Language used and
questioning techniques.

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Questions or Challenges

Risk

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Outgroup bias

Send a warm /motivational email invitation sent to candidates prior to interview or Assessment Centre invites. Personalise the invitation, combined with social norms (what other people similar to them do in general). Emphasise the NHS values and social mission in your correspondence with the candidates. Minority candidates may perceive themselves isolated from the mainstream. Before the interview day, send a quick SMS to candidates wishing them good luck.

Check understanding of questions and challenge use of language that may not be inclusive.

Psychometric de biasing, extend to interview questions and to interviewers.

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Risk

Resources

What is the appetite to use of other assessment tools? Panel interviews are not the most effective tool. Do they continue to be used for reasons of cost alone?

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Resources

Relying on interview as main
assessment tool.

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STARR Interview Questions
sample interview questions from
Epsom and St Helier NHS Trust.

Values-based Interview Question Guide

The following guide provides guidance on the types of questions to ask in values - based interviews using the Trusts Values – based interview questions and scoring form

You will be asking candidates the following questions types :

1. An **open question** to put the candidate at ease
2. A question about their response to the screener questions (once live in TRAC – date TBC)
3. A question about **past experiences**, explored using the STARR model
4. A **scenario question** (known as situational judgment tests) using the probing questions set out below
5. One or more questions **specific to the role** being interviewed for
6. A question regarding **equality and diversity** in the workplace.
7. A **Closing** question

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1

Opening question

Choose ONE of the following questions.

Remember to ask the same questions to candidates being assessed for the same job.

1. Why are you interested in this role?
2. Why do you think you are a good match for this role?
3. What gives you the greatest / least satisfaction at work?
4. What makes a good / successful / rewarding day for you?
5. In what kind of team do you work at your best?
6. What energises / motivates or demotivates you at work?
7. Describe your most satisfying work experience?
8. What does success mean to you?
9. What is important to you when looking at a new role?

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2

Screeners based question

We are in the process of including value based screener questions into application forms. Once this is live in TRAC you will be given the responses and be able to ask any questions you may have on the individuals responses.

3

Past experience question

Also known as behavioral event interview questions (BEI)

These questions help you get a detailed response to the behaviours you have identified as important to the role as stated in the job description or personal specification. They start with 'tell me a time when.... '.

Choose ONE of the example questions on the following page.

Ask the questions and probe using all of the STARR probing questions of all candidates.

Example Past experience questions

"Please tell me about a time at work when..."

Respect

1. You found it difficult to show respect
2. You acted respectfully
3. Someone else displayed a lack of respect to you
4. You witnessed a colleague or patient behaving disrespectfully
5. You had to manage someone who showed rude or inappropriate behaviour
6. You showed respect to someone of another culture
7. You put yourself in someone else's shoes
8. You gave feedback about someone's behaviour

Kind

1. You showed empathy
2. You showed someone they were valued
3. Your protected someone's dignity
4. You found it difficult to be kind
5. When you saw a colleague was unhappy
6. You were compassionate in a difficult situation
7. You helped someone who felt anxious or scared
8. You made time for a colleague or patient
9. You put someone else's needs above your own

Positive

1. You faced a challenging situation
2. You were open and flexible to change
3. You found it difficult to stay positive at work
4. When you were asked to do something you have never done before
5. You were under pressure to perform
6. Someone in your team was being negative
7. You helped someone when you were under pressure yourself
8. A change was introduced you didn't agree with

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Professional

1. You had to deal with a complaint
2. You received negative feedback
3. You had to give difficult feedback
4. Something happened that you disagreed with
5. Your responsibilities were changed without your consultation
6. When you were challenged or ignored
7. You had to communicate a difficult message
8. You had to deal with a sensitive situation at work
9. You spotted something that compromised safety

Teamwork

1. You had to deal with a difficult colleague
2. You supported someone else at work
3. There was a conflict in your team
4. When a new person joined your team
5. You didn't feel supported at work
6. You inspired or motivated someone
7. You shared your knowledge or learnings
8. A mistake was made in your team and how it was handled
9. You found a way to improve something

Probe your Past experience question using Star probe questions

Probe the candidates response using the **STARR model**.

Use the same probing questions for all candidates. Score candidates using the criteria in the 'scoring sheet'. Remember to ask all of these questions, even if the candidate touches on them in their initial answer, to secure 'more detail'.



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Scenario questions

Also known as Situational judgment test (SJT)

These questions help to provide the fairest, most accurate response to hypothetical role-based scenarios. Here you ask a hypothetical question based on the role you are interviewing for. You will see a set of scenarios for roles at the end of this guide.

Choose one questions from the set of examples at the end of this guide

Ask the question and probe further by asking the 7 situational judgment test questions below

1. What are your immediate thoughts and feelings as you read through this scenario?
2. How do you think this sort of situation could arise?
3. What do you believe is the most challenging aspect of this situation?
4. What would you do if you faced this situation? What actions would you take, if any?
5. What do you think the consequences may be for taking these actions?
6. What would be the right thing to do to live up to our values?
7. Describe a similar situation you have faced. Probe in detail using the STARR model

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Role based questions

Your opportunity to ask specific role based questions.

