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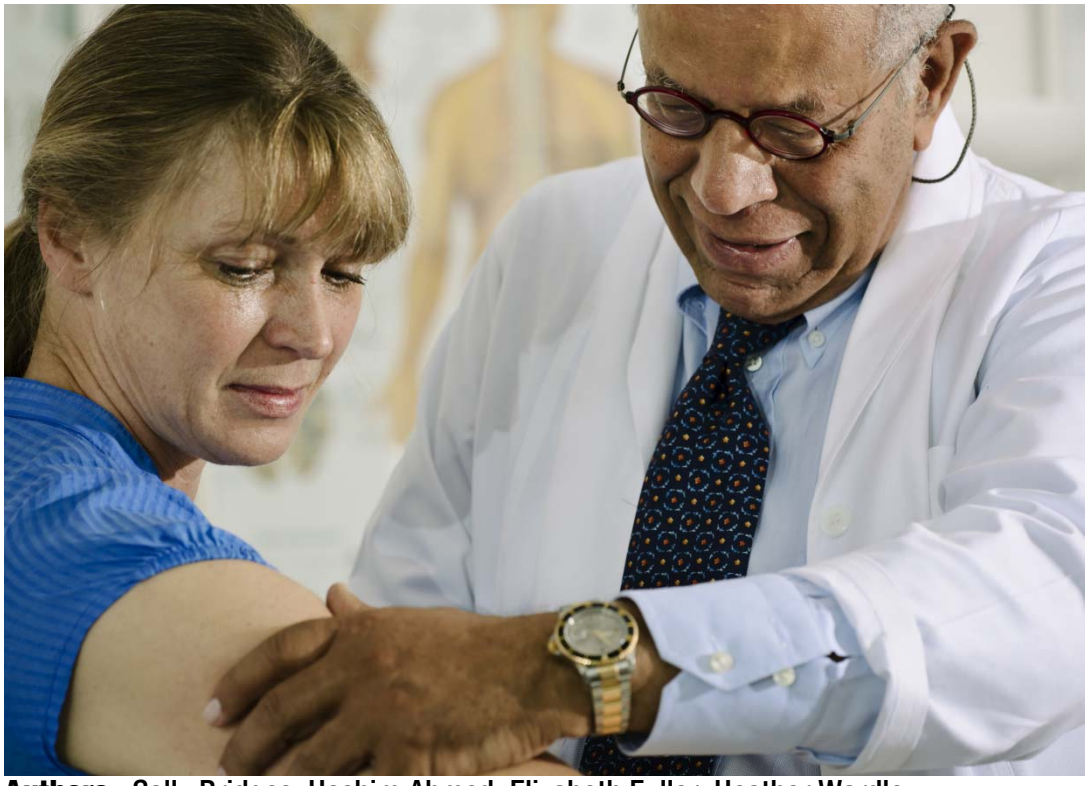
Fairness and the GMC: Doctors' views



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We would like to thank the doctors of the BME Doctors Forum who gave their time and input at key stages throughout the research. We would also like to thank BAPIO and BIDA for their help with recruitment for one of the focus groups. Our thanks also go to Jenny Graham, Martin Mitchell and Valdeep Gill for their management of stage one of the project, and to our colleagues in the Telephone Unit, Operations, Programming and Statistics for their contribution to the survey. Finally, we would like to thank all of the doctors who gave their time to respond to the research.

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Executive summary

Aims and objectives

The General Medical Council (GMC) commissioned NatCen Social Research, Britain's largest independent social research institution, to conduct research into doctors' perceptions of the GMC. The aims were to:

- Understand and explore the perceptions doctors have of the GMC in terms of:
  - The fairness of the GMC;
  - Confidence in the GMC's methods of regulating doctors;
  - The extent to which the GMC is trusted to discharge its core activities;
  - Perceptions of whether the GMC treats BME doctors differently to others.
- Understand how the views held may vary for doctors depending on doctors' ethnicity and/or where they gained their primary medical qualification.
- Identify suggestions for improving GMC practice in areas where the GMC is perceived as performing poorly.

The study **employed a two stage design**:

- **Stage 1** - qualitative focus groups and interviews to understand the nature of views and perceptions.
- **Stage 2** – a quantitative survey of a randomly sampled group of doctors that explores the prevalence of the views and perceptions expressed and whether the views of BME doctors differ from the views of white doctors.

Views and perceptions were explored across four key areas: **general views of the GMC**; **registration**; **revalidation** and **fitness to practise**.

General views of the GMC

- The majority of doctors were confident in way the GMC regulates doctors (79%) and the way the GMC protects the health and safety of the public (85%).
- Levels of confidence in the GMC varied by ethnicity and place of qualification. BME doctors had greater confidence in the GMC than White doctors and non-UK qualified doctors had greater confidence than UK qualified doctors.

Registration

- The majority of doctors thought that the registration process is fair for most or all doctors (95%).
- Views of fairness varied by ethnicity and place of qualification. White doctors (40%) were more likely than BME doctors (29%) to think the process is fair for all doctors and UK qualified doctors (38%) were more likely than non-UK qualified doctors (29%) to think this.
- The majority of White doctors (66%) thought that no particular groups of doctors were more likely to be treated unfairly during registration. However, most BME doctors (61%) thought some groups are more likely to be treated unfairly and identified non-UK qualified doctors followed by other BME doctors as those at greatest risk of unfair treatment.

- Doctors were more likely to think BME doctors and non-UK qualified doctors would be treated unfairly during registration, if they themselves were a BME or non-UK qualified doctor.

Revalidation

- The majority of doctors (59%) thought revalidation would be of at least some value to the profession. Fewer doctors overall thought revalidation was of value to them personally (51%) or was of value for patient safety (51%).
- Compared with White and UK qualified doctors, BME and non-UK qualified doctors were more likely to think revalidation would be of great value for the profession, to themselves and to patient safety.
- The majority of doctors (81%) thought that revalidation was fair for most doctors. However, around one in five (18%) thought it was fair for only a minority doctors – this view was more common among BME (22%) and non-UK qualified doctors (22%) than White (15%) and UK qualified doctors (17%).
- The majority of White doctors (66%) did not think that any particular group were more likely to be treated unfairly during revalidation. However, most BME doctors (56%) thought some groups are more likely to be treated unfairly – non-UK qualified and BME doctors were the groups most commonly identified.
- Doctors were more likely to think BME doctors and non-UK qualified doctors would be treated unfairly during revalidation, if they were themselves a BME doctor or non-UK qualified doctor.
- The majority of doctors (84%) who had experience of revalidation felt they had been treated fairly. White doctors were more likely than BME doctors to think this (86% and 82% respectively).
- Doctors who had not been through revalidation were more cautious, with a smaller majority thinking they would be treated fairly (76%). Among these, UK qualified White doctors were the group most confident about being treated fairly (82%) and non-UK qualified BME doctors were the least confident (68%).

Fitness to practise – investigation of concerns

- Most doctors (86%) thought that the GMC investigates concerns about doctors fairly for the majority of doctors.
- The majority of doctors (81%) thought they would be treated fairly if a concern was raised about them – this was the case for both White and BME doctors, though more White doctors than BME doctors thought this (83% and 78% respectively).
- Just over half of doctors (57%) thought the GMC should treat all concerns, regardless of who raises them, in the same way. This view was more common among BME doctors (66%) than White doctors (52%) and among non-UK qualified (69%) than UK qualified doctors (51%).
- The majority of White doctors (70%) thought that no particular groups were more likely to be treated unfairly during the investigation of concerns about them. However, most BME doctors (60%) thought some groups of doctors are more likely to be treated unfairly – namely non-UK qualified and BME doctors.

Fitness to practise – outcomes of investigations

- Most doctors (89%) thought that outcomes of fitness to practise are fair for the majority of doctors and that outcomes were based on all the available evidence most of the time (76%) – this was the case for both White and BME doctors.

- The majority of all doctors (77%) thought any complaint made about them would be just as likely to be upheld as a similar complaint made about any other doctor. This view was more common among White doctors than BME doctors (86% and 61% respectively).
- More BME doctors (29%) than White doctors (7%) thought that a complaint would be more likely to be upheld about them. Non-UK qualified doctors were more likely to think this too (36% for non-UK qualified doctors and 7% for UK qualified doctors).
- The majority of doctors (85%) did not think they would receive harsher sanctions than other doctors if a complaint was upheld about them. This view was more common among White doctors (95%) than BME doctors (69%) and among UK qualified doctors (93%) than non-UK qualified doctors (68%).
- The majority of White doctors (70%) thought that no particular groups of doctors were more likely to receive an unfair outcome if a concern was raised about them. However, most BME doctors (60%) thought some groups of doctors are more likely to receive an unfair outcome – namely non-UK qualified doctors followed by other BME doctors.
- More than one in four doctors (28%) thought that fitness to practise proceedings were more fair now than they were five years ago. This view was more common among BME doctors (31%) than White doctors (26%) and among non-UK qualified doctors (34%) than UK qualified doctors (25%). The group most likely to say that proceedings were more fair now were non-UK qualified BME doctors – more one in three said this (35%).

Key themes

Overall, the majority of doctors had confidence in the GMC and thought that its processes and functions are of value and are fair for at least the majority of doctors. There were key differences in the views of White and BME doctors and differences in views depending on where doctors qualified. In general, BME doctors and non-UK qualified doctors have greater confidence in the GMC but also have greater concerns about fairness in the areas covered in this research.

1 Introduction

1.1 Background

The GMC is the independent regulator for doctors in the UK. The purpose of the GMC is to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. This is achieved through its four main functions, which are:

- Keeping up-to-date registers of qualified doctors;
- Fostering good medical practice;
- Promoting high standards of medical education and training;
- Dealing firmly and fairly with doctors whose fitness to practise is in doubt.

The GMC is committed to being fair, objective and non-discriminatory in how it delivers these functions. It is also committed to identifying and explaining any differences in outcomes experienced by protected groups in accordance with the Equality Act (2010). The GMC's vision for this is set out in their Equality and Diversity Strategy 2014-2017[1]. This includes an obligation to ensure that their systems and guidance are free from bias and are transparent to all key interest groups. A major priority within the strategy is to identify and explain any difference in outcomes of GMC activities for diverse groups of people.

The GMC regularly publishes information and data about its core functions.[2,3] This allows interested parties to examine the data and promotes transparency. The GMC also works more widely to understand the issues around fairness in order to challenge and improve the way it operates.[4,5]

The GMC are keen to understand how fair doctors think they are. Previous evidence has suggested that doctors who qualified outside of the UK and doctors from Black and Minority Ethnic (BME) groups may experience differences in outcomes and processes relating to the profession, such as examinations and fitness to practise proceedings. For example, previous research has suggested that place of primary medical qualification (PMQ) may be related to differences in the progression of cases through fitness to practise procedures[5]. In some areas, BME doctors have lower outcome and attainment rates in examinations, such as the Membership exams of the Royal College of Psychiatrists[4].

