



Tackling disadvantage in medical education

Analysis of postgraduate outcomes
by ethnicity and the interplay with other
personal characteristics

General
Medical
Council

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Introduction

Inclusive working and training environments and systems are crucial to doctors' wellbeing and to safe patient care. However, data and research continue to show that rates of training and career progression in medicine vary for different groups, and that outcomes are notably poorer for doctors from ethnic minority backgrounds.

In 2021, we made a firm commitment to play an active role in tackling these inequalities, [by setting a target to eliminate the disadvantage and discrimination in education and training](#) faced by ethnic minority doctors and international medical graduates (IMGs).

Sharing and monitoring the data that we and our partners hold plays a vital role in [addressing differential attainment](#). While we've reported on [the variation in specialty exam pass rates](#), annual reviews of competence and progression (ARCP), and recruitment outcomes since 2015, we're now taking a deeper dive into disparities between different ethnic groups. Our analysis highlights how characteristics such as socio-economic status and disability compound the barriers faced by ethnic minority learners.

[The factors that cause differential attainment](#) operate at an individual, institutional and policy level. By better understanding doctors' experiences we'll be able to work more effectively with others to develop targeted interventions that can be evaluated and scaled up. In turn, this will allow us to accelerate the pace of change and help to eliminate inequalities across postgraduate medical training in the four countries of the UK.

With the health services under severe pressure, tackling disadvantage and discrimination remains a priority. Fair and supportive training environments are not only key to the quality of medical education and practice, they're also vital to help retain healthcare professionals in the UK.

Key findings

This report presents high-level findings from medical royal college and faculty exam data, ARCP data from postgraduate training bodies, and recruitment outcomes of year two foundation trainees (F2) into specialty training.

It highlights the extent to which inequalities persist within medical education, and in particular the poorer outcomes for UK graduates of black or black British heritage.

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- UK graduates of black/black British heritage have lower pass rates in specialty exams (62%) than UK white (79%), Asian (68%) and mixed heritage trainees (74%). Other factors such as socio-economic status compound the poorer outcomes. For example, UK black trainees from areas with a higher level of deprivation have an even lower exam pass rate compared to UK white trainees from an equivalent socio-economic background (59% vs 76%).
 - A larger proportion of UK black/black British trainees (5.3%) have had their training programme extended than UK white trainees (2.6%).
 - A smaller proportion of UK black/black British trainees receive an offer when applying to specialty training than other UK qualified groups (75% offer rate compared to 82% for UK white trainees).
 - There is a variation in outcomes according to trainees' religious faith. For example, UK Asian Muslim trainees have lower exam pass rates (66%) compared to those from a Hindu or Sikh faith and those who do not follow a religion (all at 70%).
 - Specialty exam pass rates are lower for disabled trainees. Overseas graduates are less likely to declare a disability than UK graduates, with only 2% of IMG Asian and IMG black trainees doing so compared to 10 – 11% of UK white, UK black and UK mixed ethnicity groups.
 - There is no evidence yet, that the attainment gap between doctors of different ethnicities is significantly narrowing over time.

Developing a sustainable workforce for the future

In 2021, just under half (46%) of all trainees in the UK were from an ethnic minority. The proportion of IMG trainees and those from the European Economic Area (EEA) was 19% and 4% respectively, the highest proportion since 2012.

As the workforce becomes increasingly ethnically diverse, tackling differential attainment, and developing inclusive workplaces and systems are critical to the future sustainability of the UK's health services.

Our standards for medical education and training – [Promoting excellence](#) – require that training pathways be fair for everyone. [Our research shows that the variation in attainment highlighted in this report](#) occurs because of the additional barriers faced by particular groups. Many find it difficult to access educational resources that are essential for all learners, such as mentors, good quality feedback, support networks, and timely career guidance.

By sharing and scrutinising these data, we're seeking to drive improvements that will help retain the skills and experience needed for the workforce of the future.

Using data to drive improvements

Since 2015 we've published data annually to track education outcomes for doctors at different stages of their postgraduate training:

- **specialty examinations** – pass rates for royal college exams for doctors in training
- **annual review of competence and progression (ARCP)** – ARCP outcomes for doctors in training
- **recruitment** – outcomes for foundation doctors applying into specialty training
- **Foundation Programme year 1 (F1) preparedness** – how well-prepared doctors feel when they begin their first foundation programme year one training post.

This report shares insights from the data published in our interactive reports and includes:

- outcomes by ethnic group (in addition to outcomes for all ethnic minority trainees)
- outcomes by geographic regions of primary medical qualification (PMQ)
- outcomes by religion, sexual orientation, socio-economic status and disability, and the interplay with PMQ and ethnic group. (Note: disability data are not available in the interactive report because of the small reporting size).

The analysis presented here is taken from all specialties and countries in the UK. Despite variation in the demographic profiles of each of the four nations, there is a statistically significant attainment gap for ethnic minority and overseas qualified trainees in each.

Working together to create long-lasting change

Achieving better outcomes for trainees facing disadvantage and discrimination relies on us working with all organisations across the education and training system, to make sure doctors can access the resources and support they need.

However, we know that a key barrier to change is a lack of good quality evidence about which interventions make a real and sustained difference. It's critical that organisations monitor the impact of their actions and share their findings with others, so that potential solutions can be scaled up and the pace of change increased.

We are collaborating with partners to evaluate a range of promising initiatives that aim to improve trainees' access to support and educational resources.

This includes working with Health Education England (HEE), the Royal College of Psychiatrists (RCPsych) and Derbyshire Healthcare NHS Foundation Trust, to test the impact of two initiatives on Core Psychiatry training.

- An educator masterclass that raises the awareness of differential attainment amongst Educational Supervisors and develops their skills and confidence to support trainees who

are new to UK practice.

- An enhanced exam preparation targeted at Core Psychiatry UK and IMG ethnic minority trainees preparing for the clinical exam. Early results based on a small first cohort are promising, with 72% of IMG ethnic minority participants passing the Clinical Assessment of Skills and Competencies (CASC) exam compared to a national average pass rate of 33%. Further data will be collected as more cohorts take part.

We're also working with Melanin Medics, a non-profit charitable organisation supporting African and Caribbean aspiring medics, medical students, and doctors in the UK to evaluate the impact of its [Enrichment Programme](#). The ten-month scheme provides peer support and mentoring to final year medical students, focusing on career readiness and enabling career advancement.

What we expect from others

Since 2021, we've asked UK postgraduate training organisations to submit an action plan, which tells us what they're doing to improve outcomes for ethnic minority learners. These are monitored through our proactive quality assurance (PQA) process. We anticipate that the lessons learnt from our collaborative pilot initiatives, and that scrutiny of these data, will help organisations to develop and evaluate their action plans. We've also asked training organisations to assess the impact of any of their interventions and to share their findings with others.

Examples:

- NHS Education for Scotland (NES) developed the [Scottish Trainee Enhanced Programme](#) (STEP) to support IMG trainees and to increase their chance of passing the Membership of the Royal College of General Practitioners (MRCGP) exam. The programme consists of workshops and small group discussions to develop the skills they will require as a general practice trainee in the UK. The scheme is currently being expanded into psychiatry.

NES is also developing an under-represented minority staff network which will provide support and a safe space for staff to raise concerns.

- Heads of Specialty Schools at [Health Education and Improvement Wales](#) (HEIW) are developing strategies to identify those trainees most at risk of poorer outcomes. Early intervention is encouraged, rather than after key training programme performance targets have been missed.

To help address differential attainment, the Professional Support Unit (PSU) delivers workshops to trainees and trainers on topics such as examination preparation, mentorship training, active bystander training, civility in the workplace, minimising imposter phenomenon, holding crucial conversations, and unconscious bias.

- Northern Ireland Medical and Dental Training Agency (NIMDTA), Queen's University Belfast (QUB) and the University of Ulster (UU) co-deliver an annual Clinical Education Day, which brings together medical educators and trainers to explore a range of topics including fairness in training. One of the sessions at the September 2022 event focused on

work to support trainees new to Northern Ireland, and a workshop was aimed at helping attendees to navigate microaggressions while on clinical placements.

Issues around equality, diversity and inclusion (ED&I) were addressed at the GP conference in November 2022. [The NIMDTA recognised STATUS programme of courses](#) for clinical and educational supervisors includes training on this topic and unconscious bias.

- Differential attainment leads have been identified across all Health Education England (HEE) local offices to offer a range of support for GP trainees with non-UK qualifications, ethnic minority UK graduates, as well as those with other protected characteristics. This includes the early identification of additional requirements, enhanced induction, personalised learning plans, help with e-portfolio and ARCP preparation, as well as additional exam and communication skills support.

HEE also proposed [a strategic framework](#) to aid trainees entering UK training programmes using a Certificate of Readiness to Enter Specialty Training (CREST). These trainees are more likely to be from non-UK backgrounds as defined by their country of PMQ and are potentially at risk of differential attainment.