6

Equality and diversity questions

Below are some options to ask questions exploring equality and diversity. Whilst there is no set model of probing to follow for these questions, we have included some below that may be helpful. Please ensure you make note and ask the same probes of all candidates in that role.

Choose one or more of the questions.

1. How would you describe your current thinking about diversity and equality in the workplace?
 - How would you go about that?
 - What would be the end result?
- How has your thinking changed over time?
- What do you think has influenced this [change in] thinking?
- How do you think this might change in the future?
2. What is your definition of diversity in the workplace?
 - What does a diverse workplace look like?
 - Why is it important?
 - What are the benefits of a diverse workplace?
3. How would you advocate for diversity and equality initiatives with individuals who don't see its value?
 - What are some ways you might do that?
4. Why is it important to address diversity and equality issues in the workplace?
 - What are some ways organisations might do that?
 - How would organisations go about that?
 - What would be the end result?
5. Please tell us about an instance when you have demonstrated leadership or commitment to equality in your work.
 - Here you can use the STARR model to probe further.

7

Closing questions

1. What would success look like for you in this job?
2. What tends to get done (or not get done) on your 'to do' list?
3. Why do you think you are likely to do well in this role?
4. What qualities do you believe you would bring to our team?
5. What are the biggest adjustments / challenges you believe you would face if you were successful in getting this role?
6. Sum up why you believe you are a good candidate for this role?
7. What would prevent you from accepting an offer if one was made?
8. Are there any final points you would like to make that we have not covered to support your application?
9. Finally. What questions do you have for us?

The following pages contain Scenario (SJT) based questions specific to job roles

Note: while these are targeted at specific job roles, you may find that many of them are applicable to a wide range of job roles, including the one you are recruiting to. You may also want to create your own questions

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Nursing Positions

Example scenario questions



How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. You are walking through a reception area which is busy with patients, families and staff. You notice a patient and member of staff talking to each other in ways that you think are rude or even threatening.			
<ul style="list-style-type: none">• Long waiting times• Stressed patient or family in a very busy clinic• Stressed staff, working under time pressure and looking after a high number of patients• Patient doesn't feel listened to, or has not received the response they wanted from the member of staff	<ul style="list-style-type: none">• It is confrontational• Not the staff behaviours we want to see in our hospital• Might feel protective towards your colleague• Difficult to confront either the patient or the member of staff• Other clients / patients might be affected	<ul style="list-style-type: none">• Assess the situation and understand the context• Stay calm yourself – take the heat out of situation• If you feel able to deescalate the situation, step in, or find someone else who can help• Address patient's issues first• Listening is a great way to calm people down	<ul style="list-style-type: none">• Match the aggression• Don't use inflammatory language e.g. 'calm down'• Ignore the situation• Belittle or undermine the member of staff in front of patients• Put yourself at risk or take the patient away without understanding the situation

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How could it happen?	Why is it challenging?	What should you do?	What should you not do?
B. You are preparing a patient who has dementia to go to surgery and they are becoming distressed.			
<ul style="list-style-type: none"> Many of our patients suffer from dementia or delirium The patient may feel rushed The patient may be overwhelmed by noise / how busy the ward is The patient may be confused by unfamiliar faces and voices The patient may not understand why they are in hospital 	<ul style="list-style-type: none"> Pressure of time A distressed patient can cause feelings of distress in the nurse Might not have had full training on how to best work with patients with dementia Unclear on legal terms Concerns about dealing with the family Patient may become physically aggressive 	<ul style="list-style-type: none"> Remain calm and be reassuring Show empathy and compassion Continue to follow safe protocols and procedures Never be physically forceful Ask a colleague for help Let theatres know if the patient might be late Let the family know Document everything 	<ul style="list-style-type: none"> Be forceful Be argumentative or show agitation Soldier on on your own if you need help Fail to document Do anything where you are unsure of the legal requirements the situation

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How could it happen?

Why is it challenging?

What should you do?

What should you not do?

C. Optional - Select another example or create your own:

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HCA Positions

Example scenario questions



How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. You are coming to the end of a long shift and you answer a buzzer to a patient who has just been sick all over their bed and floor area.			
<ul style="list-style-type: none">• Patients can be sick at any time• Sickness might be a symptom of what they are being treated for• Sickness might be a side effect of medication or noro-virus• The hospital food might not have agreed with them	<ul style="list-style-type: none">• It's the end of your shift, you're tired• You have a time constraint and need to leave work on time today• It's an unpleasant task to deal with and you feel like you've finished for the day• May be staff shortages and you are juggling many priorities at once• Not nice for other patients• It has to be cleaned up immediately for infection control / to maintain the patient's dignity	<ul style="list-style-type: none">• Be kind and patient with the patient, reassure them they are okay and it's not a problem• Ask the patient if they think they will be sick again, provide a tray• Inform a qualified member of staff• Draw curtains for privacy• Clean up the area, wash the patient and change the bed as swiftly as possible• Help the patient clean their teeth• Document what happened	<ul style="list-style-type: none">• Walk away and ignore it happened – let someone else deal with it• Not pass the information on to a nurse• Show irritation and/or disgust and make them feel embarrassed• Poor body language, clean up the area without talking to and reassuring the patient