Being fair and free from bias is crucial to maintaining public and professional confidence in the GMC's work. Non-UK qualified doctors and BME doctors form a

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[1] http://www.gmc-uk.org/Equality_and_diversity_strategy_2014_17.pdf_54829092.pdf

[2] *2012 annual statistics for our investigation into doctors' fitness to practice.* The General Medical Council www.gmc-uk.org/2012_Annual_Statistics.pdf_53844772.pdf.

[3] *The state of medical education and practice in the UK*. The General Medical Council http://www.gmc-uk.org/The_state_of_medical_education_and_practice_in_the_UK_2012_0912.pdf_49843330.pdf and http://www.gmc-uk.org/SOMEP_2013_web.pdf_53703867.pdf

[4] http://www.gmc-uk.org/Being_Fair_report.pdf_50881743.pdf

[5] Humphrey, C., Hickman, S. & Gulliford, M. C. (2011) Place of medical qualification and outcomes of UK General Medical Council "fitness to practise" process: cohort study. *BMJ* 2011; 342: d1817

substantial proportion of registered doctors: 37% of all registered doctors qualified outside of the UK and 27% of all registered doctors are from BME groups[3].

The GMC wants to find out how fairly doctors think the GMC carries out its core functions, and in particular, whether BME doctors' perceptions differ from other doctors' perceptions around this. An aim of the GMCs Corporate Strategy 2010-2013[6] focuses on delivering evidence-based policies that demonstrate 'better regulation' principles and promote and support equality and diversity. This project will contribute to the development of the evidence base, helping the GMC to go on to inform policy in this area.

1.2 Aims of the project

The GMC commissioned NatCen Social Research, Britain's largest independent social research institution, to conduct research into doctors' perceptions of the GMC. The aims were to:

- Understand and explore the perceptions doctors have of the GMC in terms of:
  - The fairness of the GMC;
  - Confidence in the GMC's methods of regulating doctors;
  - The extent to which the GMC is trusted to discharge its core activities;
  - Perceptions of whether the GMC treats BME doctors differently to others.
- Understand how the views held may vary for doctors depending on doctors' ethnicity and/or where they gained their primary medical qualification.
- Identify suggestions for improving GMC practice in areas where the GMC is perceived as performing poorly.[7]

The study employed a two stage design:

- **Stage 1** - qualitative focus groups and interviews to understand the nature of views and perceptions.
- **Stage 2** – a quantitative survey of a randomly sampled group of doctors that explores the prevalence of the views and perceptions expressed and whether the views of BME doctors differ from the views of white doctors.

[6] The 2010-2013 Corporate Strategy is no longer available online. The new 2014-217 Corporate Strategy is available here http://www.gmc-uk.org/publications/corporate_publications.asp#Cstrat

[7] This aim was explored in the exploratory qualitative work carried out in stage 1 only. Suggestions for improvement were not covered in the quantitative representative survey of doctors carried out in stage 2. This report focuses on findings from stage 2 and therefore suggestions for improvements are not presented.

1.3 Structure of the report

This report presents findings from stage 2 of this research project. An overview of findings from stage 1 is presented in Appendix 1. The report focuses in turn on three key areas of concern:

- Overall confidence in the GMC as a regulator;
- Registration and revalidation; and
- Fitness to practise.

The report focuses on the survey findings, and uses insights from the qualitative research to put these into context. Finally, key themes from the research are summarised.

Tables from all chapters are presented at the end of the report.

Further details of the methods and survey instruments are provided in the Appendices.

2 Methodology

2.1 Stage 1 – qualitative focus groups

The first phase of the research used qualitative methods to investigate the diversity of views and experiences of doctors. This approach is ideal for dealing with complex and sensitive topics where the main issues and themes of concern have yet to be identified and explored.

Fieldwork took place in December 2012 and January 2013. A total of 27 doctors took part in a mix of four focus groups and six individual in-depth interviews carried out across England, Scotland and Wales. Sampling was affected by a number of adverse factors which limited the number of participants. However, the final sample achieved reasonable diversity in terms of country of qualification, length of practice, area of practice (e.g. GPs and specialists) and whether or not participants had direct experience of the GMC after registration. South Asian, Chinese and White doctors (both UK qualified and qualified in the European Economic Area) were included but doctors from Black African and Caribbean ethnicities were a significant missing group. Men were better represented than women.

The focus groups lasted around 90 minutes, and the individual interviews between 30 and 60 minutes.

Key themes from stage 1 of the research are given in Appendix 1. Further details of recruitment, fieldwork and analysis methods are given in Appendix 2 of this report.

2.2 Stage 2 – quantitative survey

The questionnaire

The survey was developed from the key themes identified at stage 1. Survey questions were designed and agreed with the GMC. Participants were offered the option of completing the survey on paper, online or by telephone. These methods were offered at different stages in the research and depended on the availability of contact information for each doctor.

The questionnaire is reproduced in Appendix 3 of this report.

Sample and response

Fieldwork was carried out between August 2013 and November 2013.

The sample of doctors was drawn from a psuedonymised extract of the GMC's register. All doctors on the register with a UK address and a license to practise were eligible for selection. The sample was stratified by ethnicity, place of qualification and numbers of years licensed (more or less than 15 years). BME doctors were oversampled in order to ensure that enough responses were obtained to allow for meaningful analysis. 6781 doctors were sampled at this stage. The GMC ran an opt-out process with the sampled doctors, giving them the opportunity to opt out of the research at this stage. 139 doctors opted out, leaving a total eligible sample of 6642.

3476 doctors completed the survey, representing a response rate of 52.3%. Table 2.1 shows the breakdown of the achieved sample.

Table 2.1 Questionnaire sample characteristics

Age	n	%
29 and under	354	10
30-39 years	1089	31
40-49 years	870	25
50-59 years	639	18
60-69 years	299	9
70 and over	69	2
Unknown	156	5
Sex		
Male	1944	56
Female	1532	44
Ethnicity		
White	1698	49
BME	1567	45
- Asian/Asian British	1098	32
- Black/Black British	164	5
- Other	305	9
Unknown	211	6
Place of primary medical qualification		
United Kingdom (UK)	1688	49
European Economic Area (EEA) or Switzerland	612	18
Outside of the UK, EEA and Switzerland	1176	34
Base	*3476*	*100*

Weighting

The data were weighted to reflect the GMC registrant population. Further information about the survey methodology and weighting strategy can be found in Appendix 4.

Report conventions

- Only results that are significant at the 95% level are presented in the report commentary.
- The term 'significant' refers to statistical significance (at the 95% level) and is not intended to imply substantive importance.
- Unless otherwise stated, the tables are based on the responding sample for each individual question (i.e. item non-response is excluded). Therefore bases may differ between tables.
- The group to whom each table refers is shown in the top left hand corner of each table.
- The data used in this report have been weighted. The weighting strategy is described in Appendix 4 of this report. Both weighted and unweighted base sizes are shown at the foot of each table. The weighted numbers reflect the relative size of each group of the population, not the number of interviews achieved, which is shown by the unweighted base.
- Because of rounding, row or column percentages may not exactly add to 100%.
- A percentage may be presented in the text for a single category that aggregates two or more percentages shown in the table. The percentage for that single category may, because of rounding, differ by one percentage point from the sum of the percentages in the table.
- Some questions were multi-coded (i.e. allowing the respondent to give more than one answer). The column percentages for these tables sum to more than 100%.
- The following conventions have been used in the tables:
  - \- No observations (zero values)
  - 0 Non-zero values of less than 0.5% and thus rounded to zero
  - [ ] An estimate presented in square brackets warns of small sample base sizes. If a group's unweighted base is less than 30, data for that group are not shown. If the unweighted base is between 30-49, the estimate is presented in square brackets.
- All numbers shown in figures represent percentages.

3 General views of the GMC

Chapter summary

- The majority of doctors were confident in way the GMC regulates doctors (79%) and the way the GMC protects the health and safety of the public (85%).
- Levels of confidence in the GMC varied by ethnicity and place of qualification. BME doctors had greater confidence in the GMC than White doctors did and non-UK qualified doctors had greater confidence than did UK qualified doctors.
- Only a minority of doctors had low levels of confidence in the GMC. White doctors and those who qualified in the UK had lower levels of confidence about the way the GMC regulates doctors or protects the health and safety of the public.

3.1 Confidence in the way doctors are regulated by the GMC

The survey explored how confident doctors were in the way that they are regulated by the GMC. The majority of doctors were confident in the way that they are regulated by the GMC; 18% of all doctors were very confident and a further 61% were fairly confident. 17% of doctors said they were not very confident and 4% said that they were not at all confident in the way the GMC regulates doctors.

There was little difference in the proportions of men and women who were very confident in the GMC, but levels of confidence in the GMC varied with ethnicity. BME doctors showed the most confidence; 22% were very confident, compared with 16% of White doctors, and 13% of doctors who did not disclose their ethnicity in response to this question in the survey[8].

The proportions of doctors who were not very or not at all confident in the way the GMC regulates doctors varied with both sex and ethnicity. 27% of men said that they were not very or not at all confident in the GMC, compared with 15% of women. BME doctors were least likely to feel this; 19%, compared with 22% of White doctors and 28% of those of unknown ethnicity.

Table 3.1

The variation between White and BME doctors was largely accounted for by differences in where doctors had qualified. UK-qualified doctors were less confident than those who had qualified elsewhere. 15% of doctors who qualified in the UK were very confident in the way that doctors are regulated by the GMC, compared with 25% of doctors who qualified elsewhere. This pattern was found among all ethnic groups.

Table 3.2, Figures 3.1, 3.2

[8] Doctors who didn't disclose their identity are also referred to as doctors of 'unknown ethnicity' in this report.

