

<b>Agenda item:</b>	<b>16</b>
<b>Report title:</b>	<b>UK graduates 2015 provisional registration report</b>
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<b>Action:</b>	<b>To note</b>

## **Executive summary**

The *Fitness to practise matters that UK medical graduates declared to the GMC 2015* report has been compiled and will be circulated to the Medical Schools Council and the Office of the Independent Adjudicator (OIA). The OIA is an independent body set up to review student complaints. It contributes to high quality student experience in the UK by promoting good practice, openness and transparency. The GMC and the OIA have a [Memorandum of Understanding](#) in place which covers, amongst other things, the sharing of information between both organisations in order to support one another in the discharge of their key functions.

## **Recommendation**

The Strategy and Policy Board is asked to note the report on Fitness to practise matters that UK medical graduates declared to the GMC 2015, at Annex A.

## Issue

- 1 The UK Applications Team is responsible for granting provisional registration to UK medical school graduates provided that their fitness to practise is not impaired. Holding provisional registration allows graduates to undertake their Foundation Year 1 training posts.
- 2 As part of the application for provisional registration, UK graduates are asked to complete a declaration of fitness to practise.
- 3 The *Fitness to practise matters that UK medical graduates declared to the GMC 2015* report, at Annex A, contains information and statistics on the fitness to practise declarations made in 2015. It includes details of how we dealt with those applications where a positive declaration was made.

**16 – UK Graduates 2015 provisional registration report**

**16 – Annex A**

**Fitness to practise matters that UK medical graduates  
declared to the GMC**

Fitness to practise matters  
that UK medical graduates  
declared to the GMC  
2015

## Introduction

**This is our seventh annual report on matters that UK medical graduates declare to the General Medical Council when they apply for provisional registration for the first time.**

## Our obligation

We must only register medical graduates who are fit to practise. If we identify that a graduate's fitness to practise is impaired, we have a responsibility to refuse registration until they can demonstrate remediation.

Medical schools must only graduate medical students who they deem fit to practise and who have met our published *Outcomes for graduates*. Our decision on whether to register a UK medical graduate is independent from this.

## Sharing this report

This report will be shared with the Medical Schools Council and the Office of the Independent Adjudicator. This report is not confidential.

## Further information

If you would like more information about this report, please get in touch.

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## Section 1: The application process

### Communicating with medical students

Each year we visit every UK medical school to undertake an event for final year medical students. At these events, we confirm identity details, provide an overview of the registration process and emphasise the importance of early disclosure of any fitness to practise issues.

Our aim is to communicate a clear message so that a student, who may have a fitness to practise issue, past or present, knows they must apply well in advance of their foundation year 1 (F1) start date, and as soon as the online application process opens. An early declaration gives us ample time to carry out our investigations and reach our decision.

### Applying early is important

The provisional registration application process for UK students and graduates opened in the final week of April 2015. We contacted all final year medical students by email with instructions on how to apply for registration. We also asked medical schools to follow up our communication by emailing their students. As a result, 99% of those needing to apply for provisional registration had done so by the end of June 2015, up from 95% in 2014.

Alongside our email instructions, we also sent a text message alert to students to advise them that the application process had opened. This appears to have had a positive impact on the number of early applications we received. Within a week of the application process opening, we had received applications from 35% of those needing to apply for provisional registration, up from 24% in 2014.

The number of applicants leaving it as late as July to apply for provisional registration fell from 358 in 2014 to 91 in 2015, despite the overall number of applicants remaining very similar across both years. This reflects positively on the work we have done to improve our communication with students about the application process. We continue to engage with key partners at medical and foundation schools about the registration process.

### A reduction in late applications from those with serious and/or complex fitness to practise issues

Late applications from those with serious fitness practise issues can have an impact on whether they will obtain registration in time to start F1. Not only does this impact on the applicants themselves but also their employer and foundation school.

This year we saw an overall reduction in later applications from those who had more serious/complex fitness to practise issues requiring further investigation. By the end of May 2015, 82% of those with fitness to practise issues requiring further investigation had applied, compared to 60% in 2014. Just four applicants referred for further investigation applied in July this year, compared to 15 applicants in 2014. As we discussed earlier, our text message alerts appear to have prompted many more students to apply early this year, including those with fitness to practise issues.

## **Working with medical schools to open and conclude our investigations earlier**

Our Registration Investigation team's provisional registration scheme also appears to have prompted early applications from those with more serious/complex fitness to practise issues. The scheme was piloted for the first time this year, with four medical schools taking part.

Medical schools shared information about students with concerns relating to their fitness to practise well in advance of the application process opening at the end of April. We reviewed this information and invited students with more serious and/or complex fitness to practise issues to apply for registration early.

Medical schools told us about 57 students with fitness to practise concerns. After assessing information relating to the concerns, we invited 35 students to make an application for registration in early April 2015. Of the 32 students who went on to make an application, 84% had applied by the end of May 2015.

Applications received early as part of the pilot scheme reached conclusion earlier than applications not in the scheme that needed investigating. This was due to the availability of information at an earlier stage in the year. By the end of June, 70% of applications included in the pilot scheme had concluded compared to just over half of applications not in the scheme that needed investigating.

We have recently written to all UK medical schools to invite them to take part in the scheme in future. We hope the scheme will make the application process for those with serious/complex fitness to practise issues more straightforward, and enable us to return decisions in relation to the registration of these students as far in advance of the F1 start date as possible.