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How could it happen?	Why is it challenging?	What should you do?	What should you not do?
<p>B. During the early part of your shift a normally bubbly patient seems withdrawn. As you offer them a cup of tea they ask you to come closer and say that the ward staff on the previous shift were very rude and uncaring.</p>			
<ul style="list-style-type: none"> It might be TRUE and needs properly investigating The patient may be confused or disorientated due to their medical condition or age They may not be aware of all of the care that's been provided The patient could have misinterpreted a staff reaction to something or there may have been an emergency situation to deal with 	<ul style="list-style-type: none"> No one likes to hear a patient is distressed or feels that they've not been cared for properly Raises concerns that colleagues have done their job properly You are not fully aware of all of the facts so you don't know if the complaint is justified Patients can feel emotional so they need a sensitive response They might now feel you've had the training to fully understand 	<ul style="list-style-type: none"> Stay calm and professional Show concern, be sensitive in what you say. Be neither dismissive or assuming Talk to the patient about raising the concern further for them It is important to involve a more senior person so that a proper investigation can be carried out before a response is provided 	<ul style="list-style-type: none"> Jump to conclusions either way Ignore or dismiss the situation Fail to report the situation Conduct the conversation in the full view of everyone... privacy is required

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How could it happen?

Why is it challenging?

What should you do?

What should you not do?

C. Optional - Select another example or create your own:

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AHP Positions

Example scenario questions



How could it happen?

Why is it challenging?

What should you do?

What should you not do?

A. You are working with an experienced OT tech who you feel is working outside of their job role.

- Rotational staff might move to new areas and might not be aware of roles

- Experienced techs in practice for over 20 years may take on more

- Lack of supervision

- Unaware of job description

- Might feel pressure to do more than is expected

- Junior member of staff feels unsure how to approach an established team member

- Experienced OT tech might think their competencies and being challenged and be offended

- Might not be fully aware of what is or isn't in the experienced OTs job role

- Discuss in supervision and/ or seek advice from your line manager

- Check job role/ description

- Meet one-to-one with the experienced OT and talk to them about your concerns, listen to their reply

- Tell them off

- Discuss in an open forum

- Jump to conclusions without exploring

- Start to work outside your own scope of practice

- Be confrontational

- Ignore it / avoid dealing with it

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How could it happen?	Why is it challenging?	What should you do?	What should you not do?
B. You arrive on the ward to assess a patient who is waiting to be discharged, when you hear another patient asking for help to get to the toilet.			
<ul style="list-style-type: none"> The patient's bowel movements may be affected by their illness or treatment They may have been asleep when the comfort round was done earlier They might not want to be a bother as they need help to go the toilet so might have left it until the last minute to ask 	<ul style="list-style-type: none"> Patient may be embarrassed and not want to make a scene You need to protect the patient's privacy and dignity, but it is not a patient whose care you are involved in / you do not work on the ward Judging urgency of the patient's need Need to consider the patient you are here to see There may be staff shortages on the ward 	<ul style="list-style-type: none"> Establish level of urgency and potential for loss of control Inform the patient who needs the toilet and the patient you are here to see that you're going to find someone to help Ask the member of staff you find for help if they are okay – do they need help moving the patient into privacy? Make sure the patient you are here to see does not feel left – apologise for the delay in seeing them 	<ul style="list-style-type: none"> Ignore the patient's needs as you are on the ward for a different reason Don't get help from a member of staff Assume the patient can sort the issue themselves, pass them a bed pan Embarrass the patient, dismiss or make light of the situation Allow your body language to signal annoyance Try to deal with the situation yourself, alone, rather than finding someone on shift to help

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Why is it challenging?

What should you do?

What should you not do?

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Doctors

Example scenario questions



How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. At the time of your assessment the patient (and family) agreed with your recommendations. On follow up you have found out that the recommendations have not been followed.			
<ul style="list-style-type: none">• Miscommunication• Initially just wanted to please• Not a priority to them• Language / cultural issues• Didn't understand what they were meant to do• Changed their mind / don't feel it works• Changes in condition since assessment	<ul style="list-style-type: none">• Frustrating for everyone• Confronting to a client• Clinicians opinion not valued• Perhaps need to change your communication• Need to understand other people's values – step into their shoes• Could be a serious impact on the person's condition	<ul style="list-style-type: none">• Ask what they understood of the recommendations. Ask what's important to the patient. Are there barriers?• Ask the patient what they want to do / achieve• Develop patient centered goals you both agree on• Who else could you refer to i.e. social worker• Reflect on your role	<ul style="list-style-type: none">• Blame patient and family• Become frustrated or judgmental• Stick blindly with the same recommendation• Not listen• Give up / not try something new