This framework is potentially transferable to all specialties and programmes, and some aspects can be tailored as required. It includes earlier identification of trainees and targeted support, an enhanced programme of induction, e-portfolio training, peer mentoring, and training for educators.

We urge workforce planners and all those across the UK's health services to continue to promote ED&I across their processes, policies and systems. Improving the quality of working and training environments will not only benefit doctors but will also support the development of a more sustainable workforce and better quality of care for patients.

Exploring educational outcomes by ethnic group, PMQ and the impact of other protected characteristics

Variation by ethnic group (UK PMQ)

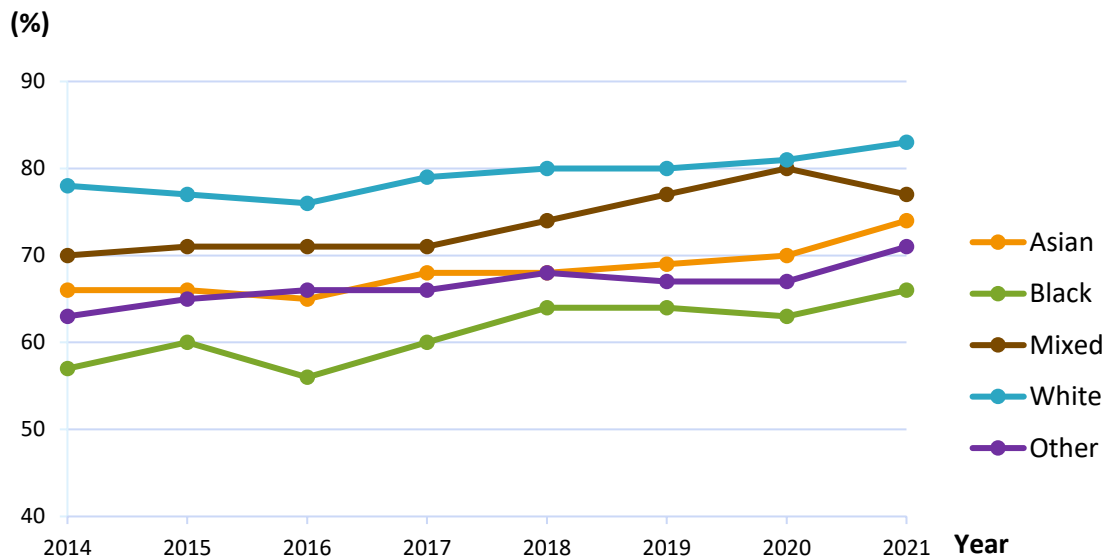
- **There is variation in outcomes between different ethnic minority groups.**
- **UK qualified trainees from a black/black British background underperform when compared to other ethnic minority groups and white trainees.**

This year, for the first time, we have split broad categories of ethnicity data into specific groups. We've done this to increase transparency and because larger ethnicity grouping can mask the differences in data between particular ethnic groups.

Exam outcomes

Analysis of specialty exam pass rates by trainees with a UK PMQ shows an average eighteen percentage point difference between the proportion of black trainees and white trainees passing their specialty exams. Asian trainees generally have a higher pass rate than black trainees although there remains an eleven percentage point difference with white trainees. Figure 1 illustrates how this gap in attainment has not substantially narrowed over the last seven years.

Figure 1: Specialty exam pass rates for UK trained doctors by ethnic group, 2014 – 2021



Doctors n= 13,721 (2014); 13,739 (2015); 14,511 (2016); 14,565 (2017); 14,502 (2018); 14,668 (2019); 10,913 (2020); 16,049 (2021) "no information on ethnic group" removed

ARCP outcomes

Analysis of unsatisfactory ARCP outcomes for UK trainees presents a similar variation by ethnic group. The proportion of UK black trainees receiving an unsatisfactory outcome is 11%. This is nearly double that of white trainees (6%) and higher than other ethnic minority groups (Table 1).

Table 1: Average percentage of UK graduate trainees receiving ARCP outcome 2, 3, 4, 7.2, 7.3, D or E, 2010 – 2021

Ethnic group	Average % trainees receiving unsatisfactory ARCP outcome 2, 3, 4, 7.2, 7.3, D or E 2010 2021
Asian	8% (n = 139,788)
Black	11% (n = 15,206)
Mixed	7% (n = 22,447)
White	6% (n = 417,917)
Other	8% (n = 18,264)

n = number of ARCP outcomes

A larger proportion of UK black trainees have their training programme extended compared to all other ethnic groups (Table 2).

Table 2: Average percentage of UK graduate trainees receiving ARCP outcome 3 or E (extra time required) 2010 – 2021

Ethnic group	Average % trainees receiving ARCP outcome 3 or E (extra time required)	
	2010	2021
Asian	3.8% (n = 139,788)	
Black	5.3% (n = 15,206)	
Mixed	3.1% (n = 22,447)	
White	2.6% (n = 417,917)	
Other	3.8% (n = 18,264)	

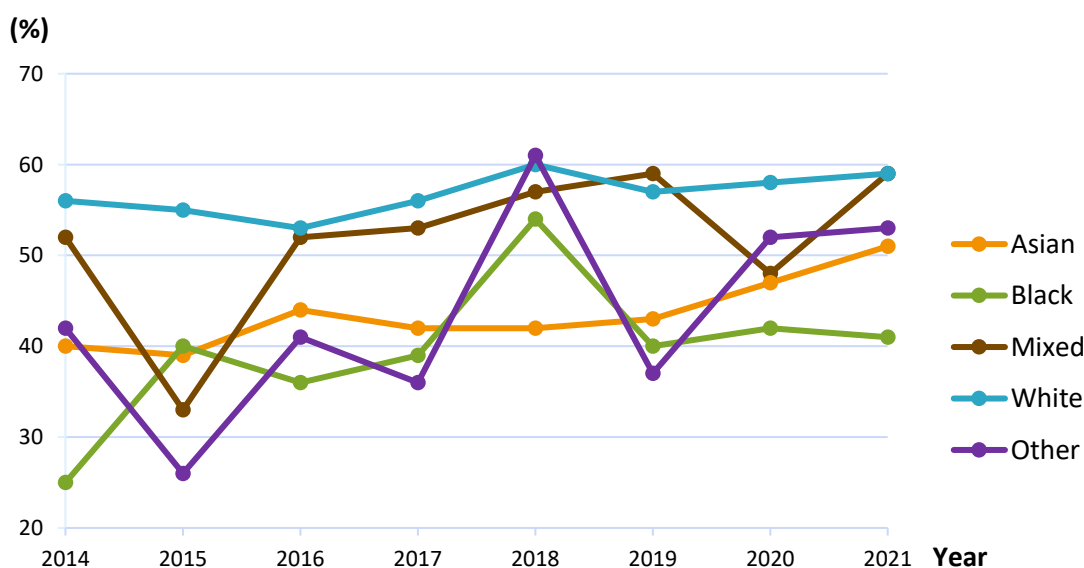
n = number of ARCP outcomes

Variation by ethnic group (overseas PMQ)

- Black and Asian trainees who qualified overseas have a lower proportion of successful outcomes than those who are white.

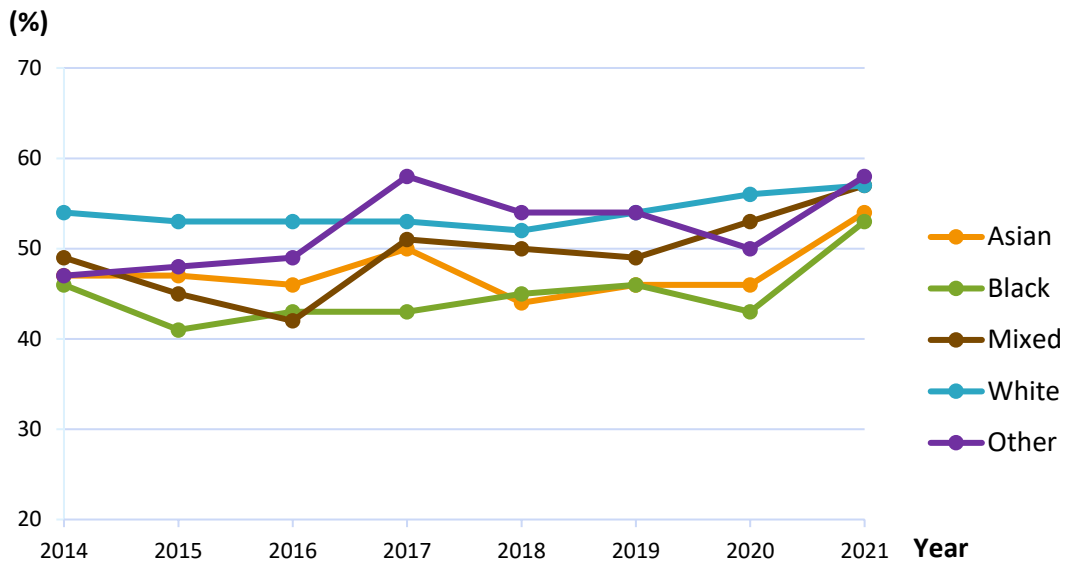
We've reported for several years that doctors who qualified overseas have poorer outcomes than UK qualified trainees. This is reflected in the average difference of twenty-six percentage points in the specialty exam pass rates between these two categories of doctors since 2014. Our new data show that this gap is even wider for some ethnic groups.