Figure 3:1 Very confident in the way that the GMC regulates doctors, by place of qualification and ethnicity

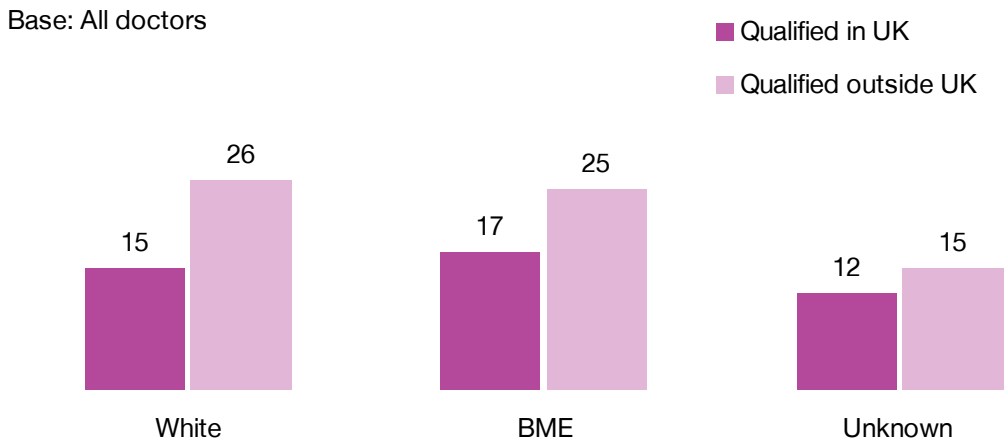
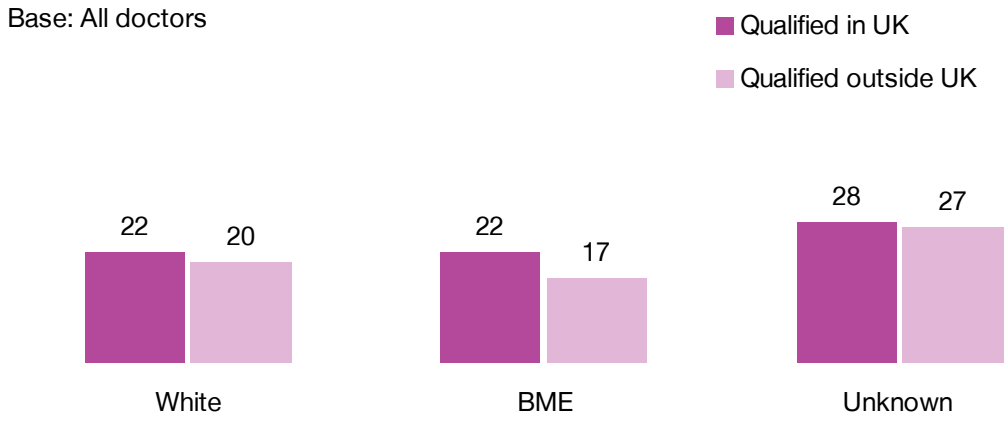


Figure 3:2 Not very or not at all confident in the way that the GMC regulates doctors, by place of qualification and ethnicity



3.2 Confidence in the way the GMC protects the health and safety of the public

The majority of doctors were also confident in the way that the GMC protects the health and safety of the public. 25% of doctors were very confident about this, 60% fairly confident, 13% not very confident and 2% were not at all confident in the way the GMC protects the health and safety of the public.

There was little difference in the proportions of men and women who said they were very confident in GMC protection of health and safety. BME doctors were most likely to be very confident; 31%, compared with 22% of White doctors and 20% of doctors of unknown ethnicity.

Men were twice as likely as women to say that they were not very or not at all confident (20% and 10% respectively). BME doctors were least likely to say this; 12%, compared with 17% of White doctors and 22% of those of unknown ethnicity.

Table 3.3

Where doctors qualified also affected their confidence in the way the GMC protects the health and safety of the public. UK-qualified doctors were less likely than doctors who had qualified elsewhere to be very confident about this (21% and 33% respectively). This pattern was consistent across all ethnic groups.
Conversely, 17% of UK qualified doctors said that they were not very or not at all confident compared to 12% of non-UK qualified doctors. Again, this pattern was consistent across all ethnic groups.

Table 3.4, Figures 3.3, 3.4

Figure 3:3 Very confident in the way that the GMC protects the public, by place of qualification and ethnicity

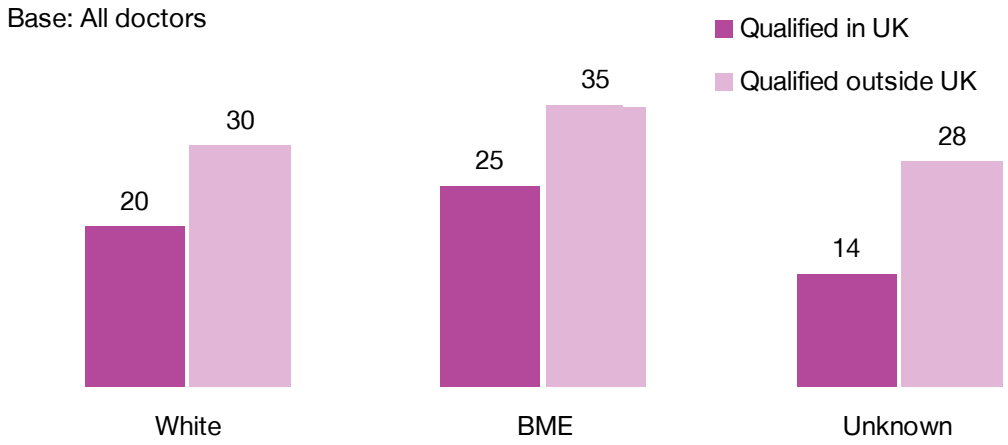
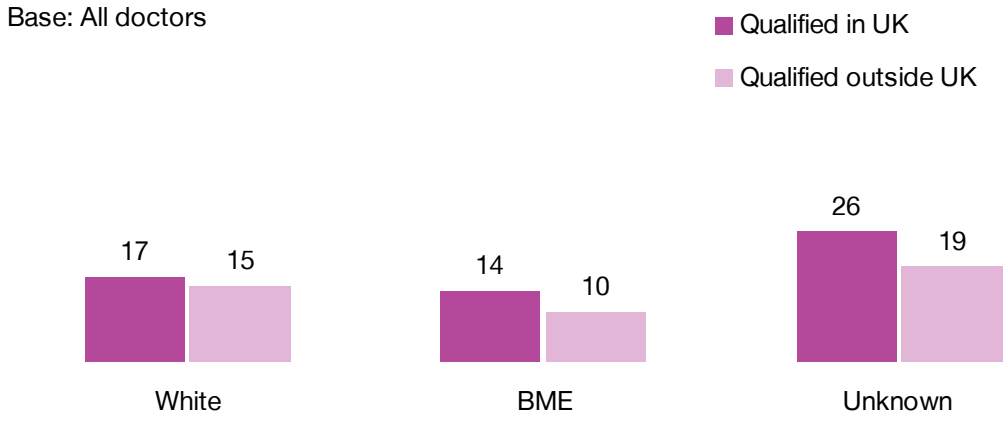


Figure 3:4 Not very or not at all confident in the way that the GMC protects the public, by place of qualification and ethnicity



Taking the measures of confidence together, the majority of doctors had confidence across both of these. 76% of doctors were fairly or very confident both in the way doctors are regulated by the GMC and in the way that the GMC protects the health

and safety of the public. 12% of doctors had very fairly or very confident in only one of these measures and 12% of doctors were not very or not at all confident in the way doctors are regulated by the GMC and in the way that the GMC protects the health and safety of the public.

4 Registration and revalidation

Chapter summary

This chapter presents findings relating to registration and revalidation processes.

Registration :

- The majority of doctors thought that the registration process is fair for most doctors (95%).
- Views of fairness varied by ethnicity. White doctors were most likely to think the process is fair for all doctors (40%), followed by BME doctors (29%) and then doctors who did not disclose their ethnicity (23%).
- UK qualified doctors were more likely than non-UK qualified doctors to think the registration process is fair for all doctors (38% and 29% respectively).
- Views of fairness varied among BME doctors by place of qualification. UK qualified BME doctors were more likely than non-UK qualified BME doctors to think that the registration process is for to all (35% and 25% respectively).
- The majority of doctors thought non-UK qualified doctors (including those who qualified in the EEA or Switzerland) should have an English language test as part of the registration process. Support for this was greatest among White doctors and those who qualified in the UK.
- The majority of White doctors thought that no particular groups of doctors were more likely to be treated unfairly during registration (66%).
- However, most BME doctors (61%) thought some groups are more likely to be treated unfairly and identified non-UK qualified doctors (51%) followed by other BME doctors (35%) as those at greatest risk of unfair treatment.
- Doctors were more likely to think BME doctors and non-UK qualified doctors would be treated unfairly during registration, if they were themselves a BME or non-UK qualified doctor.

Revalidation :

- Overall, the majority of doctors thought revalidation would be of some value to the profession (59%).
- However, fewer doctors overall thought revalidation was of value to them personally (51%) or was of value for patient safety (51%).
- Compared with White and UK qualified doctors, BME and non-UK qualified doctors were more likely to think revalidation would be of great value for the profession, to themselves and to patient safety.

- The majority of doctors (81%) thought that revalidation was fair for most doctors. However, around one in five (18%) thought it was fair for only a minority doctors – this view was more common among BME (22%) and non-UK qualified doctors (22%) than White (15%) and UK qualified doctors (17%).
- Among White doctors, views about the fairness of revalidation varied based on place of qualification. Non-UK qualified White doctors were more likely than UK qualified White doctors to think revalidation was unfair for the majority (21% and 14% respectively). The views of BME doctors were the same regardless of where they qualified (22%).
- Gathering feedback from patients (55%), colleagues (48%) and the appraisal framework (45%) were the most commonly identified areas which doctors felt could lead to unfairness.
- The majority of White doctors did not think that any particular group were more likely to be treated unfairly during revalidation (66%). However, most BME doctors (56%) thought some groups are more likely to be treated unfairly – non-UK qualified (43%) and BME doctors (30%) were the groups most commonly identified.
- Doctors were more likely to think BME doctors and non-UK qualified doctors would be treated unfairly during revalidation, if they were themselves a BME doctor or non-UK qualified doctor.
- Around one in four doctors surveyed had been through or were currently going through revalidation. Overall, the majority of these doctors felt they had been treated fairly (84%). White doctors were more likely than BME doctors to think they had been treated fairly (86% and 82% respectively). BME doctors displayed more uncertainty about whether they had been treated fairly (11% said they didn't know whether they had been treated fairly, compared with 6% of White doctors saying the same).
- Around three in four doctors surveyed had not yet been through revalidation. There was greater uncertainty around fairness in this group – more of these doctors were not sure whether they would be treated fairly or not (17% compared with 8%).
- Among those yet to go through revalidation, White doctors were more likely than BME doctors to think they would be treated fairly (81% and 70% respectively). Non-UK qualified doctors were more uncertain about whether they would be treated fairly than UK-qualified doctors. (24% and 13% respectively) Finally, UK qualified White doctors were the most confident about being treated fairly (82%) and non-UK qualified BME doctors were the least confident (68%).

4.1 Getting on the register

4.1.1 Fairness of the registration process

The survey explored doctors' views about the fairness of the GMC registration process. Just over a third (35%) thought that the process was fair for all doctors. An additional 60% thought that the process was fair for most doctors. Just 5% thought that the process was fair for a minority of doctors only and 1% thought that it was not fair for any doctor.

Men and women were equally likely to think that registration was fair to all doctors, but men were more likely than women to consider registration was fair to a minority or no doctors (7% and 4% respectively). Views of fairness varied according to ethnicity. White doctors were most likely to think that the process was fair for all doctors: 40% said this, compared with 29% of BME doctors and 23% of those who did not disclose their ethnic group. Conversely, 2% of White doctors felt that the process was fair only for a minority or no doctors, compared with 8% of BME doctors and 11% with unknown ethnicity.

