

Our data supporting the Medical Workforce Race Equality Standard in England

Introduction

The Medical Workforce Race Equality Standard (MWRES), led by NHS England, is an important step in measuring and driving fairness in medicine. It complements how equality is already being measured for all health workers in England through the Workforce Race Equality Standard (2015).

Although MWRES team is not publishing any data this year, we're committed to ensuring we maintained the transparency and provision of data to support the system and build on the format that we had last year ([medical-workforce-race-equality-standard---insight-paper.pdf \(gmc-uk.org\)](#)). This paper sets out the 2021 data we're providing for the 2022 MWRES, in three areas:

- Revalidation recommendations
- Postgraduate training
- Fitness to practise complaints

We encourage reflection and discussion about the data presented here and what factors might, in practical terms, contribute to the observed differences. However, it must be noted that the causal factors involved in the reported rates are complex, and that no causal links between the given variables can be inferred.

In line with NHS England's plan for progressing the MWRES, in this report, where numbers of doctors adhere to data protection rules and regulations, we present more detailed breakdowns by regions of England. Comparison of data compiled for this report and previous reports in some instances was not possible due to push back of revalidation submissions in 2020 and 2021 (Box 2) and change of question about bullying (Box 5).

We are keen to offer our data to organisations to support these discussions. Further data breakdowns can be found in our [GMC Data Explorer](#) tool, in [our data tables from our reports on *The state of medical education and practise in the UK*, and](#) in our [progression reports](#) published on our website.

Differences by primary medical qualification

We know from [our reports on *The state of medical education and practice in the UK*](#) that doctors' experiences vary, and are linked to where they gained their primary medical qualification (PMQ). While this often relates to the nationality, [our published data analysis show it is not a perfect match](#).

As Figure 1 shows, most international medical graduates (IMG) are ethnic minority and most doctors from the European Economic Area (EEA) and UK are white. It's an important distinction and the reason why data throughout this paper are broken down by both PMQ region and by ethnicity.

In our register data, we have seen a small decrease in the proportion of doctors with an unknown ethnicity (from 7.1% to 6.9% from 2020 to 2021), and an increase in the proportion who are ethnic minority (from 40% to 42% from 2020 to 2021). Further detail of this can be found in our data tables from our reports on *The state of medical education and practise in the UK* (Workforce report 2022 - GMC (gmc-uk.org)).

Figure 1: Licensed doctors shown by PMQ region and ethnicity, as of 31 December 2021