Figure 2: Specialty exam pass rates for EEA trainees by ethnic group, 2014 – 2021



Doctors n = 743 (2014); 777 (2015); 815 (2016); 767 (2017); 813 (2018); 840 (2019); 754 (2020); 1,132 (2021)
 "no information on ethnic group" removed

Figure 3: Specialty exam pass rates for IMG trainees by ethnic group, 2014 – 2021



Doctors n = 2,630 (2014); 2,430 (2015); 2,345 (2016); 2,374 (2017); 2,531 (2018); 2,959(2019); 2,621 (2020); 4,647 (2021) “no information on ethnic group” removed

Exam outcomes

There is an average sixteen percentage point difference in pass rates between white and black trainees with an EEA PMQ (Figure 2). In 2021, UK white trainees had an 83% pass rate, compared to 41% for EEA black, and 59% for EEA white trainees.

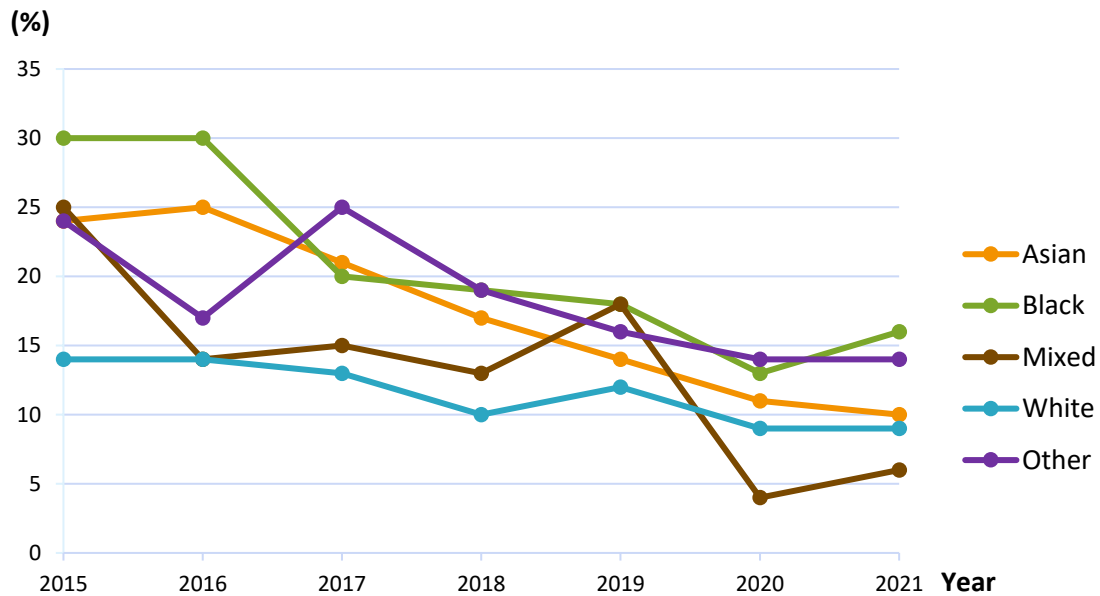
The difference between the average pass rates for white and black IMG trainees is eight percentage points. Figure 3 shows how this has been a persistent year on year attainment gap since 2014.

ARCP outcomes

For trainees who gained their medical qualification overseas, there is a notable variation in unsatisfactory ARCP outcomes according to the ethnic group for doctors with an EEA PMQ (Figure 4). This variation by ethnic group is less pronounced for IMG PMQ doctors (Figure 5).

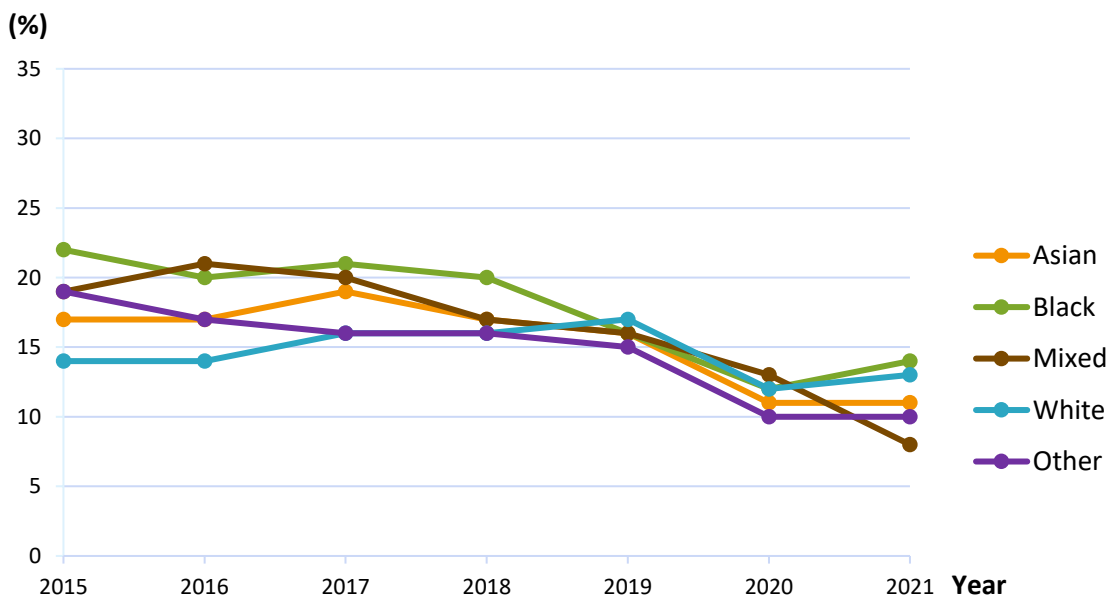
This trend is reflected in data for ARCP outcome 3, meaning additional training time is required. Between 2010 and 2021, on average 7% of EEA white and 8% of IMG white trainees required extra time compared to 11% of EEA black and 10% of IMG black trainees.

Figure 4: ARCP unsatisfactory outcomes 2, 3, 4, 7.2, 7.3, D or E, for trainees with an EEA PMQ, 2015 – 2021



n= number of ARCP outcomes: 2,578 (2015); 2,597 (2016); 2,709 (2017); 2,849 (2018); 3,091 (2019); 3,174 (2020); 3,637 (2021) "no information on ethnic group" removed from total

Figure 5: ARCP unsatisfactory outcomes 2, 3, 4, 7.2, 7.3, D or E, for trainees with an IMG PMQ, 2015 – 2021



n= number of ARCP outcomes: 8,641 (2015); 8,110 (2016); 8,193 (2017); 8,272 (2018); 9,433 (2019); 10,653 (2020); 13,327 (2021) "no information on ethnic group" removed from total

