

INDEPENDENT RESEARCH FOR THE GMC SHOWS ETHNICITY STILL A FACTOR IN FUTURE DOCTORS' PROSPECTS

The General Medical Council (GMC) has today (Thursday 21 July) published new research and data on the progression of doctors from different ethnicities and backgrounds through exams and recruitment.

It shows that white UK medical graduates remain more likely to pass specialty exams than their black and minority ethnic (BME) counterparts, while doctors whose primary qualification was gained outside the UK or European Economic Area (EEA) are even less likely to do well in exams or recruitment.

The GMC sets the standards for all stages of UK medical education and training, and oversees the organisations which manage and deliver it to doctors. It is responsible for ensuring the pathways through medical training are fair and don't disadvantage entrants from different backgrounds.

This is the second year the GMC has published this data, and it is sharing the information with other organisations involved in medical education and training to help them identify and tackle the possible causes of these differences in attainment.

Niall Dickson, Chief Executive of the GMC, said:

'The GMC is committed to doing everything we can to make sure that every doctor in training has the opportunity and support necessary to fulfil their potential.

'We have been looking at the fairness of training pathways for some time. This data will help organisations involved in medical education to ensure there is no unfairness or bias in their training and assessments. We all need to be confident that assessments are fair, and that doctors who need extra support are able to access it.

'This is a complex problem – not unique to medical training – and we are at the early stages of understanding its causes. Differences in the way doctors progress through training may be influenced by a range of factors, such as individual characteristics and approaches to learning, institutions' support systems and wider socio-cultural factors. These are difficult to untangle and influence and, unfortunately, there are no quick fixes. However, we want to work with everyone involved to make the system as fair and supportive as possible.'

The average exam pass rate for all UK medical graduates is 71%. This rises to 75.8% among those who are white, and falls to 63.2% for UK BME medical graduates.

International Medical Graduates (IMGs) – those doctors who qualified outside the UK and EEA – have a pass rate of just 41.4%.

Niall Dickson added: 'These figures need to be treated with caution. This is only the second year this data has been collated and it is too early to draw definitive conclusions about trends – that will come but only after continuous monitoring. What we do know is that this issue is not confined to medicine. We see these differences in other professions as well.'

The GMC has pledged to work with others as it continues to address the issue, in part by sharing data and also by introducing specific requirements for medical education and training organisations to show they consider fairness and equality in all aspects of their work.

To understand the experiences of individual doctors better, the GMC commissioned University College London (UCL) to conduct independent research including focus groups and interviews with doctors in training and those who train them.

UCL found that BME UK graduates, and doctors who qualified overseas, were believed to face risks of unconscious bias in assessments, recruitment and day-to-day working. Other issues included separation from their support networks outside work, because of a lack of autonomy about job locations, difficulties in 'fitting in' at work and, occasionally, overt prejudice. These risks restricted opportunities for learning, lowered morale and could, in severe cases, cause mental health problems.

Some doctors who graduated outside the UK discussed how cultural differences in their backgrounds could make it difficult to build rapport and to fit in with colleagues and trainers, and that it could take years to learn the UK's cultural norms.

A black doctor, who qualified outside the UK and Europe and who is training to become a GP, told researchers how he had immersed himself in British culture: 'It was a conscious decision on my part to try as much as possible to immerse myself in the [NHS] system and in the culture around me. When you don't do that it makes it harder.'

A Pakistani psychiatry trainee, who graduated outside the UK, told how she had to leave her husband and daughter in London and move to the north of England for her first job in medicine, which was also her first job in the UK. It caused her such anxiety that she 'could not pay attention to what was going on' at work. She felt unsupported by her educational supervisor who reportedly told her 'you may need to think about changing your career'.

A white British trainer, a GP, recalled a trainee who graduated abroad and found it difficult to communicate with patients and had failed several exams. The trainer explained: 'Something changed when we had some additional one-to-one tutorial time and I spoke about where he came from. It made a huge difference to my understanding of him and also cemented a relationship of trust that I think helped us to work together.'

Dr Katherine Woolf, of the UCL Medical School, said: 'Doctors from BME backgrounds – even those who are British and went to medical school in the UK – can face barriers during their training that impede their learning and performance, such as feeling less supported by senior staff in highly-pressurised work environments and unconscious bias.

'BME doctors, on average, underperform in examinations and recruitment processes, which gives them less autonomy about where in the country they work, and in turn can mean they are separated from family and support networks.

'Doctors who went to medical school outside the UK are also likely to face additional risks, such as visa restrictions making them ineligible for training opportunities and difficulties learning a new system and culture. We hope the results of this research will be used to develop interventions to remove these barriers and improve experiences and outcomes for doctors in training and, ultimately, for patients.'

Professor Bill Reid, Chair of COPMeD (Conference of Postgraduate Medical Deans) said:

'This is a really important release of information and research, which alerts us all to the issues around differential attainment in medical training across the UK. Race, sex and demographic backgrounds are all influences on progression through medical training and subsequent careers but, until now, the extent of this has been largely hidden. As we continue to learn more, we can develop strategies that will improve the support for doctors, and ensure training pathways are fair. It is important for all of us that we address what is a crucial issue in UK medical practice.'

Professor Andrew Elder, Chair of the Academy of Medical Colleges' Assessment Committee said:

'The Academy welcomes the publication of this new data, which furthers our understanding of the extent of differential attainment and reminds us of the complexity of the underlying causes. Effective solutions are dependent on such understanding.

'There are some practical actions that can be taken in the workplace that could, over time, narrow the gaps in progression and performance experienced by some trainees. However, this level of transparency is essential to the ongoing investigation of differential attainment, and to narrow the differences between groups of examination candidates.'

Ends

Notes to editors

The General Medical Council (GMC) is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.

- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action when we believe a doctor may be putting the safety of patients, or the public's confidence in doctors, at risk.

We are not here to protect doctors – their interests are protected by others. Our job is to protect the public.

We are independent of government and the medical profession and accountable to Parliament. Our powers are given to us by Parliament through the Medical Act 1983.

We are a registered charity (number 1089278 with the Charity Commission for England and Wales, and number SC037750 with the Office of the Scottish Charity Regulator), we have to show that our aims are for public benefit.

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