

Clarifying the factors associated with progression through GMC Fitness to Practise procedures. *Professor Charlotte Humphrey et al.*

Rationale

There is ongoing concern about possible inequalities in how poorly performing doctors are identified and dealt with in the formal regulatory processes of the General Medical Council. Previous studies suggested that doctors from ethnic minorities/doctors who trained outside the UK were over-represented in all stages of the GMC's Fitness to Practise process. However, problems with the quality of the data available to those earlier studies limited the conclusions that could be drawn about the meaning and significance of their findings. The ESRC Public Services Programme commissioned three linked studies to improve understanding of these issues.

Recent improvements in the way the GMC manages its data on complaints have opened the way for more detailed investigation of factors, including ethnicity and place of qualification, that may influence the handling and outcomes of complaints about doctors. The purpose of this project was to improve understanding of the factors associated with increased risk of 'high impact' outcomes in the GMC Fitness to Practise process. 'High impact' outcomes include progression to the next stage of the process and professional or legal sanctions. Specifically, this study aimed to test the hypotheses that doctors qualified outside the UK and/or those from Black and Minority Ethnic (BME) backgrounds are more likely to receive

'high impact' decisions at each stage and to evaluate the alternative hypothesis that 'high impact' decisions are associated with other demographic or professional factors or characteristics of the complaints received that are independently associated with place of qualification or ethnic status.

Methodology

The study comprised a secondary analysis of anonymised data from 7526 enquiries/complaints about individual doctors received by the GMC between 1 April 2006 and 31 March 2008. The following variables were included in the analysis:

- Doctor-related variables: gender; place of qualification; years since primary medical qualification; practice specialty; and a composite variable combining ethnicity (where known) with country of qualification.
- Enquiry-related variables: provenance; presentation; and content of complaints.

Multinomial logistic regression models were used to analyse the relative influence of the various factors on decisions made by the GMC at three stages in the Fitness to Practise process: initial Triage of complaints, Investigation and Adjudication.

Implications/conclusions drawn for the GMC Key Findings:

After adjustment for all the factors listed above:

- The enquiry-related variables were the strongest predictors of outcome
- Enquiries involving doctors qualified outside the UK (both in the rest of the EU/EEA and outside the EEA) had an increased risk of 'high impact' outcomes at various stages in the process
- Enquiries involving doctors qualified outside the UK had an increased risk of 'high impact' outcomes for both BME and White groups
- Enquiries involving UK-qualified doctors showed no association between ethnicity and outcome

Applying the findings

- This study has begun to help distinguish between the impacts of ethnic status and place

of qualification – the findings suggest that 'coming from abroad' is a risk factor for high impact outcomes, irrespective of ethnicity, and that among those qualified within the UK ethnicity is not a source of additional risk. The major limitation on drawing firm conclusions in this respect is that the ethnicity data available for this analysis were incomplete.

- If place of qualification has a significant influence on outcomes in its own right (independent of other doctor-related factors, or the provenance, presentation or content of inquiries), why might that be? Are there, perhaps, more subtle differences of substance or presentation between enquiries involving doctors qualified in/outside the UK than were manifest in the data available for this analysis? Are enquiries involving doctors qualified outside the UK assessed in some way as more serious than those involving UK doctors with similar enquiry details? Better understanding of the risk associated with place of qualification would require detailed, qualitative investigation of the GMC decision making process, including the categorisation and content of enquiries and allegations, and of doctors' experiences within that process.