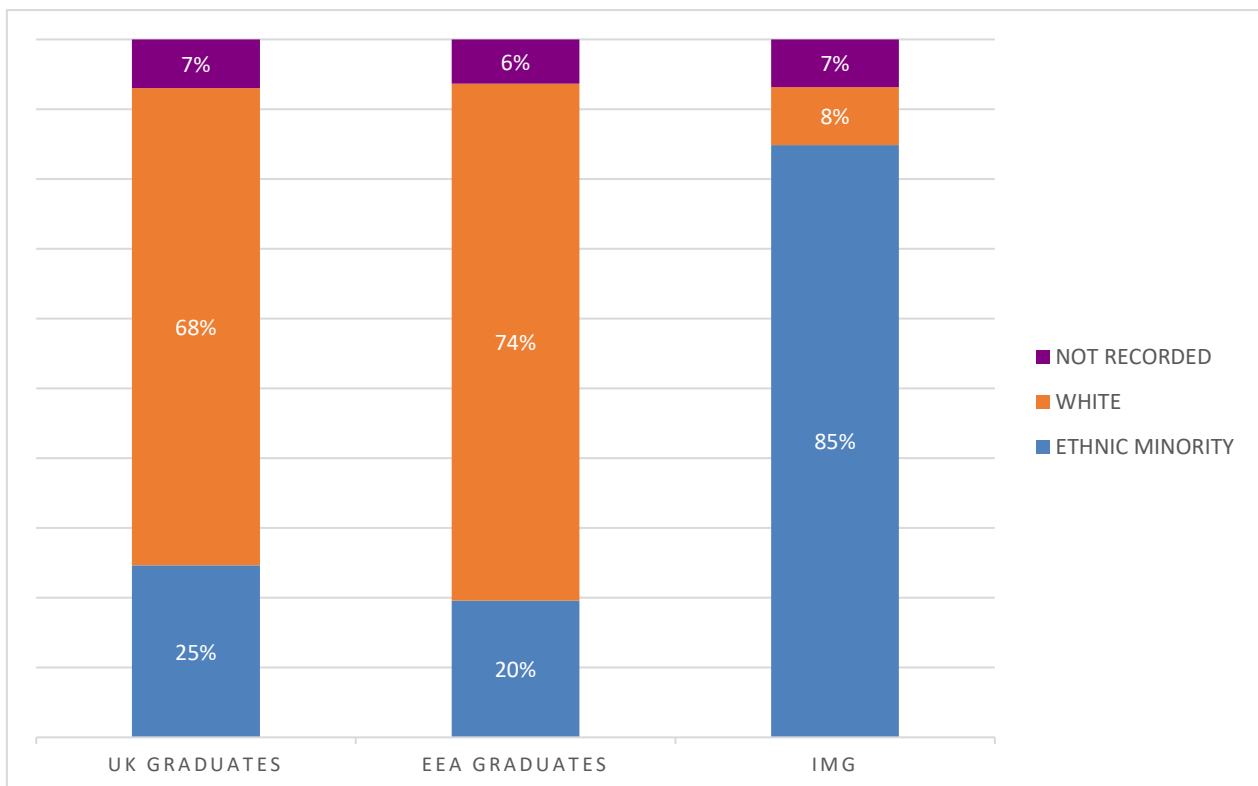


Figure 2: Licensed doctors in each England region shown by PMQ region and ethnicity, as of 31 December 2021

Region of England	PMQ	Ethnic minority		White		Not recorded	
East	UK	3,976	34%	6,898	59%	737	6%
	EEA	523	23%	1,578	71%	125	6%
	IMG	7,204	86%	625	7%	565	7%
London	UK	13,288	42%	16,457	52%	2,111	7%
	EEA	975	17%	4,504	77%	342	6%
	IMG	9,540	78%	1,738	14%	911	7%
Midlands	UK	7,527	35%	12,402	58%	1,311	6%
	EEA	726	30%	1,563	64%	171	7%
	IMG	12,998	89%	627	4%	975	7%
North East and Yorkshire	UK	4,298	20%	15,770	74%	1,210	6%
	EEA	481	25%	1,359	69%	123	6%
	IMG	8,405	90%	431	5%	544	6%
North West	UK	5,577	28%	13,518	67%	1,174	6%
	EEA	612	28%	1,457	66%	130	6%
	IMG	9,870	90%	472	4%	663	6%
South East	UK	5,546	26%	14,339	67%	1,574	7%
	EEA	577	21%	2,035	73%	171	6%
	IMG	7,481	82%	972	11%	624	7%
South West	UK	1,832	11%	14,195	83%	1,109	6%
	EEA	186	14%	1,037	80%	72	6%
	IMG	2,813	80%	456	13%	235	7%

The pattern of more IMGs being ethnic minority, and more EEA doctors being white are seen in all England regions, although in London, South East and South West there are more white IMG and fewer ethnic minority EEA doctors. (Figure 2) than in other regions.

Revalidation recommendations

The proportion of doctors given a revalidation recommendation to revalidate or defer

Every licensed doctor must revalidate. Revalidation supports doctors to develop their practice, drives improvements in clinical governance and gives patients confidence that doctors are up to date. For the majority, a designated body (healthcare provider) and the associated responsible

officer (RO – senior doctor at that provider) are responsible for submitting a revalidation recommendation to us. It is important to note that the purpose of a recommendation to defer revalidation is to provide flexibility where a doctor is engaged in revalidation activity but needs more time before they can evidence that they meet our revalidation requirements.

A deferral can be submitted for one of two reasons:

- Insufficient evidence for a recommendation to revalidate
- The doctor is subject to an ongoing local process

Between 1 January and 31 December 2021, we approved 9,928 recommendations to defer from designated bodies in England and around 98% of these (9,704) were for insufficient evidence. In 2019 we began to ask for additional reasons for recommendations to defer for insufficient evidence (Figure 3). These are:

- Appraisal activity
- Continued professional development
- Colleague feedback
- Compliments and complaints
- Interruption to practice
- Patient feedback
- Quality improvement activities
- Significant events.

An RO can select any number of these additional reasons when submitting the recommendation. More information can be found in [our guidance for making revalidation recommendations](#).