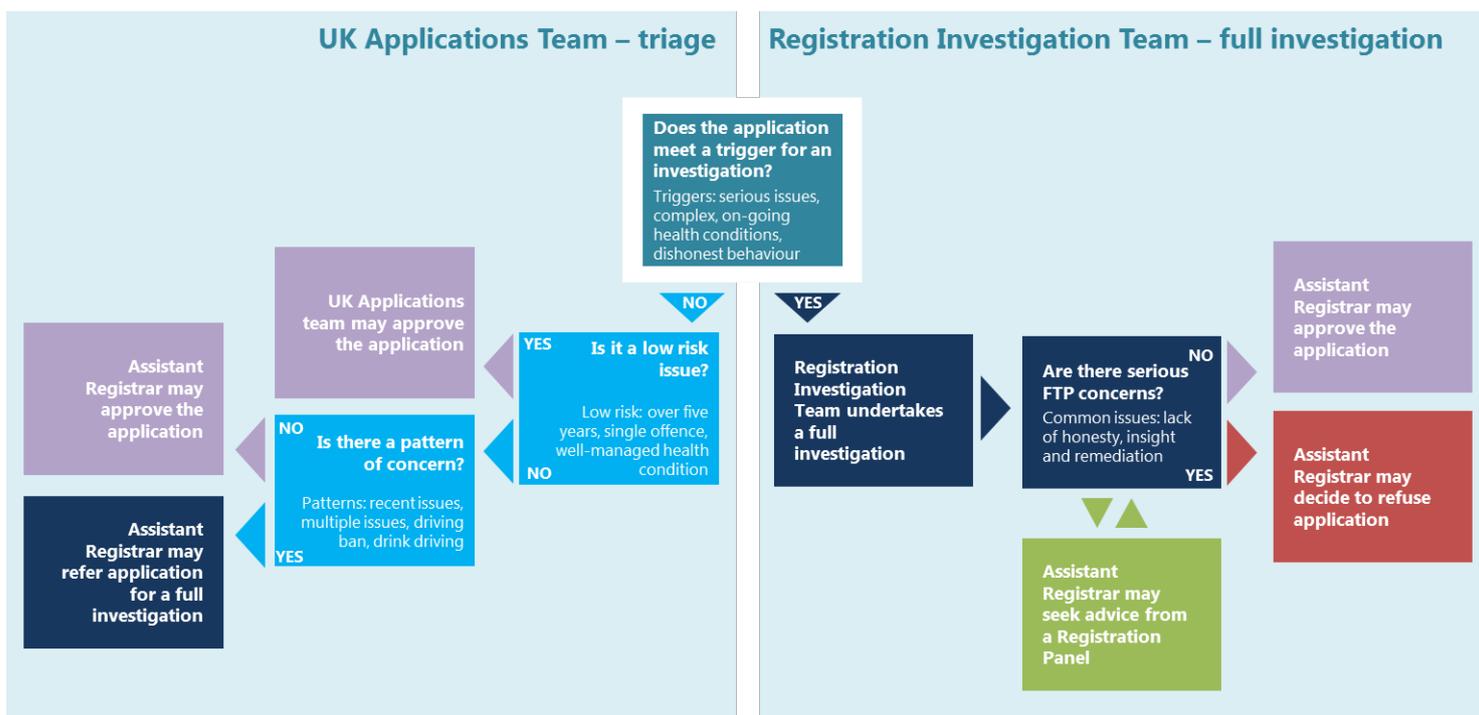
## When graduates apply and what we ask them

We invite UK graduates to apply for provisional registration up to three months before they start their F1 posts. As part of the application process, they complete two declarations – one relating to their health and the other relating to their character and conduct. This is the first year that we have included a separate declaration relating to health. Our character declaration questions are set out in Annex A, and our health declaration questions, along with our guidance for applicants answering them in Annex B.

This year we received 7522 applications for provisional registration from UK graduates. Of those applications, 884 included one or more fitness to practise issues<sup>1</sup> that needed assessment. This represents just under 12% of applications received, which is an increase on previous years; please see section 2 for further details.

Of the 7522 applications for provisional registration we received, 7417 were granted registration. Some applicants may have withdrawn their application as they did not want to proceed or because they were ineligible. For example, they may have failed final exams or may have chosen to take time out before starting F1. There were six applicants from this year's cohort who were refused registration; further details about these cases can be found in [Section 4](#).

Our processes for assessing fitness to practise issues declared by UK students and graduates are set out in the diagram below:



<sup>1</sup> These issues include those declared by applicants on their online application form as well as those that subsequently came to our attention from other sources or were declared by applicants later in the application process.

## A new declaration relating to health matters

Last year we introduced new guidance for applicants about declaring health matters. The introduction of this guidance, the latest version of which is set out in Annex B, coincided with a sharp increase in the number of health issues declared to us.

This year we introduced a new health declaration to sit alongside the guidance. The declaration, which is also set out in Annex B, comprises five separate questions about health matters. The new declaration replaces a single broad question relating to health, and aims to make applicants think carefully about the range of health matters that might affect their practice.

This year we saw another significant increase in the number of health issues declared, in particular physical health issues – see [Section 2](#) for further details. Just under 8% of this year's applicants told us about one or more health issues on their application. In the new health declaration we ask applicants to declare conditions that interrupted their studies or that resulted in them changing one or more aspects of their medical training or practice in order to continue their training. Applicants in previous years may not have considered these factors.

A large number of applicants with health issues had their provisional registration approved without the need for further investigation (such as ongoing, well managed conditions). Of the 616 applications containing one or more health issues, around 60% were approved without the need for further investigation.

We will be reviewing the guidance we provide to applicants about declaring health issues ahead of next year's application process, with the aim of ensuring that students only declare matters that could have an impact on their ability to practise safely with patients.

## Dealing proportionately with low risk criminality and offences over five years old

In 2014, we introduced new guidance enabling GMC staff to review declarations about a range of minor<sup>2</sup> offences that on their own would never meet the threshold for impairment (such as offences over five years old or single non-violent criminal offences) and close them without the need for an investigation.

This year we continued to review the vast majority of single non-violent criminal offences at an early stage in the application process, without opening an investigation. A total of 138 applicants declared a single offence<sup>3</sup> on their application and no other issues. 119 of these cases were closed without further referral or investigation. Of the remaining 19 cases, 12 were considered at an early stage by an Assistant Registrar once the applicant had provided some further information. These cases tended to involve a more serious

<sup>2</sup> Non-violent isolated offences

<sup>3</sup> Including convictions, cautions, fixed penalty notices and penalty notices for disorder (and their juvenile equivalents)

outcome such as a driving ban, or an aggravating factor such as dishonesty, alcohol or drugs.

The remaining seven cases were referred for further investigation due to the serious nature of the offences, or issues relating to applicant's non-disclosure of matters to us and/or their medical school.

Applications involving multiple issues were more likely to be referred for further investigation – see [Section 2](#) below.

## Section 2: Declarations in numbers

Section 2 looks at changes in issues that UK graduates declare over the last five years.

### An increase in the number of fitness to practise issues declared and investigations into these matters

Figure 1 shows that whilst the total number of applications has remained relatively stable over the last three years, the number of applicants declaring a fitness to practise issue during the same time period has increased significantly. This year we saw a higher number and proportion of applicants declare a fitness to practise issue than at any point in the last five years.