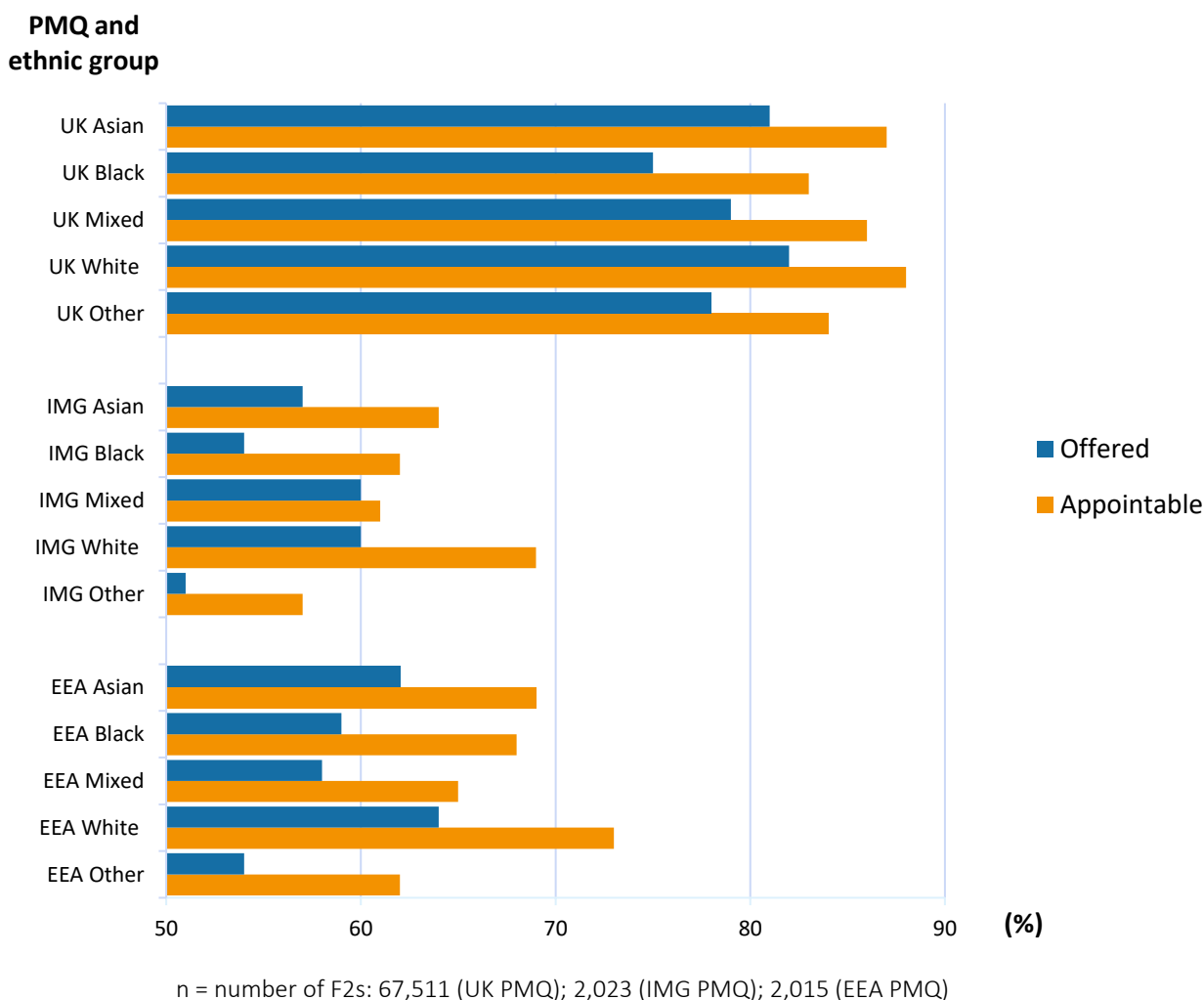
Recruitment outcomes: variation by ethnic group

Inequality of outcomes between ethnic groups are also observed in the recruitment and selection of F2 doctors into specialty training (Figure 6). Of those applying to start their specialty training immediately after F2, a higher proportion of white trainees met the minimum appointable criteria and were offered roles, than trainees from ethnic minority groups, after accounting for PMQ.

Black applicants from UK medical schools had a 7% lower rate of ‘offers’ compared to white applicants.

Figure 6 shows the significant variation in the outcomes of overseas-qualified F2 applicants by ethnic group with a larger proportion of IMG white applicants meeting the minimum appointable criteria than IMG black, Asian and mixed ethnicity groups.

Figure 6: Recruitment into specialty, looking at applications by trainees immediately after completion of F2 (2012 – 2022) by PMQ and ethnic group, % appointable and % offered a post



Variation by PMQ geographic region

- There is variation in ARCP and specialty exam outcomes between doctors of different geographic regions for each PMQ group.

We've disaggregated outcomes for IMG and EEA qualified doctors by geographic region to show the difference in outcomes at a more granular level, and to help postgraduate training organisations to understand better the variation within each category of PMQ.

Table 3: Percentage specialty exam pass rate and unsatisfactory ARCP outcomes by PMQ geographic region.

PMQ	PMQ geographic region	% Mean: specialty exam pass rate (2104 2021)	% Mean: unsatisfactory ARCP outcomes 2,3,4,7.2,7.3,D, E 2010 2021	% Mean: unsatisfactory ARCP outcome 3 (extra time required) 2010 2021
		n number of trainees	n number of ARCP outcomes	n number of ARCP outcomes
UK	United Kingdom	75% (63,443)	6% (642,139)	3% (642,139)
IMG	Oceania	79% (92)	7% (961)	4% (961)
IMG	Northern America	74% (12)	8% (163)	5% (163)
IMG	Middle East	54% (1,524)	16% (14,782)	8% (14,782)
IMG	South Asia	48% (6,716)	16% (79,163)	8% (79,163)
IMG	Africa	48% (3,154)	17% (23,854)	9% (23,854)
IMG	South, Central, Latin America & Caribbean	47% (375)	16% (3,501)	9% (3,501)
IMG	Rest of Asia	43% (585)	18% (4,560)	10% (4,560)
IMG	Non EEA Europe*	38% (480)	23% (4,514)	13% (4,514)
EEA	Northwestern Europe (excluding UK)	66% (889)	11% (9,072)	6% (9,072)
EEA	Southern Europe	56% (1,071)	11% (10,282)	6% (10,282)
EEA	Central Europe, eastern Europe, Baltic	46% (1,632)	19% (13,982)	10% (13,982)

*Albania, Belarus, Bosnia and Herzegovina, Kosovo, Macedonia, Moldova, Montenegro, North Macedonia, Russian Federation, Serbia, Ukraine

Exam and ARCP outcomes

Trainees qualifying in the UK, North America, and Oceania have higher pass rates in their specialty exams and fewer unsatisfactory outcomes in their ARCP (Table 3).

Within different regions of Europe (excluding the UK) there is a wide variation in outcomes. Exam pass rates differ by twenty-eight percentage points between northwest Europe and European countries not part of the EEA. Doctors who qualified at non EEA European medical schools have the highest unsatisfactory ARCP outcomes, including ARCP 3, and the lowest pass rate in specialty exams compared to all overseas qualified doctors.

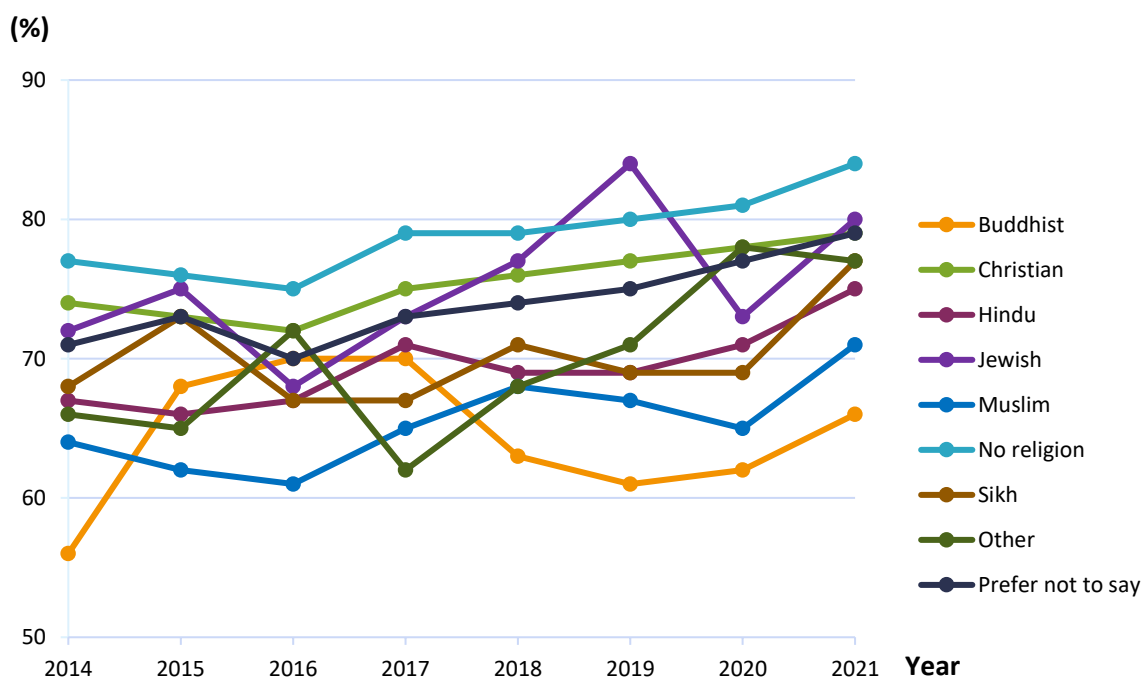
Variation by religion and ethnic group

- Trainees who don't follow a religion have a larger proportion of successful outcomes.
- Muslim trainees have the smallest proportion of successful outcomes.

Exam outcomes

For all trainees our data show a higher specialty exam pass rate for those who do not follow a faith, with a difference of twenty-one percentage points when compared to the average exam pass rate for those of either the Muslim, Buddhist or Hindu faith.