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How could it happen?	Why is it challenging?	What should you do?	What should you not do?
B. Following your assessment, you have developed a treatment plan you feel is in the best interests of the patient. Other members of the MDT disagree with your recommended course of action.			
<ul style="list-style-type: none"> The other clinician may have been short of time There may be language issues between the clinician and the patient or with the nurse They may have misheard or not been party to the full conversation Consent training may be required 	<ul style="list-style-type: none"> You have heard from a third party, but were not present yourself The other clinician may be senior to you, or not in your team It presents a probity issue Unsure of who is right or wrong in the situation 	<ul style="list-style-type: none"> Speak with the other clinician and explain what the issue is Ascertain as many facts as possible before speaking with the other clinician, taking into account the urgency of the procedure If you believe full consent was not taken, you must report it 	<ul style="list-style-type: none"> Make excuses or explain on behalf of the other clinician without getting all the facts Speak directly with the patient without following due process Delay dealing with this, given the urgency of the procedure Agree with the other clinician that there is an issue, resolve it together, but not report

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Why is it challenging?

What should you do?

What should you not do?

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Senior Manager Positions

Example scenario questions



How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. A member of staff tells you that they have seen an inappropriate comment about a work based issue on social media by another staff member. They believe the comment might damage our reputation.			
<ul style="list-style-type: none">• Social media is commonly used outside of work• Some people use social media as an opportunity to vent / debrief• The comment might have been taken out of context and there is a misunderstanding• Naivety – the person who wrote it might not have intended it to be in full view (not aware of privacy settings)• Maliciousness – the person who wrote it might want to cause trouble by it	<ul style="list-style-type: none">• Social media outside of work can't be controlled and there is ambiguity about what is or isn't appropriate• The comment might have an impact on the person who reported it, or potentially the public• Damages organisational credibility and breach of professional standards• Breach of confidentiality about the issue• The person who wrote it might be feeling very upset about the issue	<ul style="list-style-type: none">• Thank the member of staff for speaking up and raising this concern• Let HR know what is happening• Gain the facts and supporting evidence, don't just rely on what you hear• Speak to the member of staff who wrote it and listen to their views• Do not be judgemental towards the person who wrote the comment as you don't know the full picture• Confidentiality – do not discuss post with others	<ul style="list-style-type: none">• Gossip about the comment to others• Do nothing, ignore the concern and belittle the person for speaking up• Challenge the issue directly with the person who wrote it without seeing the post yourself and finding out the facts• Jump to conclusions about the issue• Retaliate, make comments back on social media• Not raise this issue with HR to find an appropriate way forward

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How could it happen?	Why is it challenging?	What should you do?	What should you not do?
B. You would like to introduce a new change as you think it will increase productivity. There is resistance in the team you are trying to engage in the change.			
<ul style="list-style-type: none"> The team were not consulted in the early stages of planning The team feel it is a downward request from senior management, rather than feeling motivated and inspired to make the change work The team are 'stuck in their ways' 	<ul style="list-style-type: none"> Some team members don't cope well with change The team might view the change as a criticism of the way they are working at the moment It might involve a change in working conditions or a change in the people in the team (people might be afraid it could mean job changes) 	<ul style="list-style-type: none"> Gather the team and explain why you think the change will increase productivity Welcome ideas / feedback into how to proceed and incorporate these into how you progress Hold one-to-ones with anyone who is especially resistant Keep dialogue open Support and coach the team manager to lead and role model the change 	<ul style="list-style-type: none"> Mandate change with no engagement with team Ignore feedback from, or discontent in the team Tell people 'you are just resistant to change' Make assumptions about what is causing the resistance Give in and not drive the change forward

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How could it happen?

Why is it challenging?

What should you do?

What should you not do?

C. Optional - Select another example or create your own:

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Admin and Clerical Positions

Example scenario questions



How could it happen?

Why is it challenging?

What should you do?

What should you not do?

A. You are late for a meeting and a visitor stops you and asks for directions.

- Hospitals are large and confusing places for patients and families
- Signage is not always clear
- They may be anxious or late
- They may have parked somewhere different to where they normally park so are disorientated

- You are on your way to a meeting and worried about being late
- You may not know where the place is
- The place could be very complicated to get to and you are worried your directions might make the patient even more confused / lost
- The patient / family may be anxious or even angry

- Stop and see if you can help
- Listen carefully to where they need to get to
- Give very clear instructions as to where to go
- Walk them all or part of the way if this is a greater priority
- If you don't know the way, find someone who can provide directions before you leave

- Walk past and ignore them
- Say 'I don't know' or 'it's not my job'
- Tell them to ask someone else
- Make them feel like an inconvenience

