

Challenges encountered by ethnic minority groups and migrant doctors, healthcare workers and related groups and the implications for performance regulation.

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Rationale

There is ongoing concern about possible inequalities in how poorly performing doctors are identified and dealt with in the formal regulatory processes of the General Medical Council. Previous studies suggested that doctors from ethnic minorities and/or doctors who trained outside the UK were over-represented in all stages of the GMC's Fitness to Practise process. However, problems with the quality of the data available to those earlier studies limited the conclusions that could be drawn about the meaning and significance of their findings. The ESRC Public Services Programme commissioned three linked studies to improve understanding of these issues.

The presumption behind this project was that variation in vulnerability to regulatory censure might be linked to variation in the circumstances and experiences of different groups of doctors and/or to differences in the attitudes and responses of other people towards those groups. The aim of this project was to review existing literature to find out what is already

known about the differential challenges encountered by Black and Minority Ethnic (BME) and White doctors and those qualified in the UK and elsewhere and about the implications of any such differences for doctors' performance.

Methodology

Relevant papers were located through a combination of database and website searches, following up references and consulting with experts in the field. A wide range of theoretical, empirical, experiential and policy related reports were identified in the international English-language literature about challenges encountered by doctors and other healthcare workers who migrate to work in other countries or come from minority ethnic groups. A subset of the most relevant and informative references was analysed to identify the principal domains of experience within which differences were encountered and the potential impacts of those differences on doctors' performance and vulnerability to censure.

Implications/conclusions drawn for the GMC

Key Findings: Challenges were identified in four key areas: medical education and professional practice; the circumstances of doctors' working lives; their personal circumstances outside work; and the attitudes and behaviour of other people towards them. The papers reviewed suggested a range of potentially damaging consequences for the doctors concerned, but there was no direct evidence about whether or how such challenges might influence performance (apart from academic performance) or fitness to practise.

Applying the findings

The quality and coverage of the literature in this area is extremely variable and includes little robust research:

- The widespread use of simple, blanket categories such as 'international medical graduate', BME or 'overseas qualified' doctors conceals and obscures the heterogeneity of experience between different groups
- Ethnicity and migration related issues are regularly conflated and confused, with haphazard and interchangeable use of terms and concepts concerned with race, foreignness, 'otherness' and transitions between systems and cultures

- Both BME and migrant status are treated in the literature almost exclusively as sources of potential difficulty rather than strength, a slant which itself risks reinforcing negative assumptions and stereotypes.

These limitations and the lack of research directly investigating the relationship between ethnicity or place of qualification and possible performance problems mean that there is no good basis as yet for drawing firm conclusions in this area and premature assumptions about what might be going on should be treated with caution.

Further details of this and other projects commissioned in collaboration with the Economic and Social Research Council under their Public Services Programme are available on our website www.gmc-uk.org

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