Figure 7: Trainees with a UK PMQ, specialty exam pass rates by religion 2014 – 2021



Doctors n = 10,973 (2014); 11,499 (2015); 12,498 (2016); 13,021 (2017); 13,280 (2018); 13,617 (2019); 10,303 (2020); 15,418 (2021)

Figure 7 focuses on UK PMQ trainees only and shows a similar variation between doctors from different religious backgrounds. For example, there is a difference of thirteen percentage points between the average pass rates of UK trainees who don't follow a religious faith and UK Muslim trainees.

Religion may play an additional role in the outcomes for trainees from different ethnic groups. The relationship between these characteristics for trainees with a UK PMQ can be explored in Table 4. For UK qualified white trainees there is a lower pass rate for those of Jewish (75%) or Islamic (70%) faith compared to those with no religious faith (81%). And for Asian trainees there is a 6% difference between those of Hindu, Sikh or no faith (70%) and Buddhist doctors (64%).

Table 4: UK PMQ trainees - average specialty exam pass rates by religion and ethnic group, 2014 – 2021

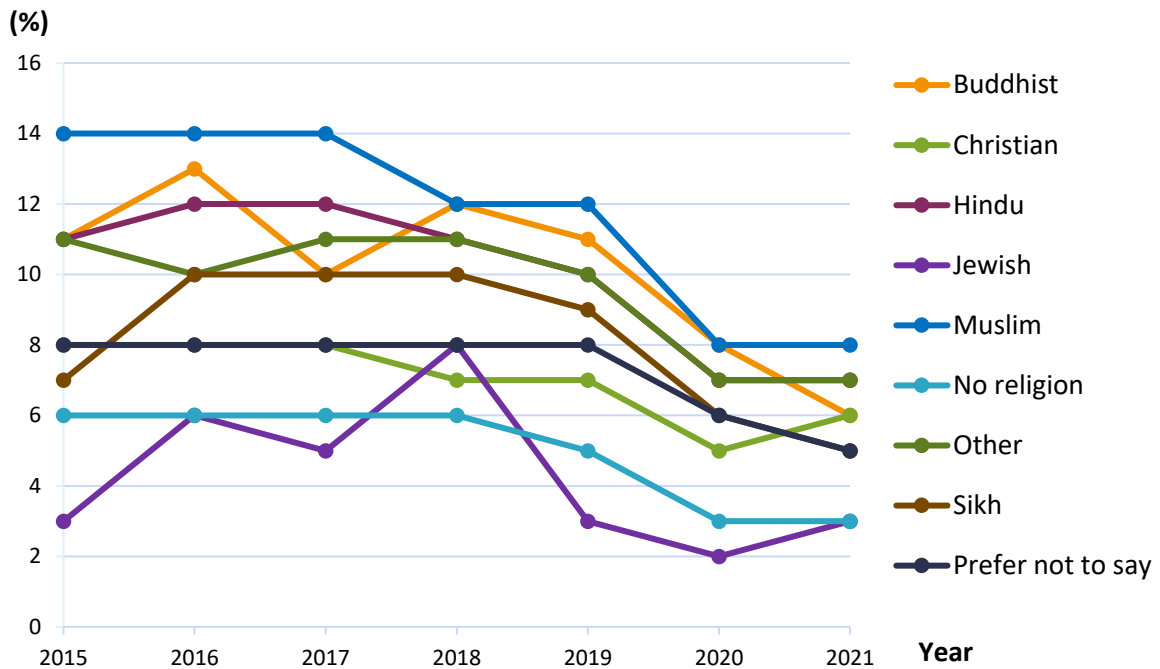
Religion	Asian	Black	Mixed	Other	White
Buddhist	64% (622)	N / A	63% (22)	58% (73)	80% (81)
Christian	67% (1,254)	61% (924)	71% (500)	70% (341)	78% (13,489)
Hindu	70% (2,739)	N / A	60% (28)	60% (26)	N / A
Jewish	N / A	N / A	96% (11)	68% (10)	75% (385)
Muslim	66% (2,908)	59% (136)	66% (162)	66% (524)	70% (123)
No religion	70% (2,190)	68% (97)	77% (938)	68% (347)	81% (17,506)
Other	74% (184)	53% (13)	63% (53)	62% (49)	72% (317)
Prefer not to say	67% (1,254)	65% (129)	76% (277)	65% (234)	78% (3,850)
Sikh	70% (725)	N / A	77% (<10)	60% (<10)	N / A

ARCP outcomes

Analysis of ARCP outcomes for all trainees also shows variation according to religion.

A smaller proportion of trainees who identified as Jewish or following no religion had unsatisfactory outcomes (2,3,4,7.2,7.3, D or E) than trainees of other faiths. Muslim trainees had the highest proportion of unsatisfactory outcomes when compared to trainees who belong to other religions (Figure 8).

Figure 8: % ARCP unsatisfactory outcomes 2, 3, 4, 7.2, 7.3, D or E by religion 2015 – 2021



n= number of ARCP outcomes: 57,596 (2015); 59,824 (2016); 62,824 (2017); 64,004 (2018); 68,701 (2019); 68,133 (2020); 76,149 (2021) "no information on religion" removed from total

Variation by sexual orientation, gender, and ethnic group

- Specialty exam pass rates are slightly greater for trainees who identify as gay for both women and men.

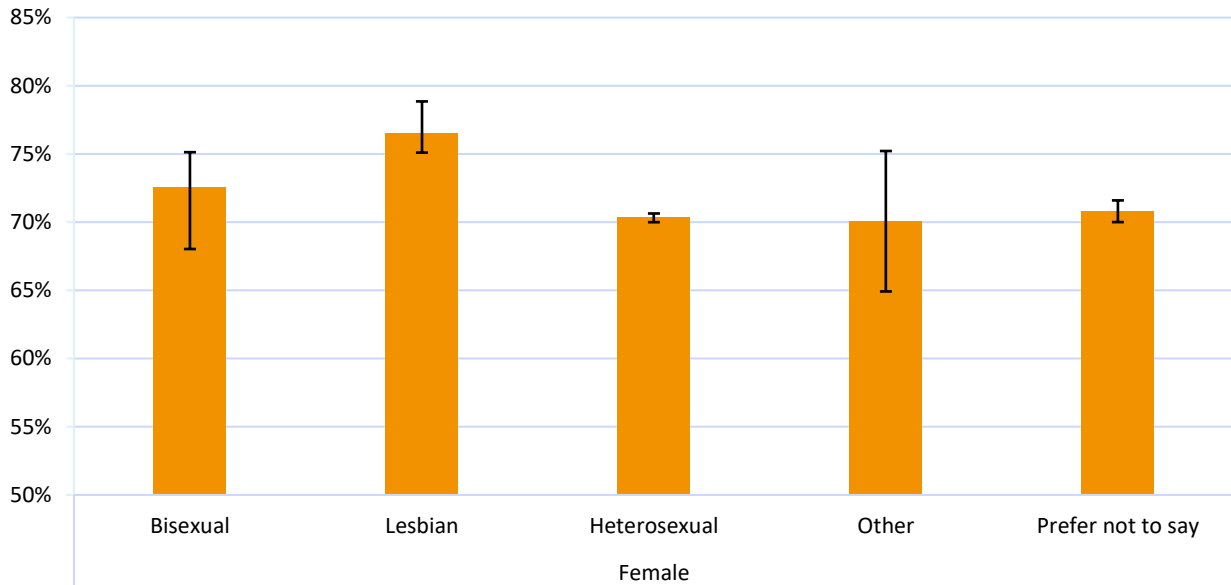
Exam outcomes

Analysis of pass rates by sexual orientation and gender show that for female trainees, those identifying as lesbian have a slightly higher pass rate (on average 77%) than those who identify as heterosexual (70%, see Figure 9).

For male trainees the specialty exam pass rate for gay males is also slightly greater (on average 72%) than for those male candidates who identify as heterosexual (68%, see Figure 10).