Views on the fairness of the registration process varied according to where doctors had qualified. Overall, 38% of doctors who had qualified in the UK thought that the registration process was fair to all doctors, compared with 29% of those who had qualified elsewhere. Among BME doctors, 25% who had qualified outside the UK thought that the process was fair to all doctors, compared with 35% of those who had qualified in the UK, and there was a similar difference for doctors who did not disclose their ethnicity (18% and 26% respectively). This difference was not found among White doctors.

Doctors who had qualified outside the UK were more likely to say that the process was fair only for a minority or no doctors; 10% said this, compared with 3% of doctors who had qualified within the UK. This difference was found in all ethnic groups.

Tables 4.1, 4.2, Figures 4.1, 4.2

Figure 4:1 The GMC registration process is fair for all doctors, by place of qualification and ethnicity

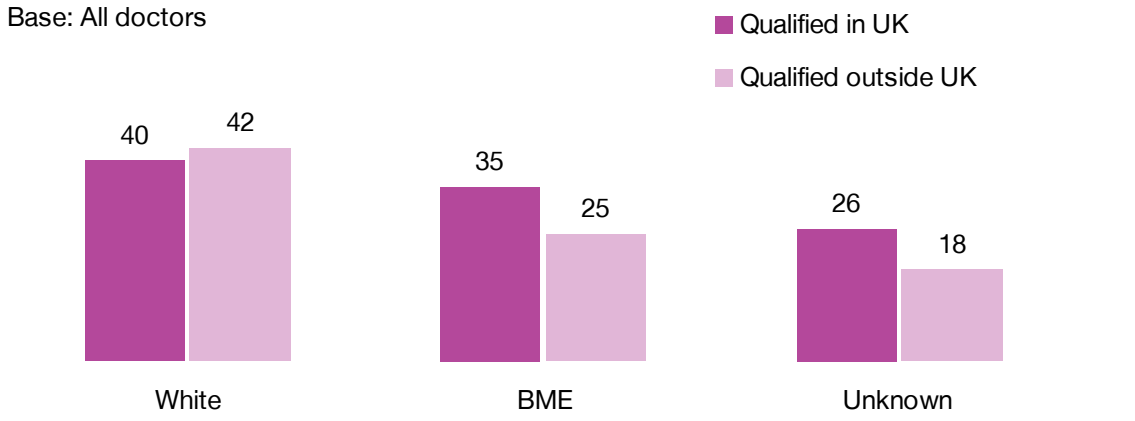
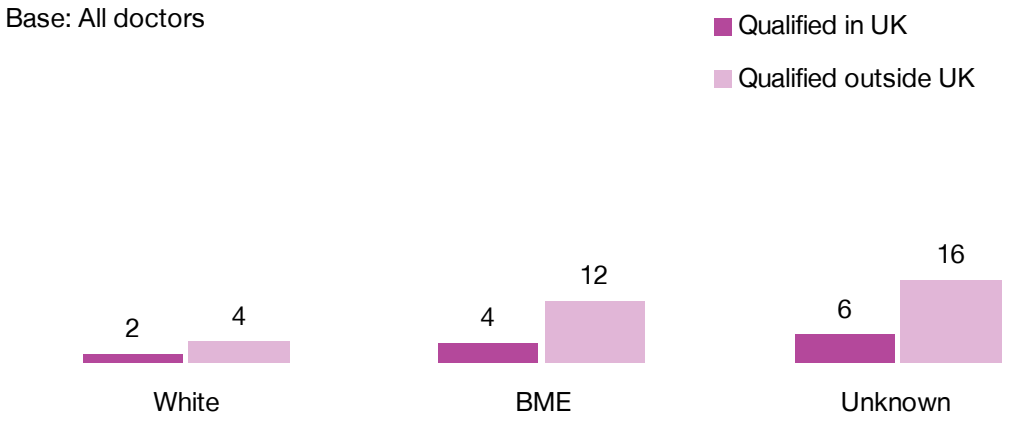


Figure 4:2 The GMC registration process is fair for a minority or no doctors, by place of qualification and ethnicity



4.1.2 English language test

Doctors that graduated outside of the European Economic Area (EEA) and Switzerland have had a long-established requirement to take an English language competence test in order to register with the GMC. The same requirement was is due to be introduced for doctors with an EEA qualification. English language testing for all EEA graduates and International Medical Graduates (IMGs) was viewed favourably by doctors responding to the survey.

81% of all doctors thought that those who had qualified in the EEA or Switzerland should take an English language test as part of the registration process; 91% thought this should be the case for doctors who had qualified outside the UK, EEA or Switzerland. A minority (9%) thought that doctors who had qualified within the UK should take an English language test as part of registration. Just 2% of doctors thought that an English language test was unnecessary for any registrant.

Men were more likely than women to think that doctors who qualified in the EEA should take a language test; otherwise there was little difference in the views of men and women.

Support for an English language test for doctors, wherever they had qualified, was generally higher among White doctors than among those in other ethnic groups. Doctors of all ethnic backgrounds who had qualified within the UK were more likely than those who had qualified elsewhere to support English language tests as part of the registration process. This difference applied to all groups of potential registrants, but was most marked among White doctors when considering the need to test doctors who had qualified in the EEA or Switzerland. 88% of UK-qualified White doctors thought that these doctors should take an English test, compared with 59% of White doctors who had qualified elsewhere, a difference of 30 percentage points. Other differences between doctors who had qualified in the UK and those who had qualified elsewhere were far less pronounced – 12 percentage points or less.

Tables 4.3, 4.4, Figures 4.3, 4.4

Figure 4:3 Support for testing the English language skills of doctors who qualified in the EEA or Switzerland, by place of qualification and ethnicity

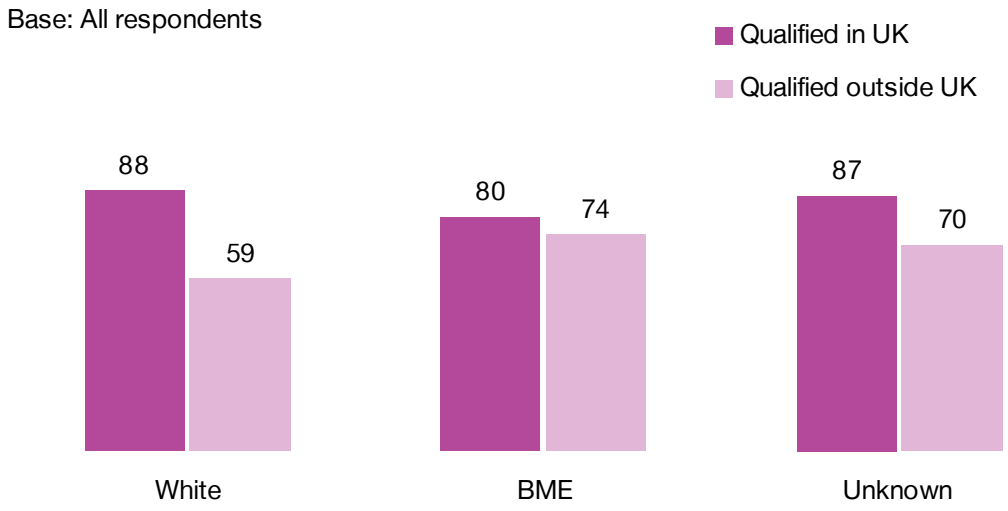
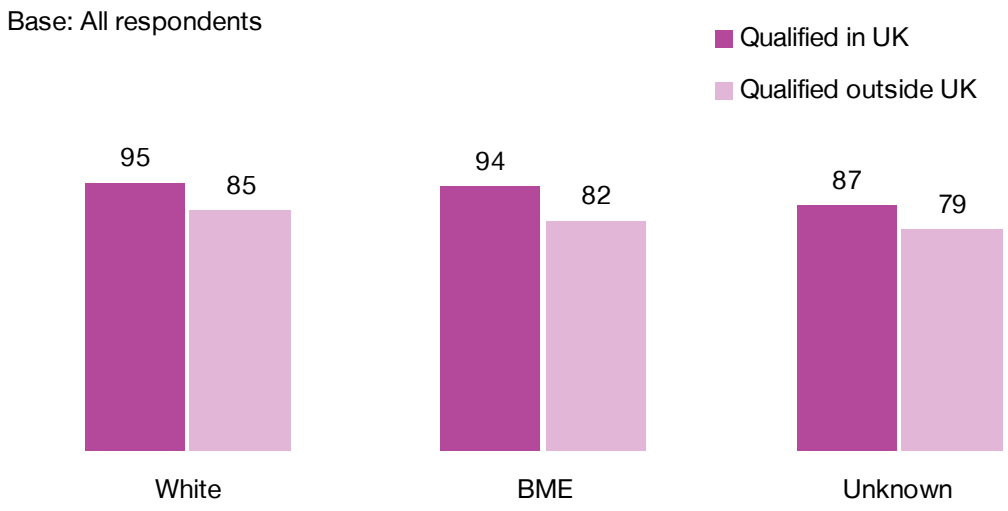


Figure 4:4 Support for testing the English language skills of doctors who qualified outside the UK or EEA, by place of qualification and ethnicity



4.1.3 Fairness between groups

Doctors were presented with a list of groups and asked if any were more likely to be treated unfairly when applying to join the register. The groups included differences by sex, age, place of qualification and ethnicity.

More than half of doctors (55%) thought that none of the listed groups was likely to be treated unfairly. Similar proportions of men and women thought this.

White doctors were considerably more likely than BME doctors or those of unknown ethnicity to say that no group was likely to be treated unfairly; 66% of White doctors thought this, compared with 39% of BME doctors and 46% of those of unknown ethnicity.

Among BME doctors, where they had qualified made little difference to the proportions who thought that no groups were likely to be treated unfairly. Among White doctors and those of unknown ethnicity this view was more often held by those who had qualified in the UK than those who had qualified elsewhere. 68% of White doctors and 60% of those of unknown ethnicity who had qualified in the UK thought that no groups were treated unfairly when applying to join the register, compared with 56% and 28% of their counterparts who had qualified elsewhere.

While overall the majority of doctors thought that none of the groups listed were more likely to be treated unfairly, smaller proportions of doctors thought that one or more of the groups listed were more likely to be treated unfairly. 37% of all doctors thought that those who qualified outside the UK were more likely to be treated unfairly when applying to join the register. 20% thought that BME doctors and 12% thought older doctors were also likely to be treated unfairly. No more than 2% of doctors thought that any of the other groups were likely to be treated unfairly.

Similar proportions of men and women thought each of these groups were likely to be treated unfairly.

BME doctors (the majority of whom had qualified outside of the UK themselves) were more likely than those from other ethnic groups to think that doctors who had qualified outside the UK were likely to be treated unfairly when applying to join the register; 51% thought this, compared with 41% of doctors of unknown ethnicity and 28% of White doctors. There was also a substantial difference in the views of doctors according to where they had qualified; 32% of doctors who qualified within the UK thought that doctors who had qualified elsewhere were likely to be unfairly treated when joining the register, compared with 48% of doctors who had themselves qualified outside the UK. This difference was seen among White doctors and those of unknown ethnicity, but not among BME doctors.