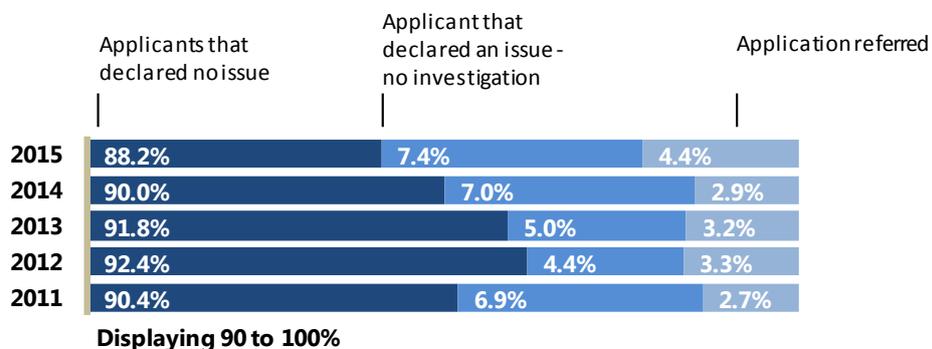
**FIGURE 1: Total number of applications, applicants that declared issues, and investigations 2011-15**

	2011	2012	2013	2014	2015
<b>Total number of UK applications for provisional registration</b>	7205	7182	7530	7464	7522
<b>Total number of applicants that declared an issue</b>	691	549	618	744	884
<b>% of total applicants</b>	9.6%	↓ 7.6%	↑ 8.2%	↑ 10.0%	↑ 11.8%
<b>Total number of declarations that triggered an investigation</b>	196	234	239	219	339
<b>% of total applicants</b>	2.7%	↑ 3.3%	↑ 3.2%	↓ 2.9%	↑ 4.5%

There was also a significant increase in the number of applications referred for further investigation in 2015. While the increase in professional conduct issues declared this year contributed to this increase (see [figure 9 below](#) below), changes we made to the way we assess health issues have also had an impact. This year we referred a number of applications with health issues to our Registration Investigation Team, who requested specific information from the applicant on a health questionnaire. When the Registration Investigation Team received the completed questionnaire they were able to quickly

determine whether any further investigation would be required, and concluded many cases at an early stage.

**FIGURE 2: Percentage breakdown of applicants declaring issues and investigations 2011-15**



There was a less than 1% variance in the number of applications received in 2014 and 2015. However, the number of applicants declaring issues increased significantly. As we breakdown the declaration categories we will see some of the factors that may be behind this upward trend.

**FIGURE 3: Change in applications, declarations and registration investigations between 2014 and 2015**

	2014		% change	2015	
	Number of applicants	% total		Number of applicants	% total
<b>TOTAL</b>	<b>7,464</b>	<b>100%</b>	<b>0.8%</b>	<b>7,522</b>	<b>100%</b>
Nothing to declare	6,720	90.0%	-1.8%	6,638	88.2%
Declared an issue	744	10.0%	1.8%	884	11.8%
Investigation opened	219	2.9%	1.57%	339	4.5%

## Applicants with multiple issues

In 2015, a small percentage of applicants (approximately 2.7%) declared more than one fitness to practise issue on their application. In previous years we have separated applications with multiple issues when analysing the issues declared by applicants, but as we want to show the full picture we have incorporated them in the breakdown this year.

Therefore, it's important to remember that the total number of issues declared by applicants will be higher than the total number of applicants with issues.

**FIGURE 4: Applicants with single vs multiple issues**

Applicants that declared a single issue	682
Applicants that declared more than one issue	202
<b>Total applicants</b>	<b>884</b>

**FIGURE 4a: Applicants with multiple issues**

Applicants that declared two issues	156
Applicants that declared three issues	42
Applicants that declared more than three issues	4
<b>Total applicants with multiple issues</b>	<b>202</b>

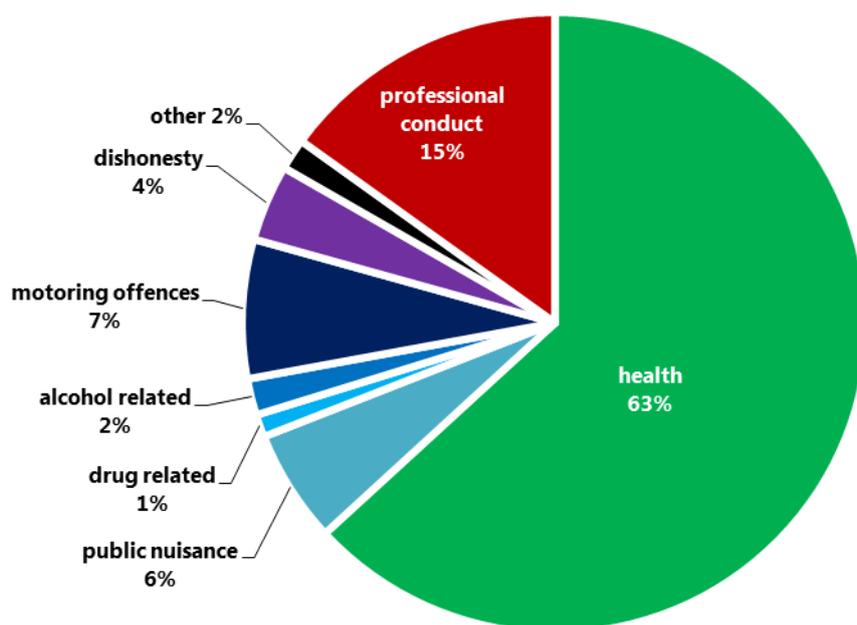
Applicants with multiple issues are more likely to be referred for an investigation. 51% of applicants with two issues were referred for an investigation. This figure rose to 76% for those with three issues. All applications with more than three issues resulted in an investigation.

## **A significant increase in health declarations, and in particular physical health issues**

Health issues remained the most common type of issue declared by applicants. This year 63% of all the issues declared by applicants related to their health.

We saw a 25% increase in the number of applicants declaring health issues compared to 2014. As we mentioned in [Section 1](#), this may be related to the introduction of a new health declaration as part of the provisional registration application. The questions in the health declaration are more specific about what type of matters applicants should declare and link to detailed guidance aimed at supporting applicants in answering them (see Annex B).

**FIGURE 5: Spread of issues that applicants declared 2015**



Looking at the figures in terms of applicant numbers, for the first time this year more applicants told us about a physical health issues on their application than mental health issues. We saw a 48% increase in the number of physical health declarations compared to 2014. The most common types of physical health issues declared were back and joint pain, injury and dyslexia.

This year applicants declared a very diverse range of physical health conditions, not all of which could be meaningfully categorised. Issues declared and categorised as 'other' in Figure 7a included a range of one – off illnesses, migraines and sight conditions.

The vast majority of physical health issues declared did not prompt an investigation. Of the 222 applicants who told us about a single physical health issue, just ten were referred for further investigation. Investigations were opened where there was potential that the condition could impact on the applicant's ability to practise safely.

When we look in detail at the number of individual issues declared by applicants on their applications, the total number of mental health issues declared was slightly higher than physical health issues. This is because a number of students told us about more than one mental health issue. More than half of the mental health issues applicants declared relate to depression. This is consistent with last year, and equates to about 2.6 in 100 applicants, which lines up with the national average of 2.6<sup>[4]</sup>. Other common mental health issues were stress, anxiety and eating disorders.

<sup>4</sup> [The Health & Social Care Information Centre, 2009, Adult psychiatric morbidity in England](#)

But just because a student or a doctor is unwell, even if the illness is serious, it does not mean that their fitness to practise is impaired. We want students and doctors to understand how their own health can affect their ability to work safely with patients and colleagues. *Good medical practice* sets out a doctor's obligations when dealing with their own health in paragraphs 28 to 30.