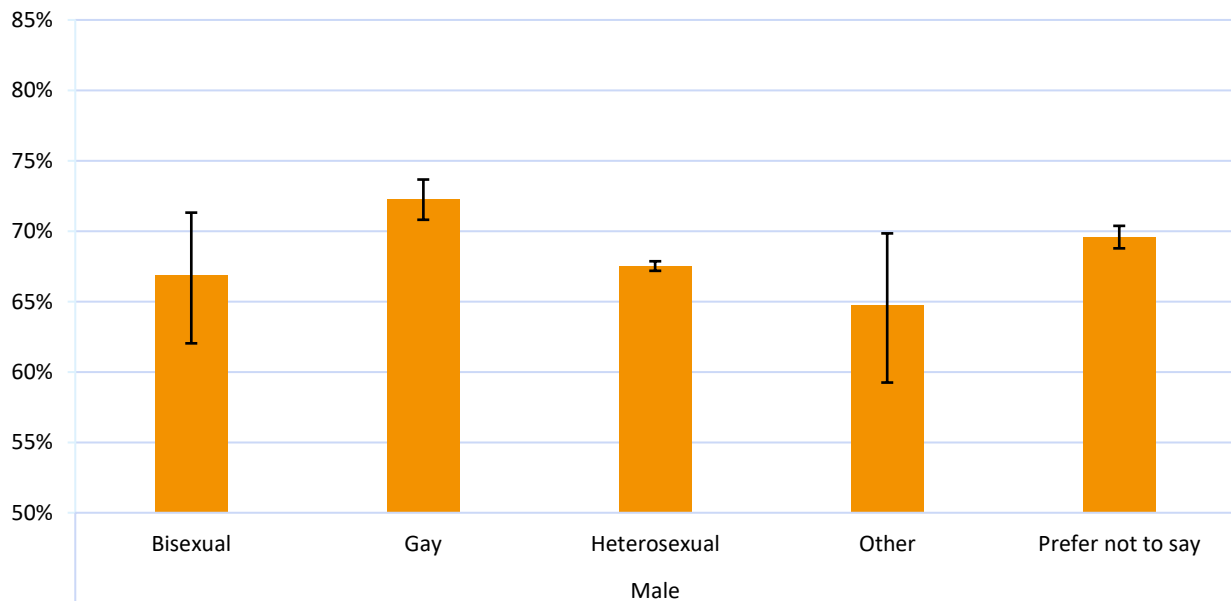
However, this trend is not consistent across all ethnic groups. While pass rates for gay trainees who are either black (63%) or of mixed ethnicity (73%) are higher than those for heterosexual black or mixed ethnicity trainees (51% and 69%), pass rates for gay white trainees (75%) are slightly lower than those who are heterosexual and white (78%).

Figure 9: Average specialty exam pass rates for female trainees by sexual orientation, 2014 – 2021



Female doctors n = Bisexual: 391; Lesbian: 405; Heterosexual: 32,641; Other: 91; Prefer not to say: 4,457

Figure 10: Average specialty exam pass rates for male trainees by sexual orientation, 2014 – 2021



Male doctors n = Bisexual: 145; Gay: 1,270; Heterosexual: 24,974; Other: 95; Prefer not to say: 4,321

Variation by disability, PMQ and ethnic group

- The proportion of trainees in different ethnic and PMQ groups declaring a disability ranges from 11% (UK mixed) to 2% (IMG black and IMG Asian).
- Trainees with a declared disability have a 4% lower specialty exam pass rate and a lower proportion of ARCP successful outcomes.

Our interactive progression reports don't show outcomes by disability because of the very small reporting groups. In 2021, 8% of trainees who completed a disability declaration self-reported they have a disability. UK PMQ trainees from white, black, and mixed ethnic groups are most likely to report a disability (10 – 11%) and IMG PMQ holders of Asian and black ethnic groups are least likely to (2%) (Table 6).

Table 5: Proportion of 2021 trainees who declared a disability

Has declared a disability	%
Yes	8% (5,152)
No	85% (57,272)
Prefer not to say	6% (4,327)
Unknown	1% (581)

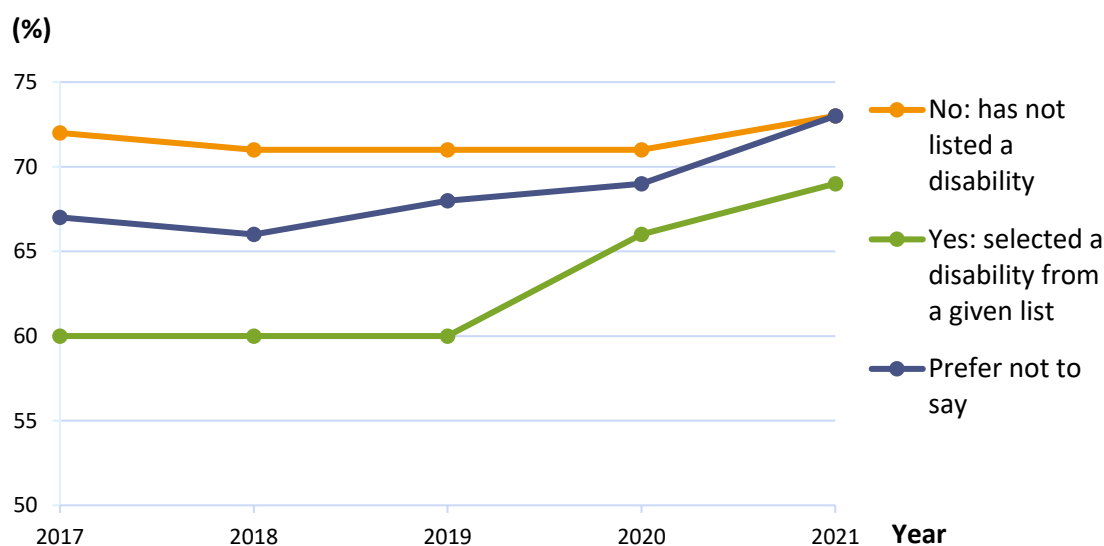
Table 6: Proportion of 2021 trainees who declared a disability, by ethnic group and PMQ.

PMQ	Ethnicity	Total n	Yes: has declared a disability	No: has not declared a disability	Prefer not to say	Unknown
UK	Asian	12,074	6%	88%	5%	1%
	Black	1,487	10%	81%	8%	1%
	Mixed	2,132	11%	82%	6%	0%
	White	34,172	10%	84%	6%	0%
	Other	1,623	7%	85%	7%	1%
EEA	Asian	650	4%	91%	3%	1%
	Black	142	5%	87%	6%	1%
	Mixed	95	7%	88%	3%	1%
	White	1,905	3%	92%	4%	1%
	Other	89	2%	94%	3%	0%
IMG	Asian	5,816	2%	91%	5%	2%
	Black	2,671	2%	93%	3%	1%
	Mixed	261	6%	87%	6%	1%
	White	529	4%	90%	5%	2%
	Other	1,445	3%	91%	4%	2%

Exam outcomes

Pass rates for trainees who have declared a disability increased over time from 60% in 2017 to 69% in 2021 (Figure 11). While the attainment gap between trainees with a disability and those without reduced over time, there was still a difference of four percentage points in 2021.

Figure 11: Specialty exam pass rates, by disability, 2017 – 2021

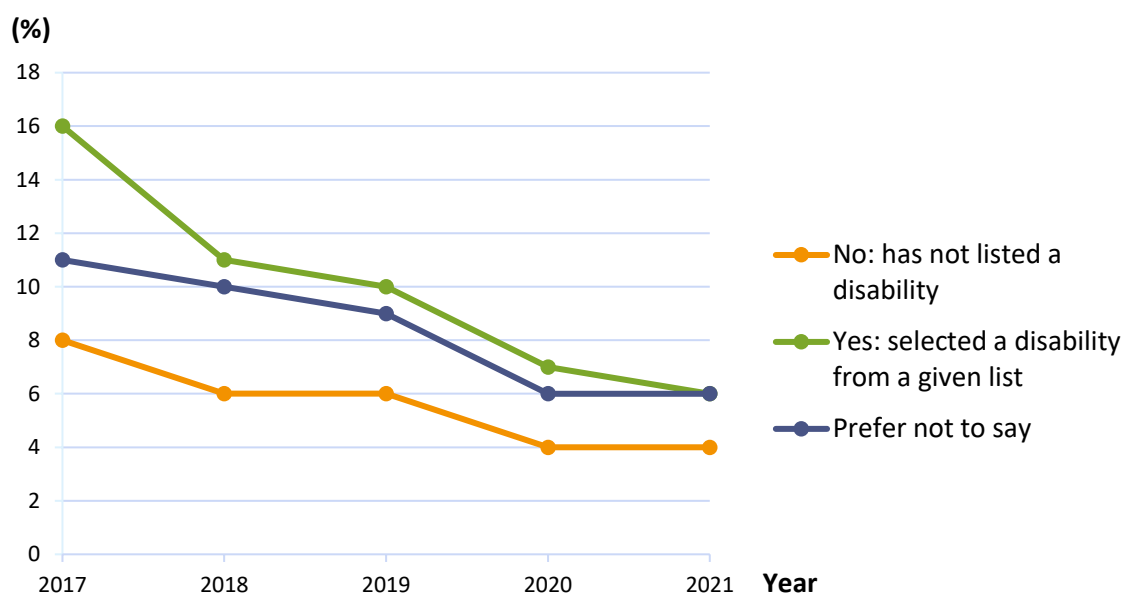


n= exam attempts; 27,331 (2017); 27,971 (2018); 27,990 (2019); 18,871 (2020) 33,867 (2021)

ARCP outcomes

Trainees with a declared disability have a higher proportion of unsatisfactory ARCP outcomes than those who aren't disabled. However, the gap has narrowed over time from an eight percentage point difference in 2017 to a two percentage point difference in 2021 (Figure 12).