We hold additional reasons for 9,694 (99.9%) of the recommendations to defer for insufficient evidence, approved between 1 January and 31 December 2021. Of these most had one additional reason provided. The most common reason given was patient feedback, followed by appraisal activity and colleague feedback.

Figure 3: Number of additional reasons given as part of recommendations to defer due to insufficient evidence, England, 2021

Number of additional reasons	Number of recommendations to defer due to insufficient evidence
0	10
1	6,155
2	1,988
3	1,174
4	174
5	83
6	44
7	46
8	30
Total	9,704

Figure 4: Proportion of recommendations to revalidate and defer by PMQ world region and ethnicity, England, 2021

PMQ	Ethnicity	Proportion of doctors given a revalidation recommendation by a designated body in England		Total number of recommendations
		including at least one 'revalidate'	including at least one 'defer'	
UK	ETHNIC MINORITY	86%	18%	10,428
	WHITE	87%	17%	22,883
	NOT RECORDED	82%	22%	2,235
EEA	ETHNIC MINORITY	81%	23%	801
	WHITE	82%	21%	3,665
	NOT RECORDED	78%	27%	304
IMG	ETHNIC MINORITY	86%	17%	12,435
	WHITE	85%	19%	1,269
	NOT RECORDED	83%	22%	1,000

Figure 5: Proportion of recommendations to revalidate and defer by DB region and ethnicity, England, 2021

Recommendation Submitting Designated Body Region	Ethnicity	Proportion of doctors given a revalidation recommendation by a designated body in England		Total number of recommendations
		including at least one 'revalidate'	including at least one 'defer'	
East of England	ETHNIC MINORITY	84%	19%	3,314
	WHITE	82%	20%	2,332
	NOT RECORDED	77%	27%	420
London	ETHNIC MINORITY	87%	17%	7,285
	WHITE	88%	16%	7,616
	NOT RECORDED	85%	19%	1,094
Midlands	ETHNIC MINORITY	85%	19%	4,321
	WHITE	84%	20%	3,383
	NOT RECORDED	77%	27%	491
North East and Yorkshire	ETHNIC MINORITY	87%	16%	2,664
	WHITE	86%	17%	3,946
	NOT RECORDED	83%	21%	374
North West	ETHNIC MINORITY	88%	15%	2,788
	WHITE	89%	15%	3,334
	NOT RECORDED	87%	17%	400
South East	ETHNIC MINORITY	81%	23%	2,461
	WHITE	83%	22%	3,973
	NOT RECORDED	76%	30%	505
South West	ETHNIC MINORITY	90%	14%	831
	WHITE	87%	16%	3,233
	NOT RECORDED	82%	20%	255

Box 1: A note on revalidation data

Data presented here are correct as of 15 September 2022 and display recommendations approved between 1 January 2021 to 31 December 2021. The data shows doctors who received at least one recommendation to defer (or revalidate) as a percentage of the number of doctors given at least one recommendation in this date range.

Doctors can have multiple recommendations, including to defer and to revalidate in this period. Recommendations are attributed to the designated body that submitted the recommendation. Individual doctors may not be currently connected to the same designated body. Doctors may update their ethnicity at any time so the presented data may change over time.

Box 2: Pandemic response data note

In response to the COVID-19 pandemic, all revalidation submission dates between 17 March 2020 and 16 March 2021 were pushed back by 12 months. Further date changes were made for doctors with submission dates between 17 March 2021 and 31 July 2021. However, from June 2020 responsible officers (ROs) were able to make recommendations for doctors whose dates had been moved at any time up to their new submission date. ROs were also asked not to defer doctors more than four months ahead of their submission date. Consequently, the overall number of recommendations and the distribution of recommendation types for this period is not comparable to other years.

Postgraduate training data

In 2021, we set targets to eliminate two areas where we've seen sustained evidence of inequality. This includes, by 2031, addressing discrimination, disadvantage and unfairness in education and training which we know lead to poorer outcomes for ethnic minority doctors and overseas graduates. This target aims to keep a continuous focus across the health system on this critical area.