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How could it happen?	Why is it challenging?	What should you do?	What should you not do?
<p>B. You are working on the reception area for a busy clinic and one of the patients and their relative has been waiting for several hours due to appointments badly overrunning. The patient is clearly getting quite agitated and angry – almost aggressive.</p>			
<ul style="list-style-type: none"> • Heavier than expected workload due to staff shortages • Admin error in the level of appointments • Changes in medical priorities or an emergency situation may have taken precedence • Patient / relative can make assumptions others are being seen before them or they have been forgotten about 	<ul style="list-style-type: none"> • Long waits can cause genuine tension and frustration • Patients are stressed and such situations can get magnified • You're not in control but are dealing with the situation • People's moods change, they can become angry / aggressive • Health issues and concerns e.g. in pain, upset, elderly 	<ul style="list-style-type: none"> • Stay calm / approachable • Acknowledge their frustration • Assess if you are able to do anything to ease the situation • Check appointment progress. Assure them they will be seen. • Keep them informed - find an interpreter if needed • If they are in pain, liaise with triage for pain relief • Be prepared to involve security if things escalate (last resort) 	<ul style="list-style-type: none"> • Be preoccupied with your own pressures (not patient focused) • Dismiss their frustration • Raise your voice or appear defensive or frustrated • Add to the tension by getting irritated in your tone, body language or expressions • Make promises you can't keep • Try to control a situation if it is becoming physically volatile – ask for help/escalate if needed

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How could it happen?

Why is it challenging?

What should you do?

What should you not do?

C. Optional - Select another example or create your own:

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Support roles

Example scenario questions



How could it happen?	Why is it challenging?	What should you do?	What should you not do?
A. You notice you have made a mistake in your work that could have impacted on patient experience, care or safety; but you are reasonably sure that no one has been harmed as a result.			
<ul style="list-style-type: none">• We are all human and anyone can make a mistake• Pressure of time• Distracted• Not following agreed processes or protocols• Genuine human error	<ul style="list-style-type: none">• It can be difficult to admit to mistakes – people may judge us as a result• If no-one was harmed it can feel easier to 'brush it under the carpet'• Some managers' reaction to mistakes is to assign blame, rather than to use it as a chance to learn	<ul style="list-style-type: none">• Admit the mistake• Tell someone, such as your manager, as soon as you can• Work together with the team to fix the issue• Document what happened and share your learning - not only for patient safety issues; we need to put quality at the heart of everything we do	<ul style="list-style-type: none">• Let pride get in the way – sort it out yourself without telling anyone – so the team won't learn and it may happen again• Only report errors when harm occurs. In a true safety culture we learn from near misses too• Consider that only clinical errors are important – everything everyone does impacts on patients

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How could it happen?	Why is it challenging?	What should you do?	What should you not do?
B. You are on your way to lunch in the canteen overhear two colleagues talking. It seems to you that one of them is being rude and aggressive to the other. Patients can overhear them too.			
<ul style="list-style-type: none"> Some rude behaviours have become accepted practice in some healthcare organisations The person is stressed and this is 'leaking out' as aggressive behaviour The person is not aware that their behaviour is rude or aggressive 	<ul style="list-style-type: none"> They might be more senior You may not be 100% sure what's happening You will need to use your personal judgement You are concerned because of their tone and body language No one likes to be seen to be criticising a colleague It may lead to tension / other consequences 	<ul style="list-style-type: none"> Gently interrupt. Ask if they're aware people can overhear Remain impartial, calm and unemotional Ask the aggressive person to mind their tone Take them to one side – give factual feedback about their behaviour Check if either of them want support You may need to report it 	<ul style="list-style-type: none"> Jump to conclusions Walk past without doing anything – let it carry on React emotionally or raise your voice yourself Embarrass either of the people involved Gossip about it later

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How could it happen?

Why is it challenging?

What should you do?

What should you not do?

C. Optional - Select another example or create your own:

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HR professional

Example scenario questions



How could it happen?

Why is it challenging?

What should you do?

What should you not do?

A. A candidate feels they have not been offered the correct salary for their level of experience.

- | | | | |
|---|---|--|--|
| <ul style="list-style-type: none">• There may have been a miscommunication about salary levels on the job advert• They may have seen the job advertised somewhere else for a higher salary• There may be lack of clarity around the job level or role and responsibilities of the post holder | <ul style="list-style-type: none">• You want to attract great staff but are only able to offer within your means• The candidate may have a different view about what the job involves and you don't want to cause disappointment | <ul style="list-style-type: none">• Clarify the roles and responsibilities of the job with the candidate• Review the salary offered with others to check it is fair and if there is room to negotiate• Ensure if offering a higher salary it fairly reflects other post holders in similar roles | <ul style="list-style-type: none">• Dismiss the candidates concerns• Not review the requirements of the role and if their request is justified• Fail to explain to the candidate why this level of salary is offered |
|---|---|--|--|

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How could it happen?	Why is it challenging?	What should you do?	What should you not do?
B. You notice a colleague smells of alcohol and seems unable to concentrate. You are concerned for their welfare.			
<ul style="list-style-type: none"> • They may be facing personal difficulties • They may not have realised they were still intoxicated when coming to work • There may be another explanation but on the surface this is what it seems like 	<ul style="list-style-type: none"> • You will want to deal with the situation sensitively and not cause embarrassment however safety of others, including patients may be at risk • It may be hard to reason with someone who is intoxicated 	<ul style="list-style-type: none"> • Remain calm and discreetly feedback that you have noticed this and that you are concerned this may impact on the quality of work • Escalate if necessary and you feel the safety of others is at risk • Follow up and check that the staff member is ok, it may be a one off but may not be 	<ul style="list-style-type: none"> • Jump to conclusions about the situation – you may be mistaken • Make light of the situation with them • Embarrass the person involved • Talk about it to other team members • Ignore it • Fail to escalate if you feel patient safety or safety of others is at risk

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C. Optional - Select another example or create your own:

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Bias Trigger



De-bias Action

Accents, judgement about ability,
expectation of use of English phrases
and idioms.