Figure 12: ARCP % unsatisfactory outcomes 2, 3, 4, 7.2, 7.3, D or E, by disability 2017 – 2021



n= number of ARCP outcomes: 54,358 (2017); 53,053 (2018); 55,489 (2019); 55,910 (2020); 62,355 (2021)

Variation by socio-economic status (SES) and ethnic group (UK PMQ)

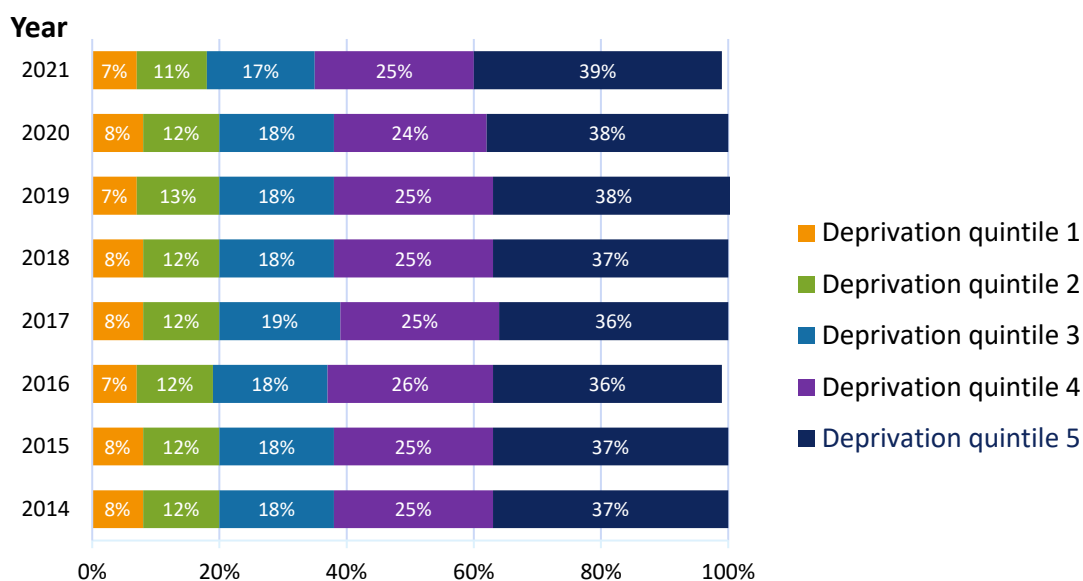
- **There is an average 10% gap in attainment in the exam pass rates for doctors from the lowest and highest socio-economic background.**
- **Within the lowest deprivation quintile (DQ1), there is a seventeen percentage point difference between the pass rates of black/black British trainees (59%) and white trainees (76%).**

Deprivation quintiles are a measure of socio-economic status based on the home postcode students give when applying to a medical school in the UK.

In 2021, of those trainees sitting specialty exams, only 7% lived in an area designated as one of the least affluent areas in the UK when they applied to medical school (deprivation quintile 1). In comparison, 39% of doctors lived in an area designated amongst the most affluent (deprivation quintile 5).

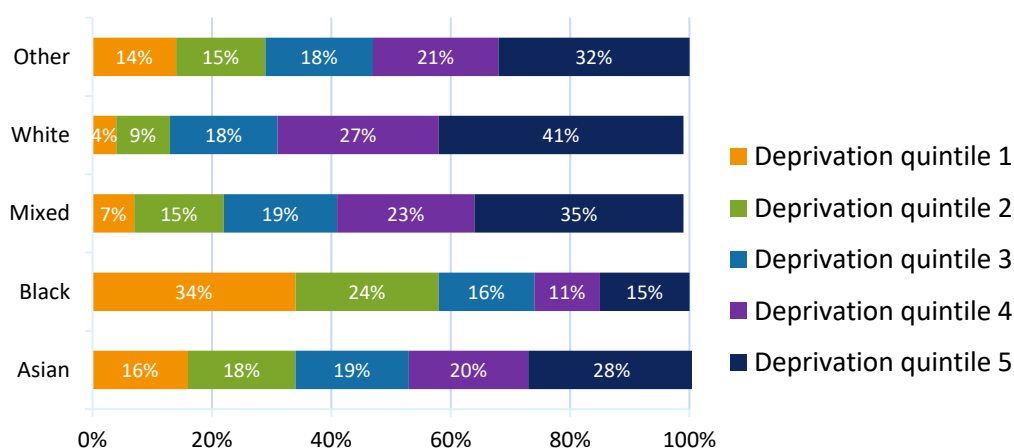
The proportions have remained broadly unchanged since 2014 (Figure 13).

Figure 13: Proportion of doctors sitting specialty exams from each socio-economic group, measured by level of deprivation, where 1 is the highest level of deprivation, 2014 – 2021



However, there's variation in the proportion of trainees from each deprivation quintile according to ethnic group. Over half (58%) of UK black trainees and a third (34%) of UK Asian trainees sitting specialty exams are from deprivation quintiles 1 and 2, compared to 13% of UK white trainees. 41% of UK white trainees are from the most affluent areas (deprivation quintile 5) compared to 15% of UK black trainees (Figure 14).

Figure 14: Average proportion of UK doctors from each deprivation quintile sitting specialty exams, by ethnic group 2014 – 2021, where quintile 1 is the highest level of deprivation

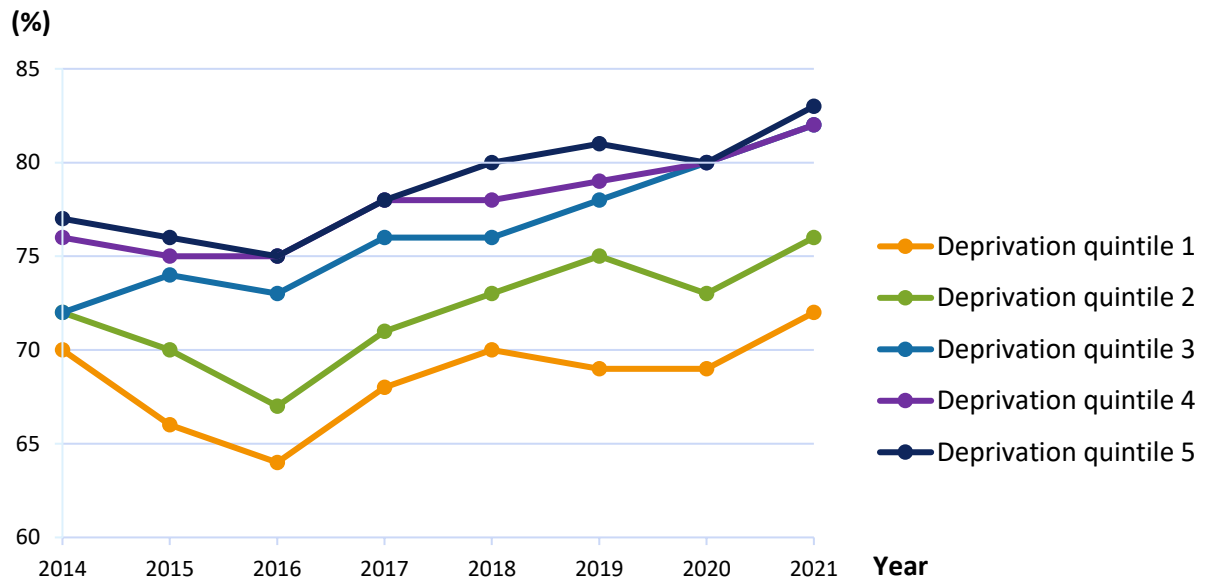


Doctors n = 10,590 (UK PMQ Asian) 1,238 (UK PMQ black) 1,906 (UK PMQ mixed) 36,689 (UK PMQ white) 1,239 (UK PMQ other)

Exam outcomes

Our data show an average difference of ten percentage points in pass rates between trainees from the poorest and most affluent areas (Figure 15).