Ethnicity was also related to whether doctors thought that BME doctors could encounter unfairness when joining the register. 35% of BME doctors thought this, compared with 27% of doctors of unknown ethnicity and 10% of White doctors. Among BME doctors and those of unknown ethnicity, higher proportions of doctors who had qualified outside the UK believed that BME doctors were likely to be treated unfairly than those who had qualified within the UK; this difference was not seen among White doctors.

There was less variation between groups in assessing whether older doctors (those aged 50 and over) were likely to be treated unfairly. 10% of White doctors, 16% of BME doctors and 19% of those of unknown ethnicity thought that older doctors were likely to be treated unfairly when applying to join the register. There was little difference between doctors who had qualified within the UK and those who had qualified elsewhere.

Tables 4.5, 4.6, Figures 4.5, 4.6

Figure 4:5 Which groups UK qualified doctors think are likely to be treated unfairly when applying to join the register, by ethnicity

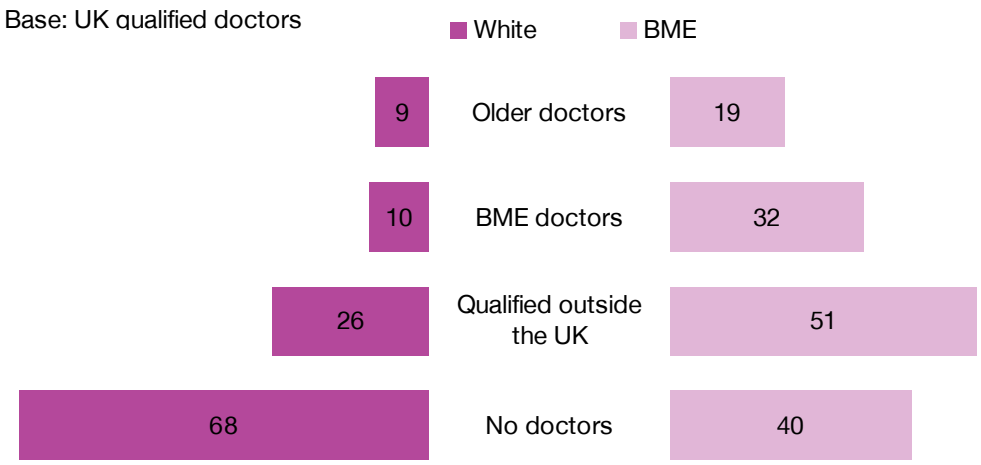
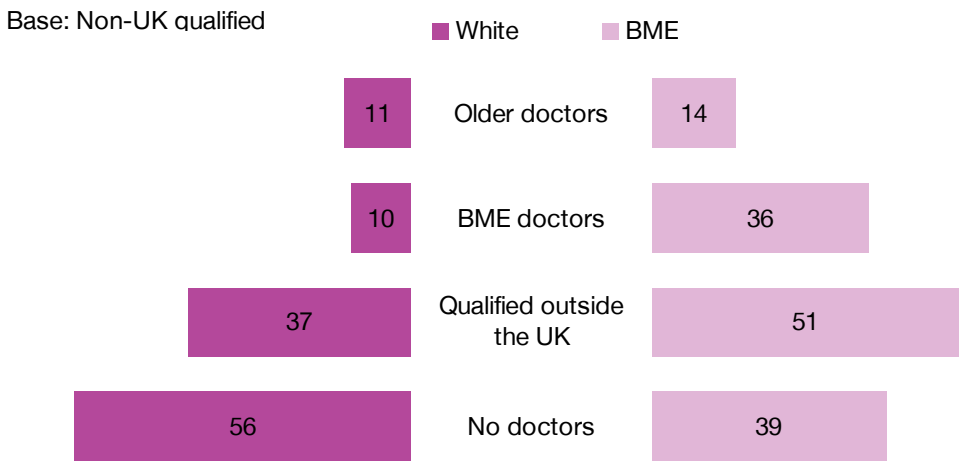


Figure 4:6 Which groups non-UK qualified doctors think are likely to be treated unfairly when applying to join the register, by ethnicity



4.2 Revalidation

4.2.1 Value of revalidation

General views

The revalidation process was introduced in December 2012, and had been in use for about six months at the time this research took place. Just over a quarter of doctors in the survey had experience of revalidation: 12% had been through revalidation and a further 15% were currently going through it. The remaining 73% had not yet been through revalidation.

Value to the profession

Beliefs about the value of revalidation to the profession were mixed. 15% of doctors thought that it would be of great value to the profession, 44% thought it would be of some value, 31% thought it would be of little value and 11% thought that it would be of no value.

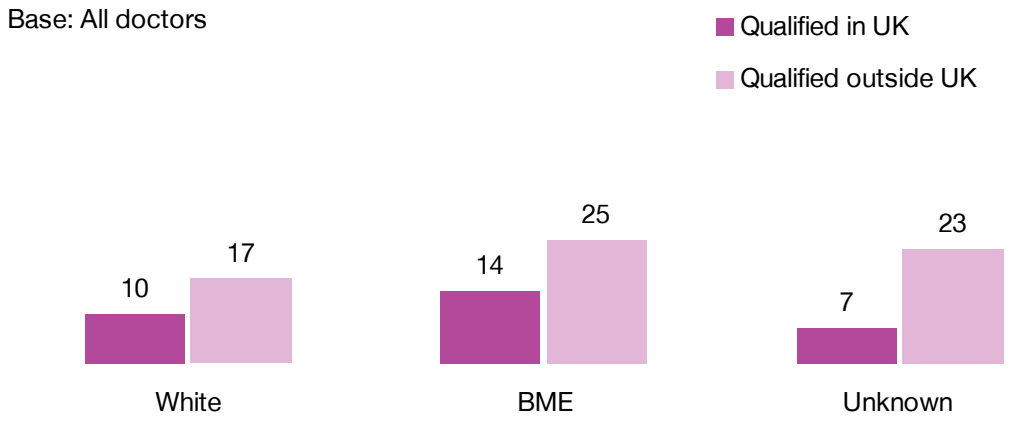
Similar proportions of men (15%) and women (13%) thought that revalidation would be of great value to the profession, but men were generally more pessimistic, with 13% of men perceiving it to be of no value compared with 7% of women.

BME doctors were more likely than White doctors and those of unknown ethnicity to think that revalidation would be of great value to the profession; 21% of BME doctors thought this, compared with 11% of White doctors and 14% of those of unknown ethnicity. At the opposite extreme, 19% of doctors of unknown ethnicity thought that revalidation would be of no value, compared with 11% of White doctors and 9% of BME doctors.

Doctors who qualified outside the UK were more likely than those who had qualified within the UK to think that revalidation would be of great value to the profession (23% and 11% respectively). Doctors who qualified within the UK were slightly more likely than those who had qualified elsewhere to think that that revalidation would be of no value to the profession (11% and 9% respectively).

Tables 4.7, 4.8, Figure 4.7

Figure 4:7 Revalidation will be of great value to the profession, by ethnicity and place of qualification



Value to individual doctors

Doctors were slightly less likely to believe that revalidation was of value to them personally, compared with its value to the profession. 13% thought that it would be of great value to them, 38% thought it would be of some value, 33% thought it would be of little value and 16% thought it would be of no value to them.

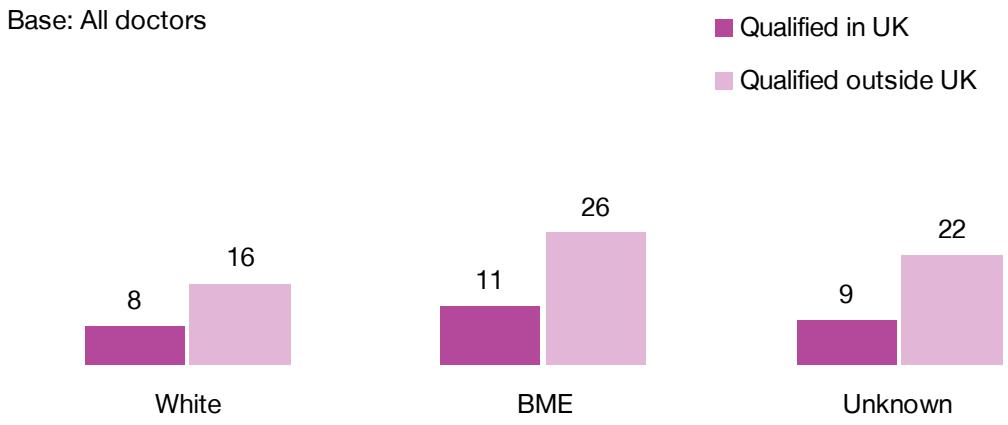
14% of men and 12% of women thought that revalidation would be of great value to the profession. Again, men were generally more pessimistic; 21% thought that revalidation would be of no value to them, compared with 10% of women.

BME doctors were the most positive: 21% thought that revalidation would be of great value to them, compared with 9% of White doctors and 15% of those of unknown ethnicity. Doctors of unknown ethnicity were more likely than others to believe that it would be of no value to them; 23% said this, compared with 17% of White doctors and 12% of BME doctors.

Doctors who had qualified outside the UK were more likely than those who had qualified within the UK to feel that revalidation would be of great value to them; 23%, compared with 9% respectively. Conversely, UK-qualified doctors were more likely than those who qualified elsewhere to think that revalidation would be of no value to them (17% and 12% respectively).

Tables 4.9, 4.10, Figure 4.8

Figure 4:8 Revalidation will be of great value to me, by ethnicity and place of qualification



Value for patient safety

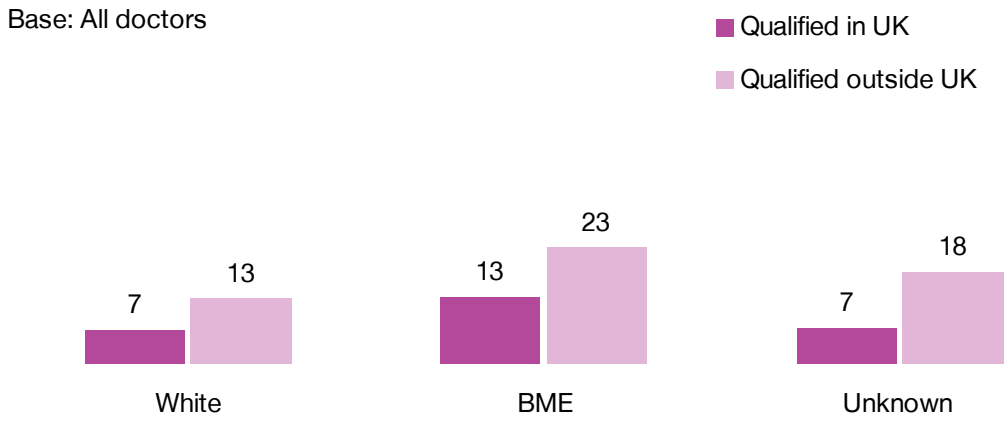
Doctors' views of the value of revalidation for ensuring patient safety were very similar. 12% of doctors thought that revalidation would be of great value to ensure patient safety, 39% thought it would be of some value, 34% thought it would be of little value and 15% thought that revalidation would be of no value to ensure patient safety. 12% of both men and women thought that revalidation would be of great value for patient safety.