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Bias Trigger

De-bias Action



Psychometric de biasing, extend
to interview questions and to
interviewers.

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Bias Trigger



De-bias Action

Judgement about candidate's ability
to be understood by others.



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Bias Trigger

De-bias Action



Training in interviewing for all and in particular in de-biasing processes.

Follow up on training for interviewing managers; monitoring panel interviews where BAME staff member invited to join. Need to evaluate this work.

Develop guidance for Debiased Interviewing as part of wider local actions on de-biased recruitment. This should include due consideration of how the panel is chosen. If there are a number of internal candidates it would be helpful to have a panel member who does not know any of the candidates and can offer an unbiased view of their responses.

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Bias Trigger



De-bias Action

Resources

Design of questions - needs to be clear to the candidate what information is being sought. Rambling, complicated questions can cause confusion.

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Bias Trigger

De-bias Action



Resources

Adoption of the STARR model of designing interview questions will support a de-biased process. This has been used effectively to give all candidates an equal opportunity to respond fully with relevant examples from their career history.

Introduction of peer decision making.

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De-bias Action

Resources



[Inclusive-culture-at-North-East-London-Foundation-Trust.pdf
\(nhsemployers.org\)](#)

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Bias Trigger



Who makes the final
selection decision?

Non tested and not objective
scoring systems

“Team Fit”

Unconscious and conscious decisions

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Bias Trigger



De-bias Action

Questions or Challenges

Who makes the final selection decision? Opportunity for hiring manager to override other panel members.

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De-bias Action



Questions or Challenges

Overhaul of interviewing processes
with radical redesign to be considered
e.g. “blind” interviews.

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Questions or Challenges



Can psychometrics be used to assist in
decisions of team requirements?

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De-bias Action

Resources

Non tested and not objective
scoring systems.

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De-bias Action



Resources

Design scoring or ranking systems that do not contain subjective criteria.

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Resources



Interview questions / scoring

In this interview we will be asking candidates the following questions types. Sample questions for all (excluding role-based questions) can be found in the 'Values-based interviewing question guide'. The panel may decide not to appoint if values question is not adequately answered at interview.

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1. An open question to put the candidate at ease
2. A question about their response to the screener questions (once live in TRAC)
3. A question about past experiences, explored using the STARR model. For consultant interviews the college rep may ask the first question.
4. A scenario question (known as situational judgment tests) using the probing questions set out below
5. One or more questions specific to the role being interviewed for
6. A question regarding equality and diversity in the workplace.
7. Closing question

Answers are scored 1 -5 (5 being the highest) for how well answers show evidence of the values (respectful, kind, positive, professional and teamwork) as well as skills and competencies where necessary.

Candidates score should be scored as the following:

0	No examples given or answer completely irrelevant.	3	Some points covered. Relevant information given. Some examples given.
1	A few good points but main issues missing. No examples/irrelevant examples given.	4	Good answer. Relevant information. All or most points covered. Good examples.
2	Some points covered, not all relevant. Some examples given.	5	Perfect answer. All points addressed. All points relevant. Good examples.

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Candidate Name	Panel Member	Date

Answer - score each answer from 1-5 (5 being the highest)

Question description	Add Question	Comments	Score
<p>1.</p> <p>Opening questions: Start the conversation and put the candidate at ease. Example questions can be found in the 'Values based interview questions guide'.</p> <p>2.</p> <p>Question from their screener responses (once live in Trac).</p>			

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3.

Past experiences questions: (Min 1)

This question should help explore values and evaluate the behaviors you have identified as being important to this role as stated in the Job description and personal specification. They start with tell me a time when.....

Example questions can be found in the Values based interview questions guide

You can then ask the STARR probing questions.

3.a

Tell me about a Situation when you...

Probe using these STARR questions:

What was the Task you needed to accomplish?

What Actions did you take and what was your role?

How did it turn out and what Results did you achieve after?

What Reflections do you have now, looking back on the situation

3.b

(Optional) Tell me about a Situation when you...

Probe using these STARR questions:

What was the Task you needed to accomplish

What Actions did you take and what was your role

How did it turn out and what Results did you achieve after

What Reflections do you have?

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4.

Scenario questions

Helps you explore how they may act in the future using this evidence based 7 question approach to explore values within specific job roles.

Example questions can be found in the Values based interview questions guide.

5.

Role based questions.

This is an opportunity to ask some role-based questions.

(You may add more than 3 if required)

4.