Figure 15: Specialty exam pass rates by level of deprivation, where deprivation quintile 1 is the most deprived, 2014 – 2021

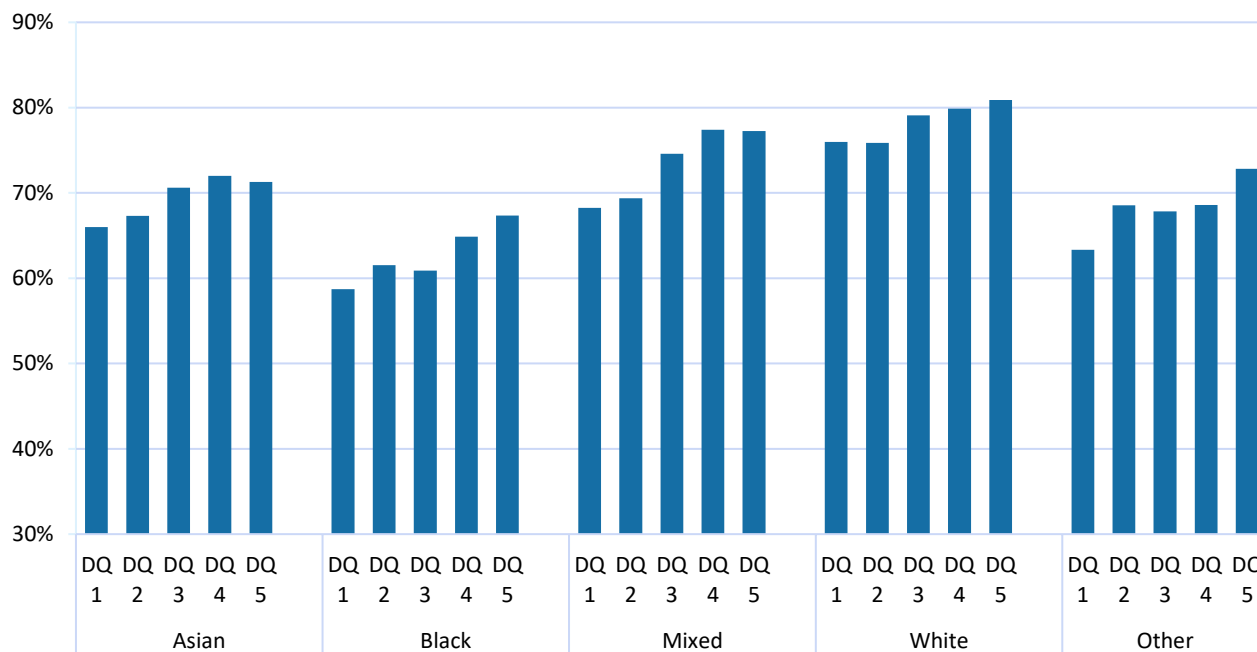


Doctors n = 12,487 (2014); 12,718 (2015); 13,479 (2016); 13,422 (2017); 12,951 (2018); 12,567 (2019); 8,999 (2020); 13,064 (2021)

Socio-economic status may add to inequalities experienced by ethnic minority groups (Figure 16). For example, looking at UK black trainees, pass rates for those from the most affluent group are 67% compared to 59% from the least affluent, a difference of 8%.

Similarly, trainees from similar socio-economic backgrounds but different ethnic groups show variation in outcomes. For doctors from the most affluent background (DQ5) there's a fourteen percentage point difference in pass rates between UK white (81%) and UK black trainees (67%), and a difference of seventeen percentage points between these groups from the least wealthy background (DQ1) (76% and 59% respectively).

Figure 16: Average % specialty exam pass rate, for doctors with a UK PMQ, by ethnic group and deprivation quintile, 2014 – 2021

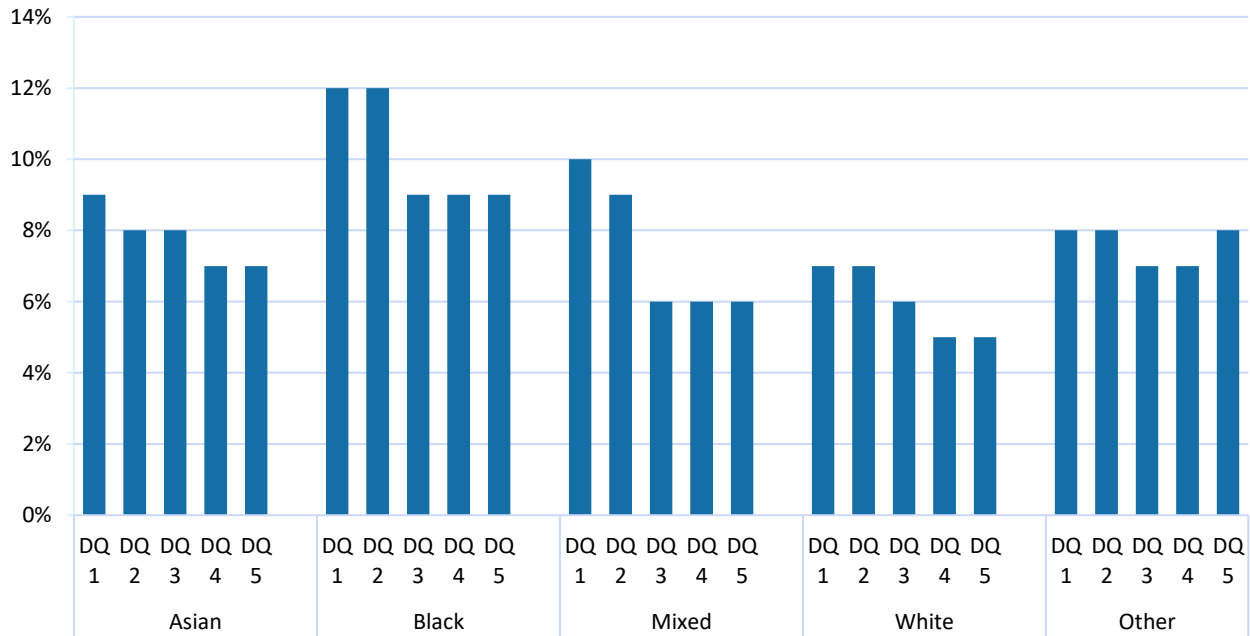


Doctors n = 10,590 (UK PMQ Asian) 1,238 (UK PMQ black) 1,906 (UK PMQ mixed) 36,689 (UK PMQ white) 1,239 (UK PMQ other)

ARCP outcomes

When looking at ARCP unsatisfactory outcomes (2, 3, 4, 7.2, 7.3, D or E) a similar picture emerges. For those in deprivation quintile 1, white trainees have a 5% lower rate of unsatisfactory outcomes compared to black or black British trainees from the same deprivation quintile (Figure 17).

Figure 17: Average % ARCP unsatisfactory outcomes 2,3,4,7.2,7.3, D or E for doctors with a UK PMQ, by ethnic group and deprivation quintile, 2010 – 2021



n = number of ARCP outcomes 98,850 (UK PMQ Asian) 11,590 (UK PMQ black) 18,070 (UK PMQ mixed) 349,570 (UK PMQ white) 11,505 (UK PMQ other) “no information on deprivation quintile” removed from total.

Conclusion

The findings in this report expose the inequalities that exist in medical education, and in particular the poorer outcomes for ethnic minority doctors and international medical graduates.

The insight into how factors, such as socio-economic status, religion, sexual orientation, and disability contribute to the attainment gap provides the in-depth data that training organisations need to tailor their approaches and interventions to address differential attainment.

Tackling the inequalities that exist in medicine must remain an urgent priority for those responsible for medical education and training and the UK’s health services. We’ll continue to use data and insight to challenge disadvantage and discrimination in medicine, and we ask that all organisations do the same. It’s only by working together that we can create the long-lasting and meaningful change that doctors deserve.

Our data

Percentages in all tables and charts are rounded using the raw data and may not add up to 100.

Methodology

This high-level analysis explores disaggregated demographic data from across all specialties in the UK. Statistics presented in this report are taken from the 2022 annual publication of the progression reports, which use data collected from the medical royal colleges and faculties, deaneries and Health Education England (HEE) along with data from the medical register (LRMP), the national training survey (NTS), and the Higher Education Statistics Agency (HESA).

Confidence intervals (CI) are included in Figures 9 and 10 as some of the data represent relatively small groups. While confidence intervals are not included in other charts, they are accessible in the online progression reports. The confidence intervals are calculated to the 95% confidence level using the recommended method for proportions from Altman, D.G., Machin, D. et al. *Statistics with Confidence* 2nd edition; BMJ Books. 2000.

Deprivation quintiles

Each small area within a nation (England, Northern Ireland, Scotland and Wales) is ranked with a lower score indicating greater deprivation. These scores are put into quintiles, with 1 being the most deprived and 5 the least. We link to the Index of Multiple Deprivation (IMD) quintile for the postcode included in the HESA data. This is the postcode on application to medical school. IMD quintiles have been calculated in different years for the period covered by the HESA data. We hold the postcode on application to medical school for all cases from 2002 onwards. We hold the IMD reference data for the following countries and years: England: 2004, 2007, 2010 and 2015 Scotland: 2004, 2006, 2009, 2012 and 2016 Northern Ireland: 2005, 2010 and 2017 Wales: 2004, 2011 and 2014. We use the closest preceding year to the doctor's year of entry to medical school.

You can access the progression reports listed below through our [online reporting tool](#):

- specialty examinations
- annual review of competence and progression (ARCP)
- recruitment from foundation programme year 2 (F2)
- Foundation Programme year 1 (F1) preparedness
- specialty destination.

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