

Terms of reference – A research study to understand better why some groups of doctors are referred to the GMC by employers or healthcare providers for fitness to practise concerns more, or less, than others.

Background

Doctors with certain characteristics – including those who obtained their primary medical qualification outside the UK and/or those who are from a black and minority ethnic background – are more likely to be referred to us for fitness to practise concerns than their peers. Similarly, such doctors are more likely to end up being investigated by us and, ultimately, to receive a sanction.*

We have commissioned or directly undertaken a range of work, which used different methods, to audit and check our investigations processes, and we have analysed the data collected about those processes, for evidence of bias in our decision making. To date, no evidence has been identified to suggest that our processes are biased.†

But we are not complacent– we continue to check our own procedures for bias and we are also actively looking for ways to provide additional assurance regarding those processes.‡ However, all evidence available to us indicates that the source of

* General Medical Council (2017) State of medical education and practice available at www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk (accessed 8 June 2018)

† See, for instance, Regan de Bere *et al* (2015) Review of decision-making in the General Medical Council's Fitness to Practise procedure available at www.gmc-uk.org/-/media/about/review-of-gmc-decision-making-in-fitness-to-practise-procedures.pdf?la=en&hash=C8B5E48CACB63B0D772B445C8FE33564798D880A (accessed 8 June 2018)

‡ Cox *et al* (2017) Understanding how organisations ensure that their decision making is fair available at www.gmc-uk.org/-/media/documents/understanding-how-organisations-make-their-decision-making-fair_pdf-72291898.pdf

disproportionality in our processes is in the pattern and nature of the referrals and complaints that we receive about doctors.

In particular, we are aware that employers and healthcare providers are more likely to refer doctors who obtained their primary medical qualification outside the United Kingdom and/or those who are from a black and minority ethnic background. This is particularly important as complaints from employers are more likely to result in an investigation being opened and, ultimately, more likely to result in a sanction being applied, than complaints from other sources.

As context to this research, it is important to know that we are concerned about, and also investigating, similar patterns of different outcomes related to demographic characteristics, which are observable in other aspects of a doctor's practice or career. This includes what is referred to as differential attainment, whereby on average doctors with certain characteristics are less likely to progress in postgraduate medical education,^{*} and differential rates of deferral for doctors with certain characteristics in revalidation.[†]

Objective and research questions

This research project has two primary aims:

- to help us understand why we receive the pattern of complaints we do from employers and healthcare providers, particularly with respect to a doctor's ethnicity
- to help us understand what constitutes good practice in terms of managing concerns about a doctor's fitness to practice within employers/designated bodies. Specifically the research will help us to understand what constitutes good practice with respect to processes and assurance of decision making prior to and at the point of referral to the GMC.

We hope this research will provide practical recommendations that we and others can act on to help change current referral trends, and it allows us to work more closely with clinical leaders to properly develop supportive, open and fair workplaces.

The specific questions that the research will answer are:

* Woolf *et al* (2016) Fair Training Pathways for All: Understanding Experiences of Progression available at <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/understanding-experiences-of-progression>

† Archer et al (2018) Evaluating the regulatory impact of medical revalidation available at https://www.gmc-uk.org/-/media/documents/umbrella-report-final_pdf-74454378.pdf

- Why are designated bodies disproportionately likely to refer certain cohorts of doctors to the GMC?
- Are there characteristics common to organisations with disproportionate levels of referrals?
- Are there characteristics common to organisations with reduced or eliminated disproportionate referrals of particular cohorts of doctors?
- Are the factors which may influence referrals any of the following or are there other factors to be considered:
 - perceived/ actual individual level differences between doctors (e.g. educational qualifications, cultural capital (e.g. knowledge of NHS), English language skills, training outside the UK)
 - the working environment they are employed within
 - the formal and informal support available for those doctors
 - the nature of their role or contract
 - the support available for clinical leaders and/or the overall leadership and clinical governance within that environment.

Scope and methods

The research will:

- include coverage across the four countries of the United Kingdom
- include a range of different types of organisations
- cover both primary and secondary care
- investigate the processes and assurance of decision making prior to and at the point of referral to the GMC across the organisations selected.

We have not stipulated the research methods that should be used to answer the questions identified above.

Timescale

A draft final report is due to be delivered to the GMC by 4th February 2019.