**FIGURE 6: Applications with health declarations**

	2011	2012	2013	2014	2015	
<b>Health declarations</b>	Mental	48	68	122	279	304
	Physical	43	59	83	207	307
	Alcohol or drug dependency	1	2	3	2	4
	Other	5	20	0	5	1
<b>Total health</b>	<b>97</b>	<b>149</b>	<b>208</b>	<b>493</b>	<b>616</b>	

For the first time this year more students told us about physical health issues on their application than mental health issues.

**FIGURE 7: Mental health issues in detail 2014 & 2015**

	2014	2015	% Of mental health issues	Of total applicants	
<b>Mental health</b>	Depression	190	192	53.6%	2.6%
	Stress and anxiety	70	103	28.8%	1.4%
	Sleeping problems	1	5	1.4%	0.1%
	Suicide and self harm	7	1	0.3%	0.0%
	Eating and body image	27	21	5.9%	0.3%
	Personality disorders	1	2	0.6%	0.0%
	Mania, bipolar	15	12	3.4%	0.2%
	Psychosis, hearing voice and schizophrenia	5	1	0.3%	0.0%
	Obsessive Compulsive Disorder (OCD)	17	5	1.4%	0.1%
	Other [*]	37	16	4.5%	0.2%
<b>Total Mental Health</b>	<b>370</b>	<b>358</b>		<b>5%</b>	

Depression is still the most common health issue applicants declare.

In 2015 approximately 1 in 20 applicants declared a mental health issue.

[\*] Includes paranoia, phobias, dissociative disorders, PTSD

**FIGURE 7a: Physical health issues in detail 2015**

	2015	% Of physical health issues	Of total applicants	
<b>Physical health</b>	Asthma	5	1.5%	0.1%
	Back, joint pain or injury	49	14.7%	0.7%
	Bowel condition	23	6.9%	0.3%
	Diabetes	13	3.9%	0.2%
	Dyslexia	48	14.4%	0.6%
	Epilepsy	4	1.2%	0.1%
	Hearing Loss	13	3.9%	0.2%
	Heart condition	7	2.1%	0.1%
	Hepatitis	2	0.6%	0.0%
	Skin condition	11	3.3%	0.1%
	Other [*]	159	47.6%	2.1%
	<b>Total Physical Health</b>	<b>334</b>		<b>4%</b>

## Declarations involving criminality remain stable

We have seen levels of criminality remain stable this year, with the exception of motoring related offences, which almost doubled. There was a sharp rise in the number of speeding offences declared. Many of these offences were dealt with by the issuing of a fixed penalty notice, and therefore did not need to be declared to us. We will review our guidance for applicants ahead of next year's application process to ensure it is clear to applicants what types of issue they do and don't need to declare to us.

Another notable change from 2014 is a sharp increase in drug offences declared. However, the number declared this year is still lower than in 2013 or 2012. It could be that previous high numbers were older offences that would now be deemed 'protected'<sup>5</sup>.

<sup>5</sup> The 2013 amendments to the Rehabilitation of Offenders Act 1974 Exceptions Order 1975 mean that certain spent convictions and cautions are 'protected' and these do not need to be declared at the point of application.

**FIGURE 8: Criminality and minor offences**

		2011	2012	2013	2014	2015
<b>Public nuisance</b>	Violence	14	12	18	10	7
	Criminal damage	12	17	10	5	4
	Vandalism	0	4	2	2	0
	Public disorder	21	25	33	37	46
	Soliciting	1	1	2	0	0
	Breach of the peace	4	4	4	9	7
	Harassment without violence	1	1	2	2	0
	Carrying an offensive weapon	1	1	2	0	1
<b>Total public nuisance</b>		<b>54</b>	<b>65</b>	<b>73</b>	<b>65</b>	<b>65</b>
<b>Drug related</b>	Class A	0	1	2	2	2
	Class B	7	16	11	1	10
	Class C [*]	1	2	7	2	1
<b>Total drug related</b>		<b>8</b>	<b>19</b>	<b>20</b>	<b>5</b>	<b>13</b>
<b>Alcohol related</b>	Drunk and disorderly	20	17	34	18	11
	Driving under the influence of alcohol	24	15	21	11	10
<b>Total alcohol related</b>		<b>44</b>	<b>32</b>	<b>55</b>	<b>29</b>	<b>21</b>
<b>Motoring</b>	Driving without due care and attention	11	16	10	3	10
	Speeding	32	11	33	17	40
	Dangerous driving	3	0	0	0	1
	Driving without insurance or tax	8	13	7	8	10
	Parking or minor traffic offences (FPNs)	6	8	3	7	4
	Other motoring	1	7	11	8	15
<b>Total motoring offences</b>		<b>61</b>	<b>55</b>	<b>64</b>	<b>43</b>	<b>80</b>
<b>Dishonesty</b>	Deception	1	4	0	4	0
	Shoplifting	10	9	10	11	8
	Theft	12	16	5	6	8
	Fare evasion and other ticketing offences	23	25	49	20	23
	Other dishonesty	0	0	11	5	5
<b>Total dishonesty</b>		<b>46</b>	<b>54</b>	<b>75</b>	<b>46</b>	<b>44</b>

Criminal offences tend to remain stable though public disorder offences have risen year on year

There was a significant increase in Class B drug offences this year

There was a significant increase in speeding offences, many of which did not need to be declared

We only ask applicants to declare motoring offences if they received a caution or conviction

## A rise in professional conduct issues at medical school

The number of professional conduct issues declared by applicants rose by 61% in 2015. Misconduct, attendance concerns and plagiarism are the most common types of issue applicants declare in this area.

Many of the applicants that have been refused registration in recent years have had fitness to practise issues at medical school relating to the areas of professional conduct detailed in figure 9. Because of this, these applicants are more likely to be referred for further investigation.

65% of applications involving a professional conduct issue were referred for further investigation this year.

**FIGURE 9: Professional conduct**

		2011	2012	2013	2014	2015
<b>Professional conduct</b>	Misconduct	23	59	34	33	55
	Academic performance	6	4	11	5	10
	Attendance	9	12	13	15	28
	Plagiarism	20	13	19	21	24
	Harassment	0	2	2	1	1
	Collusion	0	0	0	0	3
	Fraudulent signing of paperwork	0	1	6	2	11
	Conduct or capability for practice	0	1	1	2	5
	Other	4	10	17	24	29
	Warnings [*]	32	18	10	0	0
	Suspensions [*]	1	0	2	0	0
	<b>Total professional conduct</b>		<b>95</b>	<b>120</b>	<b>115</b>	<b>103</b>

[\*] Please note that this category was removed in 2014 because it was an outcome rather than an issue and we wanted to be consistent.