Again, BME doctors were more likely than others to think that revalidation would be of great value for ensuring patient safety; 19%, compared with 8% of White doctors and 12% of those of unknown ethnicity. Doctors of unknown ethnicity were more likely than others to believe that revalidation would be of no value for patient safety (23%, compared with 17% of White doctors and 12% of BME doctors).

Similarly, doctors who had qualified outside the UK were more likely than those who had qualified within the UK to feel that revalidation would be of great value to ensuring patient safety; 20%, compared with 8% respectively. Conversely, UK-qualified doctors were more likely than those who qualified elsewhere to think that revalidation would be of no value for ensuring patient safety (17% and 11% respectively).

Tables 4.11, 4.12, Figure 4.9

Figure 4:9 Revalidation will be of great value for patient safety, by ethnicity and place of qualification



4.2.2 Fairness of revalidation

There was less belief in the fairness of revalidation than in the original registration process. Three in ten doctors (29%) thought that revalidation was fair for all doctors. An additional 52% thought that revalidation was fair for most doctors. About one in five doctors thought revalidation was fair for a minority of doctors (11%) or was not fair for any doctor (7%).

Similar proportions of men and women thought that revalidation was fair for all doctors, but men were more likely than women to think that it was fair for a minority or no doctors (22% and 14% respectively).

The proportions of White and BME doctors who thought that revalidation was fair for all doctors were broadly similar: 31% and 29% respectively. Doctors of unknown ethnicity were much less likely to believe this: 16% thought that revalidation was fair for all doctors. Conversely, doctors of unknown ethnicity were more likely than others to believe that revalidation was fair for a minority or no doctors: 33% thought this, compared with 15% of White doctors and 22% of BME doctors.

Doctors who had qualified outside the UK were more likely than those who had qualified within the UK to believe that revalidation was fair for all doctors (32% and 28% respectively). This was true for White and BME doctors, but doctors of unknown ethnicity were more likely to believe that revalidation was fair for all doctors if they had qualified within the UK than elsewhere (17% and 15% respectively).

17% of doctors who had qualified in the UK thought that the revalidation process was fair for a minority or no doctors, compared with 22% who had qualified elsewhere. Among White doctors, 21% of those qualified outside the UK thought that revalidation was fair for a minority or no doctors, compared to 14% of White doctors who had qualified within the UK. Among doctors of unknown ethnicity, doctors who had qualified within the UK were more likely than those who had qualified elsewhere to think that revalidation was fair for a minority or no doctors: 38% and 27% respectively. This difference was not found among BME doctors.

Tables 4.13, 4.14, Figures 4.10, 4.11

Figure 4:10 Revalidation is fair for all doctors, by place of qualification and ethnicity

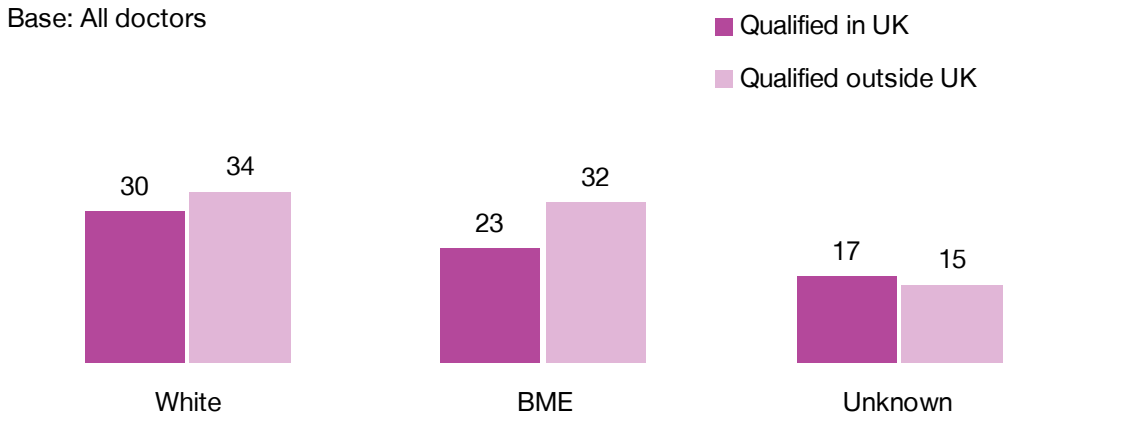
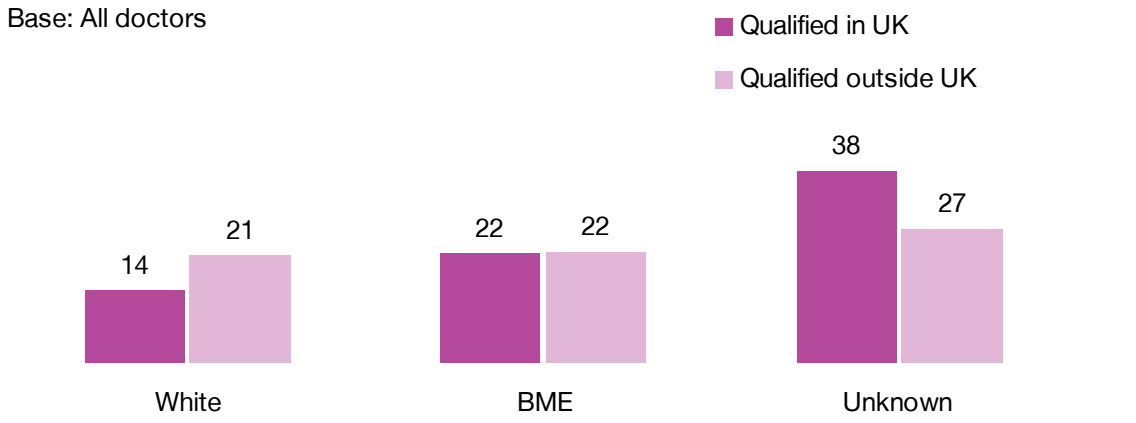


Figure 4:11 Revalidation is fair for a minority or no doctors, by place of qualification and ethnicity



4.2.3 Unfair aspects of revalidation

Those respondents who thought that revalidation could be unfair for at least some doctors were presented with a list of elements of the revalidation process and asked to say which they thought were likely to cause unfair outcomes. The aspects of most concern to doctors were gathering feedback from patients (55%), gathering feedback from colleagues (48%) and the appraisal framework (45%). About a third (33%) of doctors thought that the input of the responsible officer might result in unfair outcomes, and relatively few, 16%, thought the same about the GMC final assessment. 17% of doctors thought other aspects of revalidation might result in unfair outcomes.

Men and women had similar views of the potential unfairness of different aspects of the process apart from the input of the Responsible Officer and the GMC final assessment. For both of these men were more likely than women to perceive potential unfairness: respectively 35% and 18% of men, compared with 30% and 13% of women.

For most of these aspects of the process there was little variation by ethnicity in the proportions who thought that each could result in unfair outcomes. The exceptions to this pattern were gathering feedback from patients and the appraisal framework. White doctors were most likely to feel that gathering feedback from patients might result in unfair outcomes; 58%, compared with 49% of BME doctors and 54% of those of unknown ethnicity. Doctors of unknown ethnicity were most likely to be suspicious of the appraisal framework; 57%, compared with 46% of white doctors and 43% of BME doctors.

Similarly, there was little variation according to where doctors had qualified in the likelihood of their identifying aspects of the revalidation process as unfair. The exceptions were gathering feedback from colleagues and from patients. In both cases, doctors who had qualified in the UK were more likely to perceive potential unfairness than were those who had qualified elsewhere. Among UK-qualified doctors, 58% thought feedback from patients might cause unfair outcomes, and 50% thought the same about feedback from their colleagues. The corresponding proportions among those who had qualified outside the UK were 47% and 44%.

Tables 4.15, 4.16, Figures 4.12, 4.13

Figure 4:12 UK qualified doctors' views of the unfair aspects of revalidation, by ethnicity

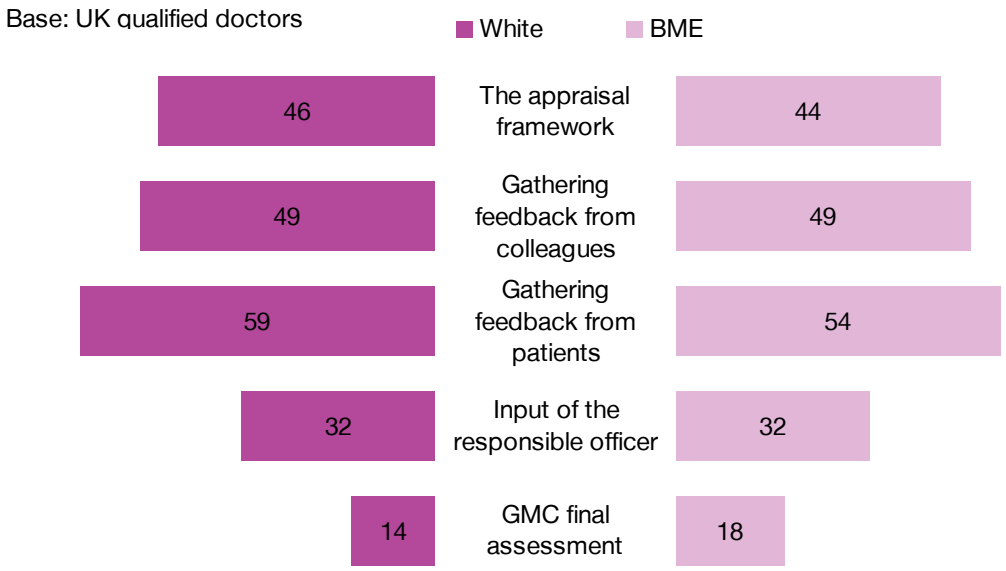
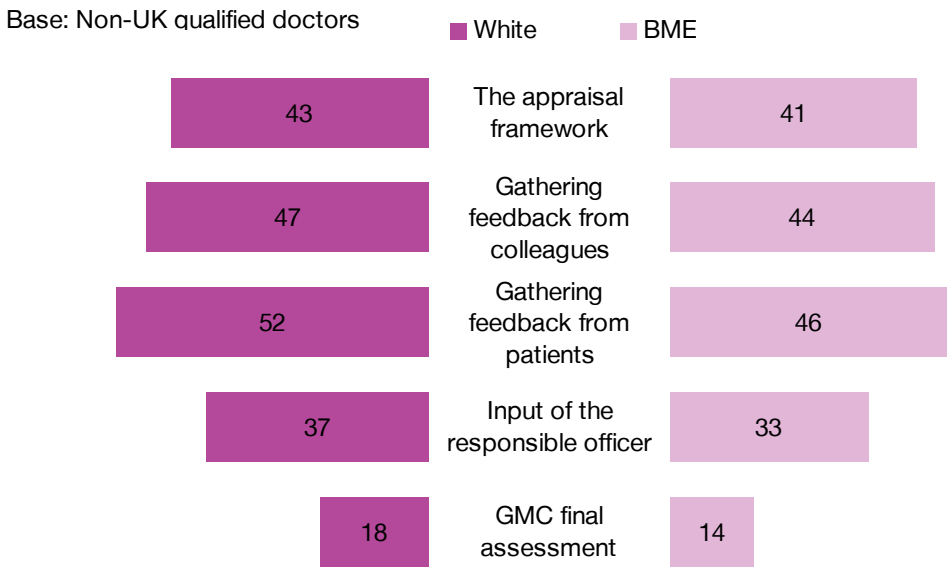


Figure 4:13 Non-UK qualified doctors' views of the unfair aspects of revalidation, by place of qualification



4.2.4 Fairness between groups

Doctors were presented with a list of groups and asked if any were more likely to be treated unfairly during revalidation. As with the similar question about joining the register the groups included differences by sex, age, place of qualification and ethnicity.

