

# **Equality, Diversity and Fitness to Practise**

Challenges encountered by ethnic minority and migrant doctors



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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.

## Medical education and professional practice

undergraduate education competence/qualifications hospital organization interactions with patients

◆specialty area
◆ career trajectory ◆employment status
◆ and colleagues❖

### **Attitudes and** behaviours of others

stereotyping assumptions discriminatory behaviour institutional inequities

**Personal** 

circumstances outside

**Circumstances of** 

doctors' working lives

geographical location •

work \*resources\* responsibilities life events

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.

## Institutional racism or discrimination can lead to...

...culturally insensitive formal processes e.g. ethnicity information recorded unwittingly on case records; ...`treatment discrimination': where decisions about individuals are based more on subgroup membership than individual circumstances.

Figure 2

Factors suggested

in the literature as

relevant to

understanding BME

groups' experience

of regulatory

censure

...increased likelihood of working in

'difficult' specialties or circumstances; ...exclusion from social networks leading to lack of professional support; ...less confidence to challenge or resist

Individual racism or discrimination on the part of patients, colleagues

or assessors can lead to... ...biased perceptions of performance ...over-/under-surveillance ...different thresholds of intervention

for particular groups

## Previous experiences of racism or discrimination can lead to...

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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