## Section 3: Equality and diversity

In this section we have reviewed the information obtained this year and provided a breakdown of age, gender and ethnicity. We have provided the full set of data for all UK applications for provisional registration and the data for those applications that required investigation due to fitness to practise issues.

Disability is considered a health condition that should be declared as part of the registration application process if this impacts on the applicant's ability to work safely with patients. Disability is a protected characteristic under the Equality Act 2010. When we discuss applicants we refer for further investigation, health declarations are included.

### The age of first time UK applicants

Approximately 73% of this year's applicants were 25 years old or younger<sup>6</sup>. 25% of applicants were between the ages of 26 and 35 and the remaining older than 35. There has been a notable increase in the number of applicants in the 26 to 35 range this year, continuing an upward trend from 21% to 25% since 2013.

The increasing proportion of applicants in the 26 to 35 age group in the last three years is likely linked to the steady increase in the proportion of students entering medical school having already completed a degree in previous years. 16% of those starting medical school in 2008 were graduates, and this figure rose to 20% in 2011<sup>7</sup>.

**FIGURE 10: Applicants by age group 2013-15**

	2013	2014	2015
<b>Age groups</b> 25 and under	5839 77.5%	5764 77.2%	5479 72.8%
26-35	1576 20.9%	1603 21.5%	1914 25.4%
36-45	105 1.4%	88 1.2%	116 1.5%
46-55	10 0.1%	16 0.2%	13 0.2%
56 and over	0 0.0%	0 0.0%	0 0.0%
No date of birth given	0 0.0%	0 0.0%	0 0.0%
<b>Total applicants</b>	<b>7530</b>	<b>7471</b>	<b>7522</b>

### An increase in the proportion of females represented in the investigation process

In the last three years, the proportion of male to female applicants has changed very little. On average 56% of applicants are female.

<sup>6</sup> The age data relates to applicant's age in October 2015, not at the point they made their application in summer 2015.

<sup>7</sup> HESA data obtained from GMC Education Directorate in October 2015

**FIGURE 11: Applications for provisional registration from UK graduates by gender 2013-15**

YEAR APPLIED	Number of applicants	% of applicants	
		Male	Female
2015	7,522	44%	56%
2014	7,471	44%	56%
2013	7,530	44%	56%
<b>TOTAL</b>	<b>22,523</b>	44%	56%

In 2015, 339 applications were referred for further investigation due to the serious and/or complex nature of the issue(s) declared. Approximately 52% of these applications were made by female applicants– the first time in the last three years that females have been represented more in the investigation process than their male counterparts.

**FIGURE 12: Applications for provisional registration from UK graduates referred for investigation by gender 2013-15**

YEAR APPLIED	Number of applicants	% of applicants	
		Male	Female
2015	339	48%	52%
2014	219	58%	42%
2013	236	60%	40%
<b>TOTAL</b>	<b>794</b>	55%	45%

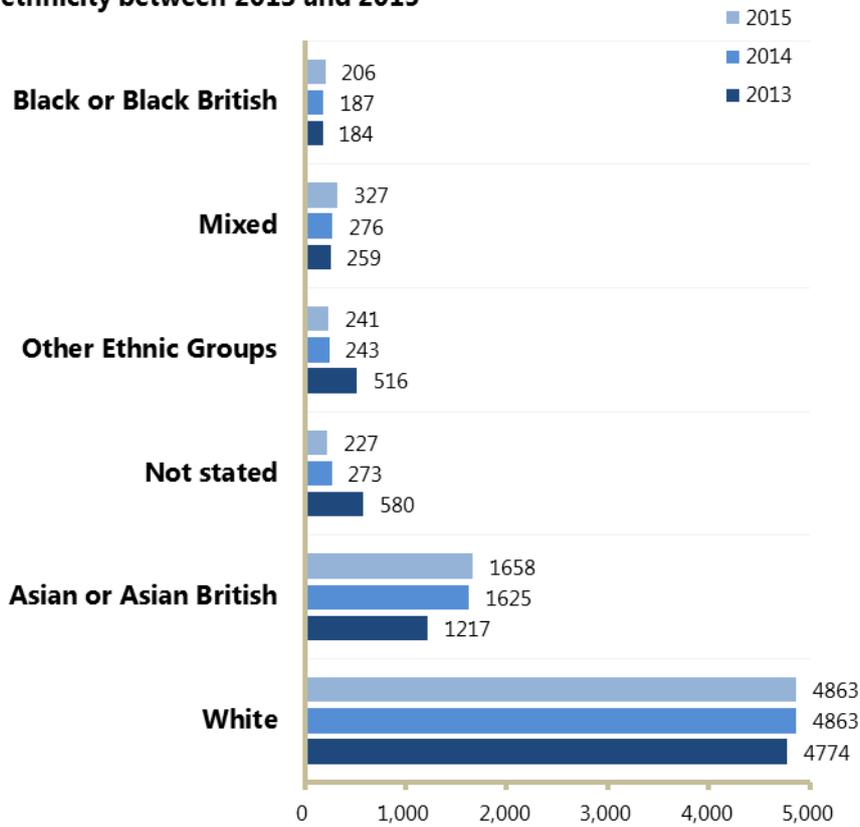
Considering applications referred for further investigation in the context of the overall population of 7522 applicants this year, the percentage of the overall female population investigated rose from approximately 2.2% in 2014 to 4.1% in 2015, while the percentage of the male population investigated also increased from 3.9% in 2014 to 4.9% in 2015.

## The diversity of UK medical graduates

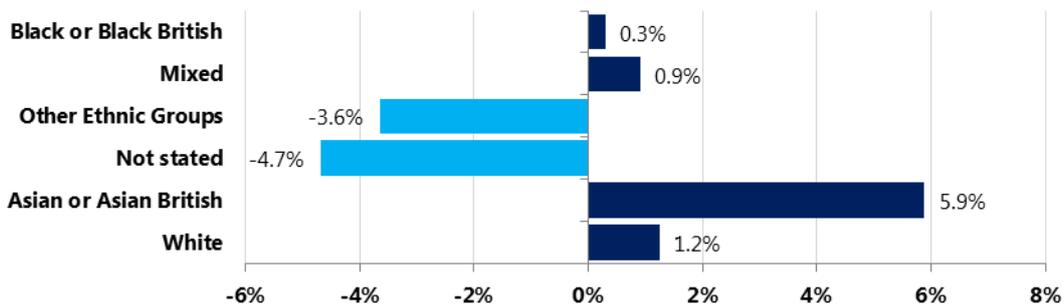
The size of most applicant ethnicity groups has remained relatively stable over the last three years. We have continued to see a reduction in applicants deciding not to state their ethnicity. The largest growth is in the Asian or Asian British category. In 2013, Asian or Asian British graduates represented approximately 16% of the applicant population. This has now risen to 22% in 2015, an increase of approximately 6%. This increase and other changes in the ethnicity categories outlined in Figure 13 need to be considered alongside

the decrease in those selecting the 'Not Stated'<sup>8</sup> and 'Other Ethnic groups' categories. Without further research, we cannot be sure if the representation of these groups has changed significantly.