More than half of doctors (57%) thought that none of the listed groups was likely to be treated unfairly. This was similar for men and women. White doctors were considerably more likely than BME doctors or those of unknown ethnicity to say that no group was likely to be treated unfairly; 66% of White doctors thought this, compared with 44% of BME doctors and 42% of those of unknown ethnicity.

Overall, 61% of doctors who had qualified in the UK thought that no groups were likely to be treated unfairly during revalidation, compared with 48% of doctors who had qualified elsewhere. This pattern was found among White doctors and those of unknown ethnicity. Among BME doctors, those who had qualified outside the UK were marginally more likely to think that no groups were likely to be treated unfairly (46%, compared with 42% of UK-qualified BME doctors).

As with registration, the groups that were most likely to be thought vulnerable to unfairness during revalidation were doctors who had qualified outside the UK (31%), older doctors (19%) and BME doctors (18%). 5% or fewer doctors thought other groups were likely to be treated unfairly during revalidation.

43% of BME doctors and 43% of those of unknown ethnicity thought that doctors who qualified outside the UK were likely to be treated unfairly during revalidation, compared with 22% of White doctors.

Men and women had similar views about whether older doctors and those who had qualified outside the UK were likely to be treated unfairly, but a higher proportion of

men believed that BME doctors were likely to be treated unfairly; 22% of men, compared with 14% of women.

The belief that doctors who had qualified outside the UK were more likely to be treated unfairly was more common among doctors who had themselves qualified outside the UK (40%, compared with 26% of doctors who had qualified within the UK). This was true for White doctors and those of unknown ethnicity: 31% of White doctors and 57% of doctors of unknown ethnicity who had qualified outside the UK thought that doctors who had qualified elsewhere were more likely to be treated unfairly, compared with 21% and 30% of their counterparts who had qualified elsewhere. BME doctors were marginally more likely to think this if they had qualified within the UK than if they had qualified elsewhere (44%, compared with 42%).

30% of BME doctors and 31% of those of unknown ethnicity thought that BME doctors were likely to be treated unfairly, compared with 10% of White doctors. Doctors who had qualified outside the UK were more likely than those who had qualified within the UK to think that BME doctors would be treated unfairly during revalidation. This difference was largely accounted for by doctors whose ethnicity was unknown: there was little or no difference in the views of White and BME doctors according to where they had qualified.

The pattern for older doctors was different. 18% of White doctors and 19% of BME doctors thought that older doctors were likely to be treated unfairly during revalidation, compared with 26% of doctors of unknown ethnicity.

20% of doctors who had qualified in the UK thought that older doctors were likely to be treated unfairly, compared to 16% who had qualified elsewhere. This difference was largely accounted for by BME doctors: 25% of those who had qualified in the UK believed that older doctors were more likely to be treated unfairly, compared with 16% who had qualified elsewhere. There were relatively small differences in views about how fairly older doctors would be treated between White doctors and those whose ethnicity was unknown according to where they had qualified.

Tables 4.17, 4.18, Figures 4.14, 4.15

Figure 4:14 Which groups are likely to be treated unfairly during revalidation, by ethnicity

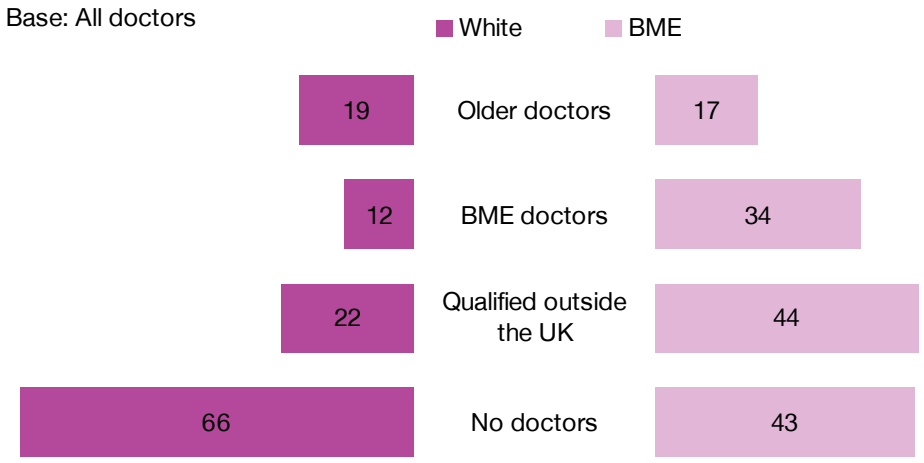
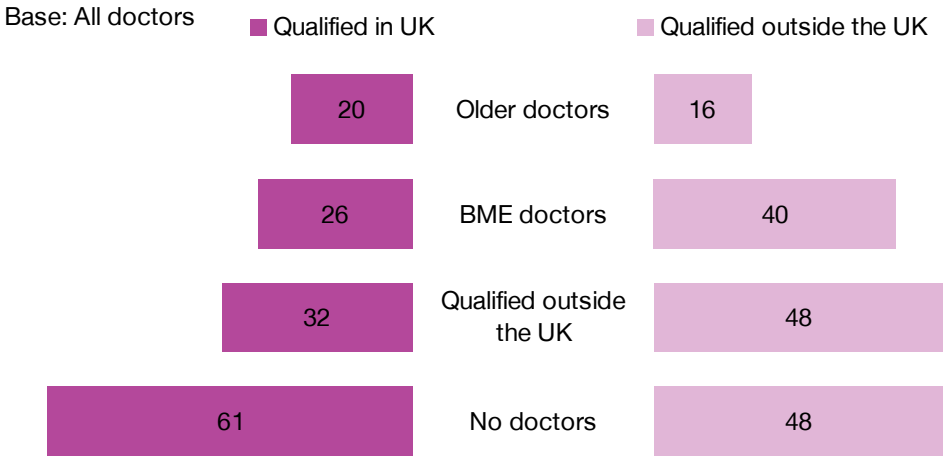


Figure 4:15 Which groups are likely to be treated unfairly during revalidation, by place of qualification



4.2.5 Experience and expectations of revalidation

Experience of revalidation

As noted earlier, the revalidation process was introduced in December 2012. At the time this research took place, 12% of participants had been through revalidation and a further 15% were currently going through it. The remaining 73% had not yet been through revalidation.

In order to explore whether there were differences in perceptions of how fairly doctors undergoing revalidation are treated, those with experience of revalidation have been analysed separately from those who have not yet had any experience of it. The findings indicate that most of those who have experience of revalidation were satisfied that they had been treated fairly (84%), but that there was less confidence among those who had not yet been through the process; 76% believed they would be treated fairly. This difference was accounted for by differences in the proportions who did not know whether they had been or would be treated fairly. This suggests that confidence might increase once revalidation is familiar to most of the profession.

Perceptions of fairness by doctors who have experience of revalidation

This analysis is based on the 27% of doctors who were currently going through or who had already been through revalidation. 84% of these doctors thought that they had been treated fairly. 8% said that they had not been treated fairly and a further 8% said that they did not know whether they had been treated fairly during revalidation.[9] Women were more likely than men to feel that they had been treated fairly: 88% and 82% respectively.

White doctors were more likely than BME doctors to feel that they had been treated fairly; 86%, compared with 82% respectively. This difference was not because BME

[9] Doctors who felt that they had not been/would not be treated fairly during revalidation were asked why (see questions 14 and 16 in the survey questionnaire). Due to small bases, no meaningful analysis of these answers was possible and so no results are shown.

doctors believed that they had not been treated fairly, but because BME doctors were almost twice as likely as White doctors to say that they did not know whether their treatment had been fair; 11% of BME doctors, compared with 6% of White doctors said this. Doctors whose ethnicity was unknown were much less likely than White and BME doctors to say that they had been treated fairly and more likely to say that they did not know whether their treatment was fair. However, a relatively small number of doctors of unknown ethnicity had experience of revalidation, and these findings should be treated with caution because of the small base size.

There was little difference in whether doctors felt that they had been treated fairly during revalidation by where they had qualified.

Tables 4.19, 4.20, Figure 4.16

Perceptions of fairness by doctors who have no experience of revalidation

This analysis is based on the 73% of doctors who had not yet been through revalidation. 76% of these doctors thought that they would be treated fairly. 7% said that they would not be treated fairly and 17% said that they did not know whether they would be treated fairly during revalidation[9].

Doctors' expectations of fairness varied considerably between ethnic groups. 81% of White doctors thought they would be treated fairly during revalidation, compared with 70% of BME doctors and 65% of those of unknown ethnicity. These differences were largely accounted for by differences in the proportions who said that they did not know how fairly they would be treated: 13% of White doctors, 22% of BME doctors and 29% of doctors whose ethnicity was unknown.

Doctors who had qualified in the UK were much more likely to expect fair treatment during revalidation than those who had qualified elsewhere: 80%, compared with 69% respectively. This difference was seen in all ethnic groups. The proportion who expected to be treated unfairly did not vary according to where doctors had qualified. There was, however, considerable variation in the proportions who did not know whether or not to expect fair treatment during revalidation. 12% of White doctors who had qualified in the UK said that they did not know whether they would be treated fairly, compared with 18% of White doctors who had qualified elsewhere. The corresponding proportions for BME doctors were 17% and 25%, and for those of unknown ethnicity 25% and 41%.

