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GMC targets elimination of disproportionate complaints and training inequalities

The General Medical Council has set new targets to eliminate disproportionate complaints from employers about ethnic minority doctors and eradicate disadvantage and discrimination in medical education and training.

The targets, to be met by 2026 and 2031 respectively, focus on areas where clear evidence of disproportionality has been seen over time. They will hold the doctors' regulator accountable for taking action and working through others to deliver change.

Working to reduce disproportionate fitness to practise referrals of minority ethnic doctors to the GMC and driving down disadvantage and discrimination for medical students and trainees have been long-standing concerns for many in the health system.

GMC research and analysis on [fairness in referrals](#) and on [differential attainment](#) has demonstrated the sustained nature of these issues and provided insights on their causes and impacts.

Doctors from ethnic minorities are twice as likely to be referred to the GMC by their employers for fitness to practise concerns than white doctors, and the referral rate for doctors qualifying outside of the UK is three times higher than that for UK doctors.

In education and training, exam pass rates reflect a 12 per cent difference between white and BME UK graduated trainees – rising to more than 30 per cent for overseas graduates.

The GMC will tackle these issues in a number of ways, including:

- Working with Responsible Officers to explore and develop plans they have to make workplaces more inclusive and supportive.
- Developing an amended referral form to include steps organisations have taken to make sure that a referral is appropriate before it is submitted to the GMC.
- Supporting organisations in building understanding of GMC thresholds for fitness to practise referrals to help ensure fairer outcomes.
- Support the Medical Schools Council's newly formed ED&I Alliance and requiring action plans from education and training bodies to ensure diversity is better reflected in all aspects of medical teaching and learning.

- Use the GMC's national training survey to further understand inclusivity and fairness – information which will be used with other insights about doctors' working environments to help target quality assurance activity around identified points of concern.

Charlie Massey, Chief Executive of the GMC, said: 'Sadly it is clear that unacceptable levels of inequality exist in the health system. Change to eradicate the disadvantages many doctors face are long overdue.'

'Setting ourselves these specific targets will drive us to effect real change, which we can hold ourselves to account for. It will require close working with employers, regulators, education and training bodies, and many other stakeholders to achieve these goals.'

'Our goals are ambitious but achievable – inequality is something we need to be impatient about. We are committed to deliver change and achieve these much needed improvements.'

Sitting alongside the new targets will be a focus on internal processes at the GMC to improve representation and progression across all staffing levels and remove unfair differences in pay. Progress against each of the measures will be published annually.

ENDS

Notes to editors

The targets the GMC has set itself are:

- To eliminate disproportionate fitness to practise referrals in relation to ethnicity and origin of medical qualification by 2026
- Eliminate discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training, by 2031.

The GMC Press Office can be contacted on 020 7189 5454, or email press@gmc-uk.org

The General Medical Council (GMC) works to protect the public by setting, upholding and raising the standards of medical education and practice across the UK.

It does this by:

- Setting the standards doctors must follow, making sure they continue to meet these standards throughout their careers.
- Deciding which doctors are qualified to work here and overseeing UK medical education and training.
- Acting if a doctor is putting the safety of patients, or the public's confidence in doctors, at risk.

It is in the public interest to have healthcare systems in the UK, both public and private, where doctors practise to the highest ethical and professional standards to provide the best possible, safe medical care.

The GMC is independent of government and the medical profession, and accountable to the UK Parliament.

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