**FIGURE 13: UK provisional registration applicants by ethnicity between 2013 and 2015**



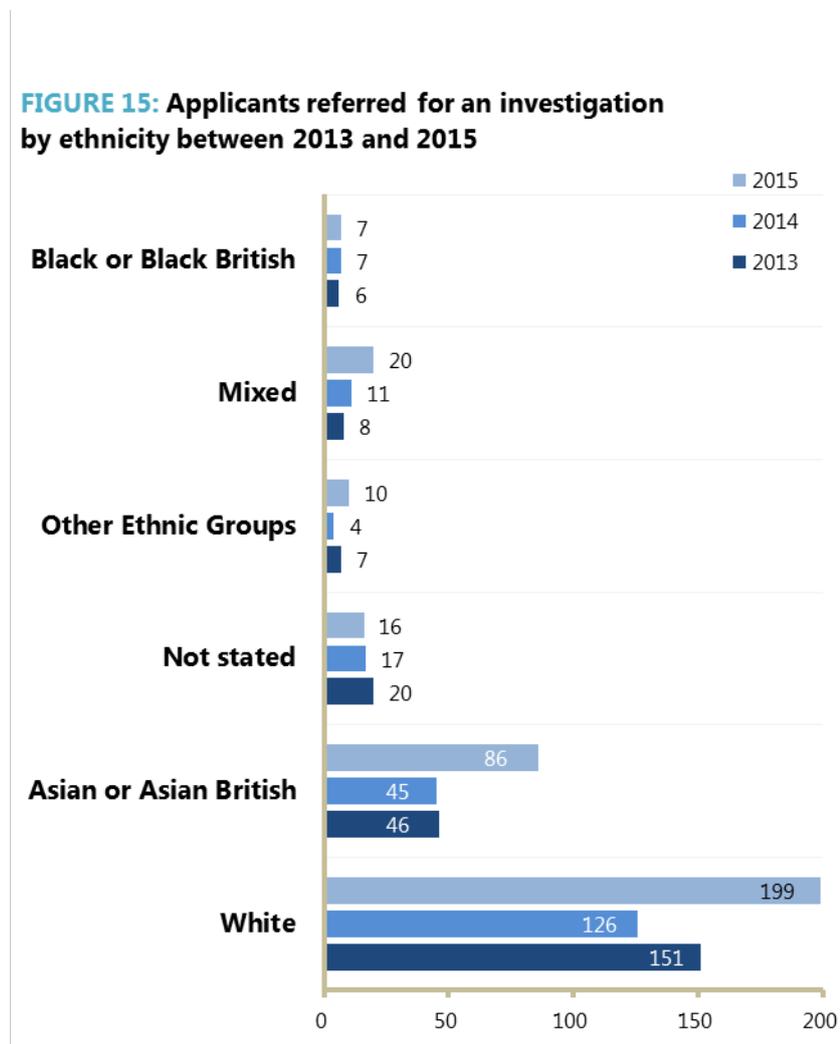
**FIGURE 14: % change in population of ethnicity groups from 2013 to 2015**



<sup>8</sup> In 2013 and 2014, two applicants applied whose ethnicity was 'unspecified'; this was a result of historic system issue that allowed applicants to create their account without completing the ethnicity section. They have been excluded from this report.

## Applicant diversity in investigations

Figures 15, 16 and 17 provide a breakdown of applicants who were referred for further investigation over the last three years by their ethnicity.



**FIGURE 16: Average number of applicants investigated over a three year period, 2013-15 combined, by ethnicity group measured against all applicants during this period**

Ethnicity	% referred for investigation	% of all applicants	% difference
White	60.5%	64.4%	↓ -3.9%
Asian or Asian British	22.5%	20.0%	↑ 2.5%
Not stated	6.7%	4.8%	↑ 1.9%
Other Ethnic Groups	2.7%	4.4%	↓ -1.8%
Mixed	5.0%	3.8%	↑ 1.1%
Black or Black British	2.5%	2.6%	↓ 0.0%
Unspecified[*]	0.1%	0.0%	↑ 0.1%

Whilst the number of applicants referred for investigation is broadly representative of each ethnicity group in the population, there is some deviation. Despite making up 64% of the applicant population between 2013 and 2015, white applicants only made up 61% of the investigations. Asian or Asian British, 20% of the applicant population, represented 23% of investigations in that period.

**FIGURE 17: Percentage of applicants investigated over a three year period, 2013-15, by ethnicity group**

Ethnicity		2013	2014	2015
	White	63%	60%	59%
	Asian or Asian British	19%	21%	25%
	Not stated	8%	8%	5%
	Other Ethnic Groups	3%	2%	3%
	Mixed	3%	5%	6%
	Black or Black British	3%	3%	2%

## Section 4: Refusing provisional registration to UK graduates

In this section we look at UK graduates that have been refused registration.

### Seeking expert advice from a panel

In making a decision about a fitness to practise concern, an Assistant Registrar can seek advice from a Registration Panel before they make a decision. Registration Panels are comprised of doctors and lay members.

At the meetings, the Panel considers the advice requested by an Assistant Registrar and in doing so, takes into account all relevant evidence and information provided by the applicant and by any third parties. The Panel provides their advice to the Assistant Registrar, who then considers it when they make their decision.

In 2015, Assistant Registrars sought advice from Registration Panels on seven applications for provisional registration from UK graduates.

### Refused case summaries for 2015 applicants

Below we summarise the six cases that were refused registration in 2015.

#### Applicant A

The applicant had a number of issues relating to their mental health, and was referred to a medical school Fitness to Practise Panel in relation to their use of alcohol and illicit substances, and concerns relating to their attendance.

A Registration Panel was consulted as part of the decision making process. The Assistant Registrar was satisfied that the applicant's fitness to practise was not impaired in respect of their use of illicit substances, which was isolated to a particular period in their life, with no indication of ongoing use. The Assistant Registrar also concluded the concern around the applicant's attendance did not meet the threshold for impairment as it related to a single incident.

In relation to the applicant's health, the Assistant Registrar shared the Panel's concerns about the potential impact of the applicant's behaviours arising from their dependency on alcohol on patient safety, and the level of support they had in place for managing their mental health issues ongoing. The Assistant Registrar concluded that the applicant's fitness to practise was impaired as a result of their adverse health.