Training organisations demonstrate their proactive work to address these inequalities through annual action plans. We're also working with our partners in education to:

- Provide targeted support to trainees, such as mentoring, peer support, enhanced induction and exam preparation
- Making sure there are fair systems in place for the allocation and distribution of opportunities and resources including at recruitment and selection
- Improve the quality of interpersonal relationships through awareness raising, developing better cultural competence and compassionate leadership

We're working with education bodies and partners across the system to build evidence of which interventions effectively tackle this issue. This includes commissioning the Royal College of Psychiatrists and Edge Hill University to evaluate the impact of a targeted exam preparation course. Although the pilot cohort was small, the interim findings are promising, with the attainment gap for UK minority ethnic trainees reduced from 11.8% to 1%, and from 59.8% to 21.1% for IMG minority ethnic trainees. We're testing interventions to look at the impact of mentoring and peer support on final year medical students and of training for educational supervisors so that they can better understand and support IMG trainees.

Box 3: A note on more granular data

As part of our quality assurance framework, we report on the progression of doctors across the UK at five different stages of their postgraduate training:

- **Specialty examinations** – pass rates for royal college exams for doctors in postgraduate training.
- **Annual review of competence progression (ARCP)** – ARCP outcomes for doctors in postgraduate training.
- **Recruitment from foundation programme year 2 (F2)** – percentage of successful outcomes for recruitment from foundation into specialty training programmes.
- **Foundation programme year 1 (F1) preparedness** – how well-prepared doctors feel when they begin their first foundation programme year one training post.
- **Specialty destination** – insights into which specialties doctors enter, after gaining their primary medical qualification (PMQ).

The data is updated annually, allowing training organizations to identify variations in how they deliver and assess medical education.

This year for the first time, we have split broad categories of ethnicity into specific groups to enable royal colleges and postgraduate deans to conduct more refined analysis of educational outcomes. And as a step towards understanding difference across other characteristics we've also included data on religion, and sexual orientation for the first time, alongside characteristics as gender, age, and socio-economic status. We have done this to increase transparency and because larger ethnicity grouping can obscure differences between smaller groups.

Specialty exam pass rates

We work with royal colleges and faculties to report annually on outcomes of specialty exams. This includes exams that contribute towards a doctor becoming eligible to apply for inclusion on our specialist or GP registers, or allow a trainee to progress to the next stage of training. These [progression reports](#) are published on our website ([Oracle Analytics Interactive Dashboards - NTS \(gmc-uk.org\)](#)).

There were changes made to exam design and delivery in this reporting period as a result of the pandemic (e.g. online examinations) which may have had an impact on pass rates. Further research would be needed to fully understand what impact, if any, these changes to exams have made.

This section provides the pass rate for all specialty exams for trainees in England in 2021, split by PMQ and ethnicity (Figure 6).

Figure 6: Specialty examination attempts and pass rates for doctors in a relevant training programme in England in 2021

Region of PMQ	Trainee ethnicity	Pass rate for all attempts	Total number of attempts
UK PMQ	ETHNIC MINORITY	74%	7,122
	WHITE	83%	10,935
	NOT RECORDED	76%	714
EEA PMQ	ETHNIC MINORITY	48%	527
	WHITE	59%	1,040
	NOT RECORDED	52%	63
IMG	ETHNIC MINORITY	54%	6,439
	WHITE	59%	251
	NOT RECORDED	48%	237

Box 4: A note on specialty exam data

Trainees can take specialty exams more than once, and multiple exams within the same year; therefore, the total number of exam attempts can be greater than the total number of doctors in relevant training programmes for a given period. This table provides the total number of attempts.

The data presented here shows only exam data for doctors training in an approved training programme which relates to the exam being taken.

Year refers to an academic year, so 2021 is for exams taken in the 2020/21 academic year, between 1 August 2020 and 31 July 2021.

Exams set by medical royal colleges and faculties can be made up of multiple components, each assessing a different skill set or area of knowledge. In addition, different colleges report exam results in different ways; some report by individual component and others aggregate all parts of an exam. Therefore, comparing pass rates between different examinations is limited in value.

Doctors submit ethnicity data to us voluntarily, and we've highlighted the pass rates for doctors where we have no information about their ethnicity, in the 'unknown' category.

Annual Review of Competency Progression

Together with the Conference of Postgraduate Medical Deans (COPMeD), we undertake an annual joint project to report on the Annual Review of Competency Progression (ARCP) outcomes of doctors in training. An output of this work is published on our website ([Oracle Analytics Interactive Dashboards - NTS \(gmc-uk.org\)](#)).

The ARCP process is how doctors in training are reviewed each year to make sure they're offering safe, high quality patient care, and to assess their progression against standards set down in the curriculum for their training programme. ARCPs determine whether doctors in training can progress to the next year of their specialty training programme.