- What are your immediate thoughts and feelings about this scenario?
- How do you think this sort of situation could arise?
- What do you believe is the most challenging aspect of this situation?
- What would you do if you faced this situation? What actions would you take, if any?
- What do you think the consequences may be for taking these actions?
- What would be the right thing to do to live up to our values?
- Describe a similar situation you have faced. [Probe in detail using STARR].

5.a

5.b

5.c

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6.

Equality questions

A chance to explore issues relating to diversity and equality.

Example questions can be found in the Values based interview questions guide.

7.

Closing Question

A chance for final observations.

In line with the implementation of the Workforce Race Equality Standard (WRES) please complete a feedback form, to be sent to the Trust CEO, for all BAME candidates not appointed to posts at Band 6 or above.

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De-bias Action

Risk

Resources

“Team Fit” used a reason for favouring a candidate who may not be best qualified.

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Risk

Resources

Consider appointments of candidates who add to the organisational culture rather than fit with it.

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Risk



Resources

Still a concern that “Team Fit” is an implied reason for selection.

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Resources



BAME Candidate Feedback Form

BAME Candidate Feedback Form

We are working to implement the Workforce Race Equality Standard (WRES) which is a requirement for NHS Organisations. This requires us to ensure employees from Black, Asian Minority Ethnic (BAME) backgrounds have equal access to career opportunities and receive fair treatment in the work place. This is also central to our RESPECT values and behaviours.

We have already introduced a number of changes to the recruitment and selection practices in ensuring we have a BAME representative on all interview panels for Bands 6 and above as well as having a gender balance. To strengthen this, our Chief Executive has asked to see feedback from every leadership interview (for roles band 6 and above) where a BAME candidate was not appointed. This will begin from 1 June, and as part of it, any BAME candidate who is unsuccessful will be offered a career coaching conversation.

We are doing this because studies have shown that a motivated, included and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety. Our WRES data and staff survey results show that we are not doing well in this area and we would appreciate your support in getting this right.

We therefore ask you to complete the attached template and return to the recruitment team with your interview paperwork for any BAME candidate that was not appointed.

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Download the BAME Candidate
Feedback Form



The form is titled "BAME Candidate Feedback Form" and features the NHS logo in the top right corner. It includes a table for candidate details on the left and a large text area for feedback on the right. The table has the following rows: Candidate Name, Post applied for, Post grade, Department, Division, Job reference number, Interview date, and Panel Chair. Below the table, there is a paragraph of instructions: "Please provide feedback below, on why the BAME candidate was not appointed. For internal candidates please provide information on the developmental support this candidate will be given, in order to progress their career." The form also includes fields for Signature and Date, a section for Feedback from Chief Executive, a section for Action to be taken, and a final Date field at the bottom.

Candidate Name	
Post applied for	
Post grade	
Department	
Division	
Job reference number	
Interview date	
Panel Chair	

Please provide feedback below, on why the BAME candidate was not appointed. For internal candidates please provide information on the developmental support this candidate will be given, in order to progress their career.

Signature Date

Feedback from Chief Executive

Action to be taken

Date

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De-bias Action

Unconscious and conscious
decisions based on first
impressions and non verbal
behaviour.

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De-bias Action



Cross organisational recruitment leads e.g. within an ICS area one trust recruits for another e.g. radiology manager in trust A recruits for vacancy in trust B.

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Informal “checking up” on candidates

Lack of clarity regarding next step

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De-bias Action

Resources

Informal “checking up”
on candidates.

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De-bias Action



Resources

Incorporate into training on good practice. Instructions to hiring managers not to make informal enquiries to previous employers or manager's own network of contacts.

Organisational Values and NHS Constitution to be upheld throughout interview process.

Ensure all communication with candidates is done via the recruitment or HR team to eliminate the opportunity for informal questioning of the candidate post interview.

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Resources



[Information Commissioner's Office
guidelines on Privacy](#)

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De-bias Action

Risk

Lack of clarity regarding next step -
when to give notice etc.

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De-bias Action



Risk

Provide clear communication
to successful candidate on pre-
employment process to avoid
ambiguity about giving notice.

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De-bias Action

Risk



Senior appointments likely to still rely on networks to find out information about candidates. Particularly difficult to mitigate in areas of specialty where there might be a small pool of suitable candidates.

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Potential for pay disparity and
other inequalities

Length of time between conditional
and unconditional offers may lead to
disengagement of candidate.

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De-bias Action

Risk

Resources

Potential for pay disparity and other inequalities e.g. non pay benefits.

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De-bias Action



Risk

Resources

London wide guidelines for starting salaries and oversight of offers.

Oversight of 'manager discretion' to award uplifts in salary.

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Risk



Resources

Potential remains for pay disparity
depending on experience of
candidate.

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De-bias Action

Risk

Resources



Potential for pay disparity and other inequalities e.g. non pay benefits - Understanding the ethnic pay gap in Britain

Malcolm Brynin, Ayse GüveliFirst
Published August 10, 2012
Research Article |<https://doi.org/10.1177/0950017012445095>

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De-bias Action

Length of time between conditional and unconditional offers may lead to disengagement of candidate.