#### Applicant B

The applicant had a number of issues during medical school, including a Fitness to Practise Panel relating to a dispute with their University which concluded with a formal warning, and issues with attendance and punctuality which resulted in a further fitness to practise investigation in their final year. The applicant also received a cannabis warning which they failed to declare to their medical school until after they had made their application for registration.

A Registration Panel was consulted as part of the decision making process. While the Assistant Registrar decided that the previous medical school fitness to practise

matters, when taken separately or together, did not reach the threshold for impairment, they shared the Registration Panel's concern about applicant's actions in not declaring the cannabis warning, and their explanations for those actions. The Assistant Registrar concluded that the applicant's fitness to practise was impaired by reason of misconduct relating to their dishonesty.

#### Applicant C

The applicant had a medical school Fitness to Practise hearing in July 2015 for plagiarising a piece of work for an assessment. The applicant did not tell their medical school that they had plagiarised a piece of work for a long period, despite having several opportunities to do so.

A Registration Panel was consulted as part of the decision making process. The Assistant Registrar agreed with the advice of the Panel that the applicant had not displayed sufficient insight into the reasons why their dishonesty was not acceptable for a registered practitioner or a medical student, or of the potential consequences for patient safety of such conduct. In addition, the Assistant Registrar did not believe that the applicant had demonstrated genuine remorse, insight and remediation of their misconduct. The Assistant Registrar concluded that the applicant's fitness to practise was impaired by reason of misconduct relating to their dishonesty.

#### Applicant D

The applicant had a number of health and conduct related concerns at medical school, including alleged plagiarism, cheating in an exam, time keeping and attendance issues and concerns around their actions in relation to the keeping of logbooks. There was also a concern that the applicant had been dishonest when making their application for registration.

A Registration Panel was consulted as part of the decision making process. The Assistant Registrar was satisfied that the applicant's fitness to practise was not impaired in respect of their health. However, the Assistant Registrar concluded the applicant had been dishonest when making her application for registration, and that their behaviour during an exam and their non-submission of logbooks amounted to impairment by reason of misconduct. The Assistant Registrar also concluded that the applicant did not display insight, was not truly remorseful and had not remediated.

#### Applicant E

The applicant had a number of conduct concerns, including a police caution resulting in a suspension from their medical course and a written warning from their medical school. They also received fixed penalty notices in 2006, 2007, 2008 and 2011 and a fiscal fine in 2009. The applicant did not declare a further fixed penalty notice that they received in 2011 to their medical school until after they had graduated.

In addition to these matters, the applicant took time out from medical school in 2014 due to depression, and 2015 was given advice from their GP about their alcohol intake.

A Registration Panel was consulted as part of the decision making process.

The Panel noted that the applicant had displayed a degree of insight, however, concerns remained that the applicant had not fully remediated their behaviour. This included the fact that they had failed to declare their 2011 fixed penalty notice to their medical school. The Panel was also concerned that the applicant may be continuing to rely on alcohol. The Assistant Registrar accepted the advice of the

Panel and concluded that the applicant's fitness to practise was impaired.

## Applicant F

The applicant had over 100 separate incidents of poor attendance, professionalism and non-engagement whilst at medical school.

A Registration Panel was consulted as part of the decision making process. The Assistant Registrar was concerned about whether the applicant had full and meaningful insight into his behaviour, the seriousness of it and the consequences of it. The Assistant Registrar was also concerned about whether the applicant had a genuine understanding of the professional obligations of a registered medical practitioner.

The Assistant Registrar concluded that they could not be satisfied that the applicant's past misconduct would not be repeated and therefore, pose a significant risk to patient safety. They felt there was little evidence of genuine remorse on the part of the applicant, or of full and meaningful insight into the seriousness of their actions. For these reasons the Assistant Registrar concluded that applicant's fitness to practise was impaired.

## Applicants refused provisional registration have had a wide range of issues

Since 2010, we have refused provisional registration to UK graduates 23 times. In all but one case, the applicants refused provisional registration over the last five years have declared at least two separate issues.

There are a wide range of issues declared by applicants who were refused this year and in previous years, but there are some key themes. 74% percent declared a misconduct issue and 43% of applicants had experienced depression at some time in their lives.

Some issues on the surface may not seem significant enough to lead to a refusal, but often it is how applicants react to this issue, and whether they have followed and applied the principles set out in *Good medical practice*.

Figure 18 shows all the 63 issues that the 23 applicants we refused had declared.

**FIGURE 18: All multiple issues declared by applicants we refused 2010-2015**

		Total	% of refusals
<b>Mental health</b>	Depression	10	16%
	Eating and body image	1	2%
	Mania, bipolar	1	2%
	Other mental health	3	5%
	Physical	3	5%
	Alcohol or drug dependency	4	6%
	<b>Total health</b>	<b>22</b>	<b>35%</b>
<b>Criminality</b>	Violence	5	8%
	Theft	2	3%
	Drunk and disorderly	2	3%
	Criminal damage	2	3%
	Deception	1	2%
	Fraud	1	2%
	Speeding	1	2%
	Drug related	1	2%
	<b>Total criminality</b>	<b>15</b>	<b>24%</b>
<b>Professional conduct</b>	Misconduct	17	27%
	Attendance	6	10%
	Academic performance	2	3%
	Probity	1	2%
	<b>Total professional conduct</b>	<b>26</b>	<b>41%</b>

## Showing insight and remediation is critical

We have used the following categories to describe the reasons an Assistant Registrar gave for refusing an applicant: lack of insight, probity concerns, unable to show remediation and health issues that pose a risk to patients. Common examples of each below:

- **Lack of insight** | a failure to declare an issue | lacking insight into why a health or misconduct issue might affect their ability to practise | not following advice given by medical school or doctors | treating their own health condition | patterns of poor unprofessional behaviour | not understanding the seriousness of their actions
- **Probity concerns** | deliberately concealing an issue when they have a duty to be honest | dishonesty about convictions | starting work without registration in place | declaring partial details to employers, medical schools, and/or us
- **Unable to show remediation** | showing no or insufficient remorse when deemed responsible for unprofessional behaviour or actions | unable or unwilling to provide suitable professional and personal character references | not following advice given to remediate
- **Health issue that pose a risk to patients** | unable to maintain (or show sufficient evidence that they have maintained) their health for a sufficient period of time | no evidence of sustained period of abstinence from addiction or compliance with a support programme | not understanding that own health issue poses a risk for patients | failing to provide evidence on health issue

In all but one case, the Assistant Registrars cited lack of insight and remediation as reasons for refusing registration. In the only case not involving these reasons, the Assistant Registrar had serious concerns about the applicant’s health. More than half of the refused applicants gave us concern about their openness and honesty.

