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Background

In the UK, as in many other countries, possible inequalities in how poor performance among doctors is identified and dealt with give rise to concern. In the UK, complaints about doctors are dealt with by the National Health Service and the General Medical Council (GMC).

Previous studies have suggested that doctors from ethnic minorities and/or doctors who trained outside the UK are over-represented in all stages of the GMC's Fitness to Practise process.

The reasons for these differences remain unclear. This is one of three interlinked studies commissioned by the Public Services Programme to improve understanding of these issues.

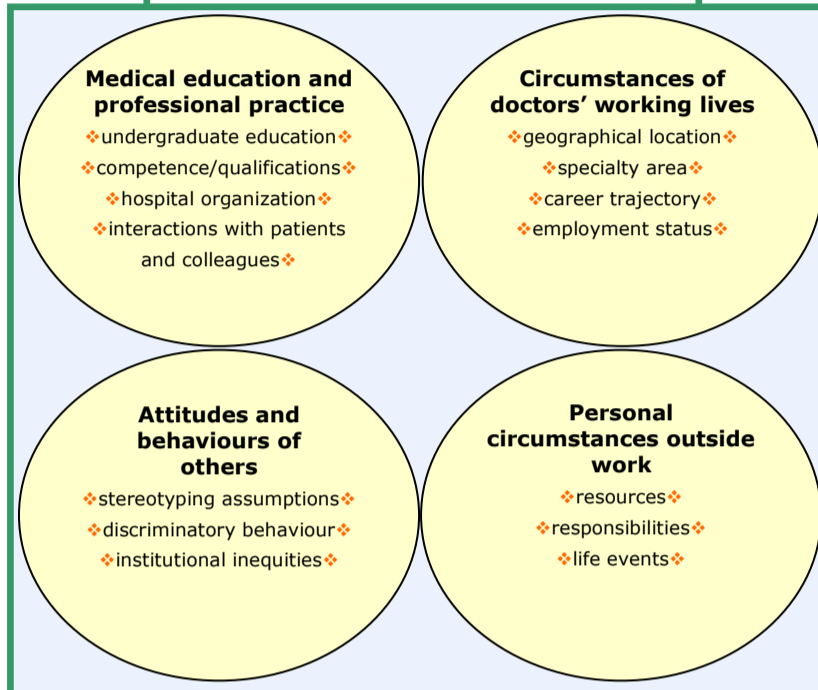


Figure 1
Challenges linked to ethnic origin or country of primary medical training have been identified in these four domains

What We Did

- Relevant papers were located through a combination of database and website searches, following up references in identified papers and consulting experts in the field. We identified a wide range of theoretical, empirical, experiential and policy related reports in the international (English-language) literature about challenges encountered by doctors and other healthcare workers trained in other countries and/or from minority ethnic groups.

- A subset of the most relevant and informative references was analysed to identify 1) the principal domains of experience within which differences are encountered and 2) the potential impacts of these differences on doctors' performance and vulnerability to censure.

Aims

Our underlying assumption was that variations in vulnerability to regulatory censure would be linked to differences in the circumstances and experiences of different groups of doctors or in the attitudes and responses of other people towards them.

The aims of this study were therefore:

- to critically review the existing research and other relevant literature to ascertain what is already known or postulated about the differential challenges encountered by Black and Minority Ethnic (BME) and White doctors and those qualified in and outside the UK; and
- to consider how such differences might influence a) doctors' performance and b) their vulnerability to regulatory censure.

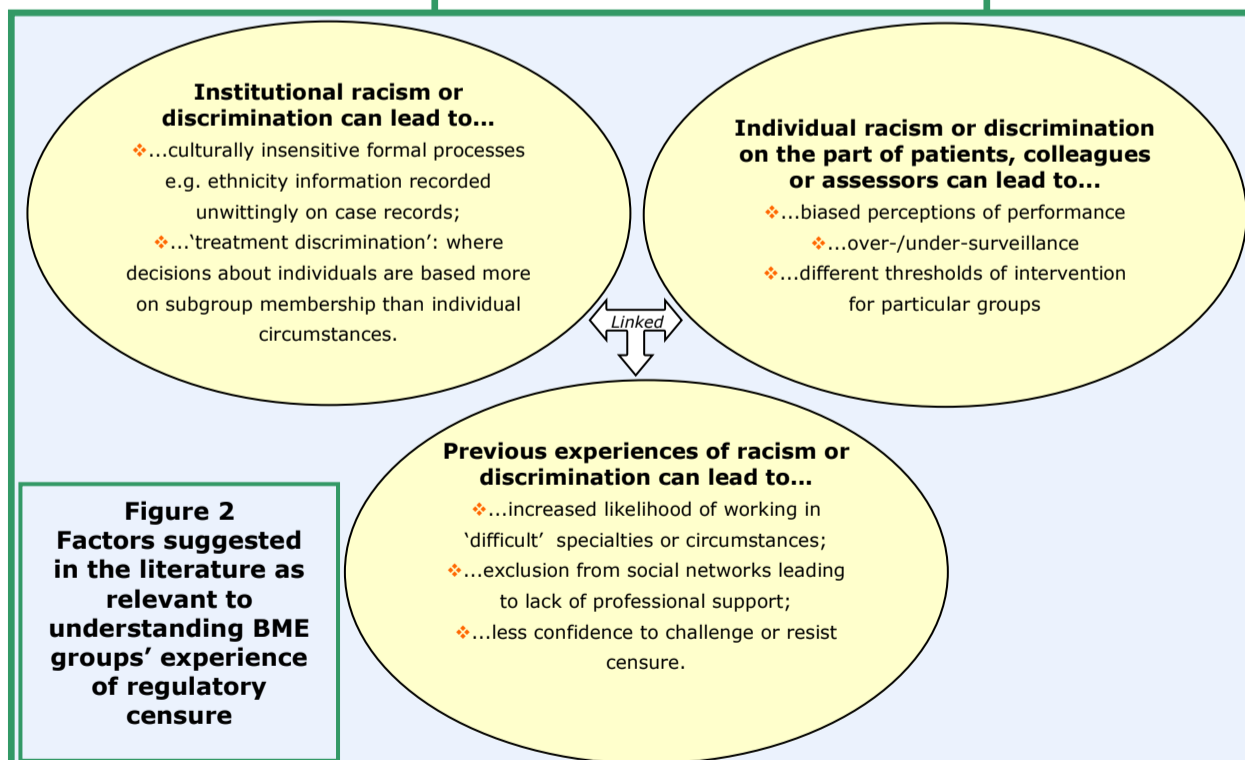


Figure 2
Factors suggested in the literature as relevant to understanding BME groups' experience of regulatory censure

Findings

- The literature in this area was of variable quality, quite narrowly focused and lacking in theory. There is conceptual confusion between issues associated with ethnicity and migrant status.

- Links were suggested between a range of challenges differentially encountered by BME and/or non-UK qualified doctors and a wide variety of potentially damaging impacts (Figures 1 and 2). It is unclear how widespread such impacts might be or which doctors are at greater risk.

- None of the literature directly addressed possible impacts on doctors' performance (except academic performance) or on their vulnerability to medical regulatory censure. However, racism has been identified as a relevant factor influencing BME groups' experience of regulatory censure in several

other fields and it is possible to see how this might also be the case in medicine.

Find out more...



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