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De-bias Action



Minimise delays on the pre-offer checks to ensure preferred candidates are not lost.

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Length of time between offer
and start date

Informal communications

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De-bias Action

Risk

Resources

Length of time between offer
and start date.

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Risk

Resources

Maintain regular communication with new starter.

Effective induction early on in a new role. Attended by senior leaders.

Opportunities for new joiners to share their feedback and perspectives - fresh eyes.

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Risk



Resources

Capacity to manage in areas with high
recruitment numbers.

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Risk

Resources



Length of time between offer and
start date - NHS Employers Case
Study

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De-bias Action

Questions or Challenges

Informal communications may give an advantage to one candidate over another in the same role e.g. if multiple appointments are made and a candidate/s are already known to the new employer they could get more favourable reception.

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De-bias Action



Questions or Challenges

Organisations develop onboarding actions to ensure candidates are made to feel welcome. This should include details of their commitment to equality and diversity. Practical information on how to join staff networks, a welcome video from staff network chair.

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De-bias Action

Questions or Challenges



Can we expedite transfers between
NHS organisations? Methods for
doing this can be unreliable.

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Not ready for the step up

Growing local staff into senior roles

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De-bias Action

Questions or Challenges

Risk

Resources

Not ready for the step up - possibly a subjective judgement from recruiting manager based on own view of role requirements.

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De-bias Action



Questions or Challenges

Risk

Resources

Ensure candidates are afforded fair opportunities to demonstrate their readiness for the next level up. Consider what evidence can be collected to support this and what testing and assessment processes have been put in place to ensure fairness.

Give equivalence as part of development plan.

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Questions or Challenges



Risk

Resources

Need to introduce talent management processes alongside actions to de bias recruitment and improve access to learning and development. Consider organisation's performance in Workforce Race Equality Standards 2 and 4 as a guide to where change is most needed.

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Questions or Challenges

Risk



Resources

Talent process is not robust and
insufficiently well designed to
eliminate bias.

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Resources



[Talent Management Toolkit –
Leadership Academy](#)

[Talent in practice – case studies –
Leadership Academy](#)

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De-bias Action

Resources

Growing local staff into senior roles.



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Resources

Develop system wide standards for training and development provision such as those introduced in some clinical areas on the Capital Nurse programme.

Develop a system to ensure stretch opportunities are available on a fair basis.

Offering work placements, internships and pre-employment programmes + Mentoring and reverse mentoring schemes for staff from BAME backgrounds.

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[Guidance - Business in the Community
- Inclusive Succession Planning](#)

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Digital Publications and Web Based Resources



[The Different Types of Unconscious Bias – EW Group \(theewgroup.com\)](http://theewgroup.com)



[Unconscious Bias and the Hiring Process - YouTube](#)



[The Employment Practices Code](#)



[Guidance - Equality & Human Rights Commission & Equality Act 2010](#)



[Orchestrating Impartiality: The Impact of “Blind” Auditions on Female Musicians - American Economic Association \(aeaweb.org\)](http://aeaweb.org)



[a-head-for-hiring_2015-behavioural-science-of-recruitment-and-selection_tcm18-9557.pdf \(cipd.co.uk\)](http://cipd.co.uk)

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[Speaking of Psychology:
Understanding your racial biases \(apa.
org\) – Podcast and Transcript John
Dovidio PhD](#)



[Job Performance Attributions and
Career Advancement Prospects: An
Examination of Gender and Race
Effects - ScienceDirect](#)



[Hiring as Cultural Matching: The Case
of Elite Professional Service Firms -
Lauren A. Rivera, 2012 \(sagepub.com\)](#)



[Candidate characteristics driving initial
impressions during rapport building:
Implications for employment interview
validity - Barrick - 2012 - Journal of
Occupational and Organizational
Psychology - Wiley Online Library](#)



[Evidence that gendered wording in
job advertisements exists and sustains
gender inequality. - PsycNET \(apa.org\)](#)

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[Best Practices or Best Guesses?
Assessing the Efficacy of Corporate
Affirmative Action and Diversity
Policies - Alexandra Kalev, Frank
Dobbin, Erin Kelly, 2006 \(sagepub.
com\)](#)



[research-report-113-unconscious-
bais-training-an-assessment-of-the-
evidence-for-effectiveness-pdf.pdf
\(equalityhumanrights.com\)](#)

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Selected Further Reading

Howard J Ross, *Everyday Bias: Identifying and Navigating Unconscious Judgement in Our Daily Lives*, Rowman and Littlefield, 2020

Iris Bohnet, *What Works – Gender Equality by Design* Harvard University Press, 2018

Amy C. Edmondson, *The Fearless Organization: Creating Psychological Safety in the Workplace for Learning, Innovation and Growth*, Wiley, 2109

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6 Key Action Plan



Download the Action plan for
implementation - 6 key actions
on overhaul of recruitment and
promotion

Wellington House
135-155 Waterloo Road
London SE1 8UG

E @nhs.net

 @nhsengland

 @NHSEnglandLDN

www.england.nhs.uk/london