**FIGURE 19: Assistant registrars’ reasons for refusals 2010-2015**

Refusal reasons	#	% of applicants refused
Lack of insight	22	96%
Probity concern	15	65%
Remediation	22	96%
Health	9	39%

## About half of UK graduates remediate after being refused

Since 2010, we have refused provisional registration to UK graduates 23 times, including one re-application from a graduate we had previously refused in 2012. Here is a year-on-year breakdown:

- In 2010 four applicants were refused registration. Three have subsequently re-applied and gained provisional registration.

- In 2011 two applicants were refused registration. Both have subsequently re-applied and gained provisional registration.
- In 2012 four applicants were refused registration. Two have subsequently re-applied. One has gained provisional registration and the other has been refused on a second occasion in 2014.
- In 2013 two applicants were refused registration. One has re-applied and has gained provisional registration.
- In 2014 five applicants were refused registration (including the re-application from 2012). Three have subsequently re-applied and gained provisional registration.
- In 2015 six applicants were refused registration. None have re-applied, however two have ongoing appeals.

Around sixty five percent of graduates who were refused registration between 2010 and 2014 have re-applied so far. Ten out of the seventeen applicants who re-applied were successful in gaining provisional registration. When applicants reapply they should show that they've taken into account any advice we've given them and show that they've undertaken remediation where appropriate.

### Declaration of fitness to practise questions (summer 2015)

- 1 Do you have any cautions or convictions, which are not deemed 'protected' under the amendment to the Exceptions Order 1975, issued by a court of law in the UK or in any other country? You must include:
  - Any cautions or convictions in the UK or another country that have been spent under the Rehabilitation of Offenders Act 1974 UNLESS they are a 'protected' conviction or caution
  - Any road traffic convictions or cautions UNLESS they are a 'protected' conviction or caution
  - Any offences for which you have been convicted in a military court or tribunal
- 2 Have you ever been issued with a fixed penalty notice in the UK or another country? (You do not need to declare any road traffic offences where you have accepted the option of paying a fixed penalty notice.)
- 3 Have you ever been issued with a penalty notice for disorder, or harassment notice, in the UK or another country?
- 4 Have you ever been suspended from duty, or had a complaint upheld or your registration or licence to practise removed while working as a medical practitioner, or health or social care professional, in the UK or another country?
- 5 Have you ever been refused registration or a licence to practise by any medical, health or social care regulator in the UK or another country?
- 6 Have you ever been fined, given a warning or reprimanded by any medical, health, social care or any other regulator in the UK or another country?
- 7 Are you aware of any aspect of your conduct and/or capability that might raise a question about your fitness to practise as a doctor in the UK?
- 8 Have you ever entered into a settlement as a result of medical malpractice or a negligence claim?

- 9** Has a medical school or university ever taken any form of disciplinary action and/or fitness to practise procedures against you?
- 10** Has an employer ever taken disciplinary action against you?
- 11** Do you know of any reason why the medical regulatory authority in any of the countries where you have worked since qualifying as a doctor would refuse to grant you a certificate of good standing?
- 12** Are there, or do you know of, any current or future proceedings or other matters that might lead to your registration or licence to practise in any country being removed, suspended or restricted in any way?

### Health declaration questions

- 1** I have, or have had, a health condition(s) which required me to change one or more aspect(s) of my medical training or practice, to enable me to work safely with patients or to continue my training.
- 2** I have, or have had, a health condition which has resulted in an interruption to or breaks in my medical practice or studies, including retaking any part of my course or assessments/exams.
- 3** I have, or have had, a health condition(s) which has resulted in conditions being placed or undertakings being agreed in relation to my medical practice, training or registration.
- 4** I have, or have had, a health condition(s) which has been considered under fitness to practise proceedings whether in the UK or overseas.
- 5** Is there anything about your physical or mental health which could prevent you meeting the standards described in our guidance?

# Guidance on declaring health issues

## Do I need to tell you about my health condition?

**If any of the statements in the blue text boxes apply to you, you need to tell us about your health condition. To answer the statements you will need to read the definitions below.**

Throughout this guidance, and in the fitness to practise declaration, we use the term 'health condition' to mean an illness, injury, disability, or impairment. This includes physical and mental conditions.

**I have, or have had a health condition(s) which required me to change one or more aspects of my medical training or practice, to enable me to work safely with patients or to continue my training.**

A 'change' in this context means that you have been advised or requested to change your practice, training or study. This could include adaptations to equipment, additional support, facilities or changes to your working arrangements such as less-than-full-time work. The change could be required or recommended by your medical school, foundation school, employer, occupational health service, treating physician/health professional, or you might have requested it yourself.

**I have, or have had, a health condition(s) which has resulted in an interruption to, or breaks in my medical practice or studies, including retaking any part of my course or assessments/exams.**

An 'interruption or break', means one or more breaks that have significantly impacted your medical practice, study or clinical placements due to a physical or mental health condition.

For medical students, this is most likely to mean breaks that have resulted in you becoming 'out of step' with your peers, or having to retake any part of your undergraduate medical degree course or assessment or exams. For example, this might have meant that due to your condition you will graduate a year later than planned, or you have had to stop your studies for a time and re-joined your course at a later point.

For established doctors, this is likely to result in you having taken a break from, or ended your employment or interrupted your training. **If your physical or mental health condition was not a reason for an interruption or break, you don't need to declare it here.**

**I have, or have had, a health condition(s), which has resulted in conditions being placed or undertakings being agreed in relation to my medical practice, training or registration.**

A 'condition' means certain restrictions have been placed on your practice (such as not performing a particular procedure).

An 'undertaking' is an agreement, usually between a medical regulator or a medical school and you, about how you will adjust your practice to ensure patient safety. Undertakings may also include restrictions on your practice.

**I have, or have had, a health condition(s) which has been considered under fitness to practise proceedings whether in the UK or overseas.**

'Fitness to practise proceedings' means a process to decide whether your fitness to practise is impaired, resulting from concerns about your ability to practise safely and effectively.

For students, this includes fitness to practise processes within medical schools, or any other medical school investigation into the impact of your health or ability to complete the course.

For established doctors, this may have been proceedings carried out by your employer or by a medical regulator either in the UK or overseas.

**Is there anything about your physical or mental health, which could prevent you meeting the standards described in our guidance?**

'Our guidance' includes [Good medical practice](#) and [Outcomes for provisionally registered doctors \(The Trainee Doctor\)](#).

## Answering yes: what happens next

### What will happen if I answer yes to any of these questions?

If you answer yes to any of the statements above, we'll ask you to provide further information about your health condition on your online application. There is a text box where you can tell us about:

- your health condition
- how this has affected you
- how this has affected your medical practice or studies
- how you are managing it
- any relevant dates of occurrences and treatment

Once we have your information, we'll aim to assess it within five working days. If we need more information we'll let you know within that timeframe.

In a small number of cases, we may ask for more information from a third party. For example, from an occupational health practitioner, a doctor or a health professional who is treating you. But if we do, we'll ask for your consent.