At the end of an ARCP process, each trainee is awarded an outcome, as explained in [A reference guide for postgraduate foundation and specialty training in the UK, known as the Gold guide](#).

There are several types of outcomes that indicate a trainee has not achieved satisfactory progress. Here, we have collated these outcomes and reported them collectively as 'unsatisfactory'.

This section provides the proportion of unsatisfactory ARCP outcomes given to trainees in England in 2021, split by PMQ and ethnicity, for England only. The total number of ARCP outcomes per year has also been provided.

Doctors submit ethnicity data to us voluntarily, and we've highlighted the rate of unsatisfactory ARCP outcomes for doctors where we have no information about their ethnicity, in the 'not recorded' category (Figure 7).

ARCPs reported for 2021 continued to be impacted by the pandemic, meaning doctors may have had difficulties in achieving the competencies required to progress in, or complete, their training programme, due to circumstances beyond their control.

In cases where there were no serious concerns about the trainee, they were granted a COVID outcome, and allowed to progress to the next stage of training. This has had an impact on the proportion of doctors in who were given an unsatisfactory outcome, meaning that data from 2020 onward cannot be treated as a part of a time series alongside data from 2019 or earlier.

Each year refers to an academic year, so the 2021 data year covers ARCP outcomes given in the 2020/21 academic year between 5th August 2020 and 3rd August 2021.

While the data in Figure 7 is descriptive, it doesn't indicate other factors that can be associated with unsatisfactory outcomes such as previous educational attainment, gender, and age.

Figure 7: Number of ARCPs and proportions of those resulting in unsatisfactory outcomes (excluding exam failure only) for doctors in training, England

Region of PMQ	Ethnicity	Proportion of ARCPs with an "Unsatisfactory" outcome (excluding exam failure only)	Total number of ARCPs
UK PMQ	ETHNIC MINORITY	4%	13,658
	WHITE	3%	24,665
	NOT RECORDED	5%	1,538
EEA PMQ	ETHNIC MINORITY	8%	797
	WHITE	6%	1,791
	NOT RECORDED	7%	107
IMG	ETHNIC MINORITY	7%	10,730
	WHITE	9%	508
	NOT RECORDED	12%	417

Box 5: A note on ARCP data

Trainees can have more than one ARCP outcome in an academic year, meaning the total numbers of ARCPs in which trainees participate is usually higher than the total number of doctors in training.

This data is not suitable for understanding trainee progression in their second specialty (e.g. General (Internal) Medicine) or subspecialties (e.g. Neonatal Medicine) as these outcomes are known to be underreported.

Because we've reported exam pass rates elsewhere, we have excluded unsatisfactory outcomes relating to exam failure, to help show doctors' rates of success in achieving other curriculum requirements.

Ethnicity data is submitted to us voluntarily and we've highlighted the amount of unknown data.

Bullying and harassment data

We run the national training survey (NTS) every year to monitor and report on the quality of postgraduate medical education and training in the UK. This survey covers trainees in foundation, core and higher specialty training programmes, and [the results are published on our website as a summary report](#) and an [interactive reporting tool](#).

This section provides the proportion of trainees in England who answered 'Yes' when asked if they had experienced or witnessed bullying or harassment in the 2021 survey, split by ethnicity and PMQ (Figure 8). It is a voluntary question and the total number of respondents per year has also been provided.

This table (Figure 8) is based on trainee's answers to question "Have you been the victim of, or witnessed, any bullying or harassment in this post (CLSGQ95). In 2020, trainees were asked a different question about bullying and harassment based on their experience during the spring peak of the coronavirus pandemic. In 2021, the question returned to the original format. This has created a gap in the time series so we can't compare 2021 to 2020 figures.

Figure 8: Trainee experiences of bullying and harassment in post in England in 2021

'Have you been the victim of, or witnessed, any bullying or harassment in this post?'

Region of PMQ	Ethnicity	% of respondents who said they had experienced, or witnessed, bullying or harassment in post	Number of trainees who responded to this question
UK PMQ	ETHNIC MINORITY	9%	10,635
	WHITE	6%	18,814
	NOT RECORDED	12%	990
EEA PMQ	ETHNIC MINORITY	11%	544
	WHITE	10%	1,068
	NOT RECORDED	14%	74
IMG	ETHNIC MINORITY	10%	6,451
	WHITE	11%	294
	NOT RECORDED	15%	228

Box 6: A note on NTS data

Doctors submit ethnicity data to us voluntarily, and we've highlighted the rate of reported bullying for doctors where we have no information about their ethnicity, in the 'unknown' category.

Our annual census of trainees confirms each doctor's training location, training status and other relevant details. The NTS opens for two months from mid-March each year, and trainees are asked at that time to relate comments to their current post, enabling us to provide a snapshot of experiences at that point in time.

Fitness to practise complaints referred by source

We receive complaints from a wide range of sources, and we regularly publish data about the relative likelihood of a doctor being complained about in our annual [The state of medical education and practice in the UK report](#) and its [supporting data tables](#).

Our research and data show that employers and healthcare providers are more likely to refer doctors who obtained their PMQ outside the UK and those who are from an ethnic minority background, than they are to refer their UK qualified or white peers.

This is particularly important as complaints from employers are more likely to reach our threshold for a full investigation and, ultimately, more likely to result in a sanction being applied, than complaints from other sources. We commissioned Dr Doyin Atewologun and Roger Kline to carry out research to help us better understand how referrals to us are made. Their findings are set out in our report, 'Fair to refer?' ([fair-to-refer-report_pdf-79011677.pdf \(gmc-uk.org\)](https://www.gmc-uk.org/fair-to-refer-report-pdf-79011677.pdf)).

Following on from this, in 2021 we set a target to eliminate disproportionate levels of fitness to practise referrals by 2026. Our outreach teams across the UK have been working closely with healthcare organisations to help them create supportive and inclusive working environments.

This involves:

- offering advice to Responsible Officers (ROs) about fitness to practise concerns to make sure those they raise with us are fair and accurate.
- working with ROs to identify and explore any action or improvement plans they have in place to address the factors identified in the *Fair to refer?* research. Within six months of meeting the RO, we will engage with their organisation's Board, where it would help to build understanding of the issues at play or help secure commitment to improvement.
- sharing data, insight and tools to help health services identify and resolve local issues.

We've also updated our fitness to practise referral form for ROs. This requires ROs to confirm the steps they've taken to make sure that a referral is appropriate and fair before it's submitted to us. This now includes questions about any induction for international medical graduates so they know what is expected when things go wrong, as well as any support provided since the concerns were identified, and whether there have been impartial checks around whether a referral to us is needed at that time.

Enquiries without an English NHS Trust incident location have been excluded from this analysis. Enquiries are how the GMC defines a piece of intelligence that may raise a concern about one or more doctors' fitness to practise. Complaints can come from the public, employers, or can come from other sources such as another doctor, GMC, police, or doctor can self-refer themselves). Ethnicity data is submitted to the GMC voluntarily and is not available for every doctor.

Figure 9: Number and proportion of doctors with complaints referred to us by source of complaint and ethnicity, England, 2021

	Proportion of doctors complained about / referred				Total number of doctors complained about / referred			
	Public	Employers	Other	Total	Public	Employers	Other	Total
ETHNIC MINORITY	0.61%	0.08%	0.27%	0.96%	593	78	264	935
WHITE	0.64%	0.03%	0.23%	0.90%	708	28	255	991
NOT RECORDED	0.35%	0.02%	0.17%	0.54%	56	4	28	88

Figure 10: Number and proportion of doctors with complaints referred to us by source of complaint and PMQ region, England, 2021

	Proportion of doctors complained about / referred				Total number of doctors complained about / referred			
	Public	Employers	Other	Total	Public	Employers	Other	Total
UK	0.55%	0.02%	0.21%	0.67%	771	33	289	1,093
EEA	0.68%	0.09%	0.26%	1.02%	124	16	48	188
IMG	0.71%	0.09%	0.32%	1.13%	462	61	210	733

Box 7: A note on fitness to practise complaint referral data

Complaints without an English NHS trust location have been excluded from this analysis to reduce misattribution of complaints to the wrong UK country. Our referrals data is based on the current number of licensed doctors located in England as published in our [GMC Data Explorer](#).

Doctors are counted only once in these tables, but some doctors may have received more than one complaint in the 2021 calendar year.

We received all the complaints included here between 1 January 2021 and 31 December 2021.

Further breakdowns of this data can be found in our [GMC Data Explorer](#) or [our fitness to practise data tables, however breakdowns of employer referrals at regional levels have such low numbers their meaningful interpretation is problematic, and so those data are not included here.](#)