Tables 4.21, 4.22, Figure 4.17

Figure 4:16 Treated fairly during revalidation (doctors who have been through or are currently undergoing revalidation), by place of qualification and ethnicity

Base: All respondents

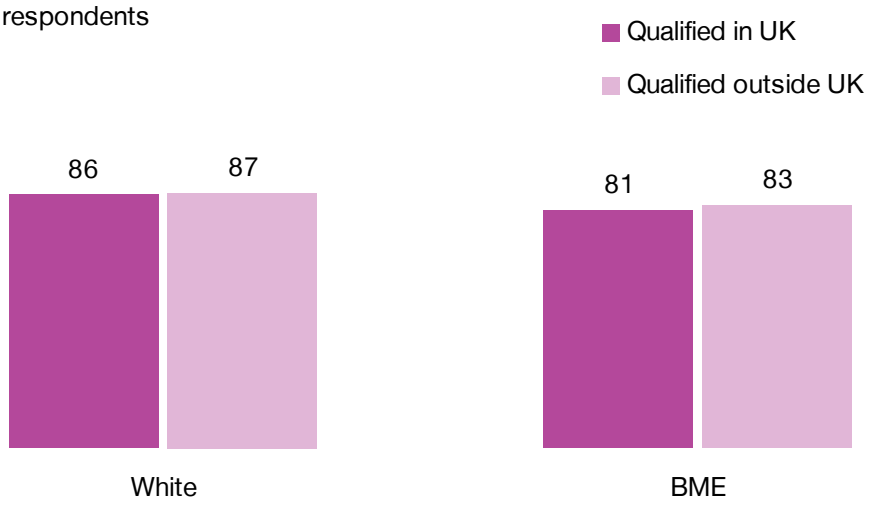
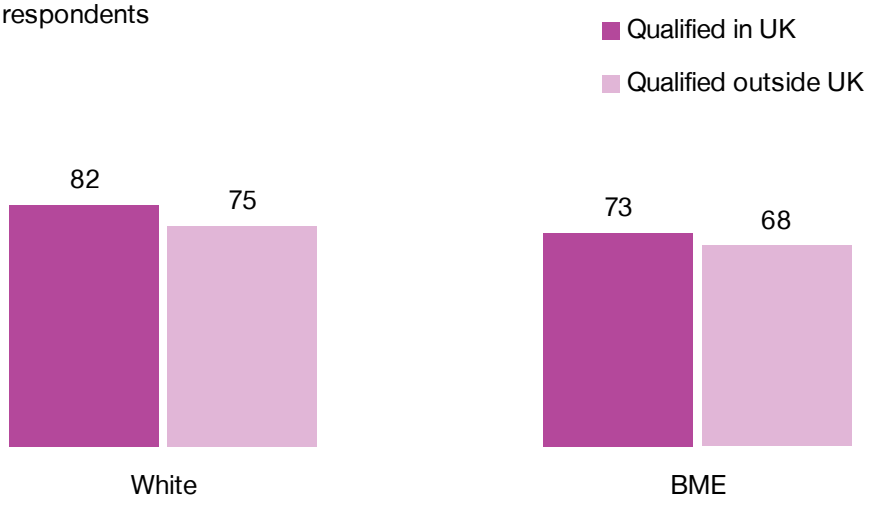


Figure 4:17 Will be treated fairly during revalidation (doctors who have not yet been through revalidation), by place of qualification and ethnicity

Base: All respondents



5 Fitness to practise

Chapter summary:

- Most doctors (86%) thought that the GMC investigates concerns about doctors fairly for at least the majority of doctors.
- Around one in four doctors thought that the GMC investigates concerns fairly for all doctors – similar proportions of White and BME doctors thought this (27% and 28% respectively). Non-UK qualified doctors were more likely to think this (29%).
- The majority of doctors (81%) thought they would be treated fairly if a concern was raised about them – this was the case for both White and BME doctors, though more White doctors than BME doctors thought this (83% compared with 78% respectively).
- Among White doctors, the most common reason given for thinking that they would not be treated fairly was that the process was in some way biased against the doctor (37%). For BME doctors, the most common reason given was their ethnicity (27%).
- White doctors were more likely than BME doctors to say a lack of confidence in the GMC was the reason why they felt they would not be treated fairly (20% and 9% respectively).
- UK qualified doctors were more likely than non-UK qualified doctors to think the investigation process is biased against doctors (35% compared with 20%), to lack confidence in the GMC (18% compared with 11%) and to say that previous cases suggested unfairness (16% compared with 9%).
- Just over half of doctors thought the GMC should treat all concerns, regardless of who raises them, in the same way (57%). This view was more common among BME doctors (66%) than White doctors (52%) and in non-UK qualified (69%) than UK qualified doctors (51%). The likelihood of holding this view was even more pronounced among BME doctors who were non-UK qualified (74%).
- The most commonly given reason for why all concerns should **not** be treated the same was that some concerns may be malicious (27%). White doctors were more likely to say this that BME doctors (30% and 20% respectively).
- The majority of White doctors (70%) thought that no particular groups were more likely to be treated unfairly during the investigation of concerns about them. However, most BME doctors (60%) thought some groups of doctors are more likely to be treated unfairly – non-UK qualified (48%) and BME doctors (39%) were the groups most commonly identified.
- Most doctors thought that outcomes of fitness to practise are fair for the majority of doctors (89%) and that outcomes were based on all the

available evidence most of the time (76%) – this was the case for both White and BME doctors.

- Only a small proportion (11%) overall thought outcomes were unfair for the majority of doctors – this view was more common among BME doctors (15%) than White doctors (8%).
- The majority of all doctors (77%) thought any complaint made about them would be just as likely to be upheld as a similar complaint made about any other doctor. However, this view was more common among White doctors than BME doctors (86% compared with 61% respectively).
- More BME doctors (29%) than White doctors (7%) thought that a complaint would be more likely to be upheld about them. Non-UK qualified doctors were more likely to think this too (36%, compared with 7% of UK qualified doctors). Non-UK qualified BME doctors were the group most likely to think a complaint would be more likely to upheld about them (40%) – ten times as many of this group thought this compared with UK qualified White doctors, who were the group least likely to think this (4%).
- The majority of doctors (85%) did not think they would receive harsher sanctions than other doctors if a complaint was upheld about them. This view was much more likely to be held by White doctors (95%) than BME doctors (69%) and by UK qualified doctors (93%) than non-UK qualified doctors (68%).
- Non-UK qualified BME doctors were the group most likely to think they would receive harsher sanctions than other doctors – almost one in four thought this (39%). UK qualified White doctors were the group least likely to think this – less than one in twenty thought this (4%).
- The majority of White doctors (70%) thought that no particular groups of doctors were more likely to receive an unfair outcome if a concern was raised about them. However, most BME doctors (60%) thought some groups of doctors are more likely to receive and unfair outcome – non-UK qualified doctors (47%) followed by other BME doctors (40%) were the groups most commonly identified. This was the case regardless of place of qualification.
- More than one in four doctors thought that fitness to practise proceedings were more fair now than they were five years ago (28%). This view was more common among BME doctors (31%) than White doctors (26%) and among non-UK qualified doctors (34%) than UK qualified doctors (25%). The group most likely to say that proceedings were more fair now were non-UK qualified BME doctors – more one in three said this (35%).

5.2 Investigating concerns

5.1.1 Fairness in the investigation of concerns

In the survey, doctors were asked for how fairly the GMC investigates concerns about doctors. Just over a quarter of doctors thought that the GMC investigates concerns fairly for all doctors (27%). A further 59% thought that the GMC investigate concerns fairly for the majority of doctors. 12% thought that concerns were investigated fairly for only a minority of doctors, and just 3% thought that concerns weren't investigated fairly for any doctor.

Similar proportions of White doctors and BME doctors thought that the GMC investigates concerns fairly for all doctors (27% and 28% respectively). However, only around half as many doctors who didn't disclose their ethnicity thought so (14%). BME doctors were more likely than White doctors to think that the GMC investigates concerns fairly for a minority of doctors or no doctors at all (18% compared with12% respectively). The group most likely to think this were doctors who didn't disclose their ethnicity (26%).

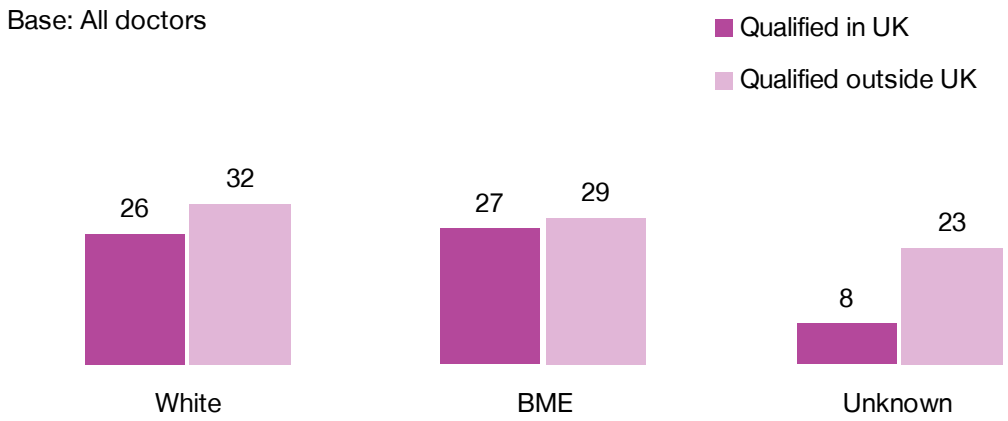
Men and women were equally likely to think that that the GMC investigates concerns fairly for all doctors (25% and 29%, respectively). However, more men (18%) than women (10%) thought that the GMC investigates concerns fairly for a minority of doctors or no doctors at all.

Views about how fairly the GMC investigates concerns about doctors varied according to where doctors qualified. Those who qualified outside of the UK were more likely than those who qualified in the UK to think that the GMC investigates concerns fairly for all doctors (29% compared with 25%). There was also variation according to ethnic group. Among those who qualified outside of the UK, White doctors were the most likely to think that the GMC investigates concerns fairly for all doctors (32%), followed by BME doctors (29%) and doctors who didn't disclose their ethnicity (23%). Non-UK qualified White doctors were more likely than UK qualified White doctors to think that the GMC investigates concerns fairly for all doctors (32% compared with 26%). The same pattern was seen among doctors who didn't disclose their ethnicity (23% of non-UK qualified doctors compared with 8% of UK qualified doctors). However, this was not the case for BME doctors; non-UK qualified BME doctors were no more likely to think that the GMC investigates concerns fairly for all doctors than UK qualified BME doctors (29% and 27% respectively).

Where doctors had qualified had little impact on whether doctors thought that the GMC investigates concerns fairly for a minority of doctors or no doctors at all: 14% of UK doctors thought this, compared with 17% of doctors who qualified elsewhere.

Tables 5.1, 5.2, Figure 5.1

Figure 5:1 The GMC investigates concerns fairly for all doctors, by place of qualification and ethnicity



5.1.2 Treatment during the investigation process

Doctors were asked whether they thought they would be treated fairly by the GMC during an investigation if a concern was raised about them. Overall, the majority of doctors (81%) thought that they would be treated fairly.

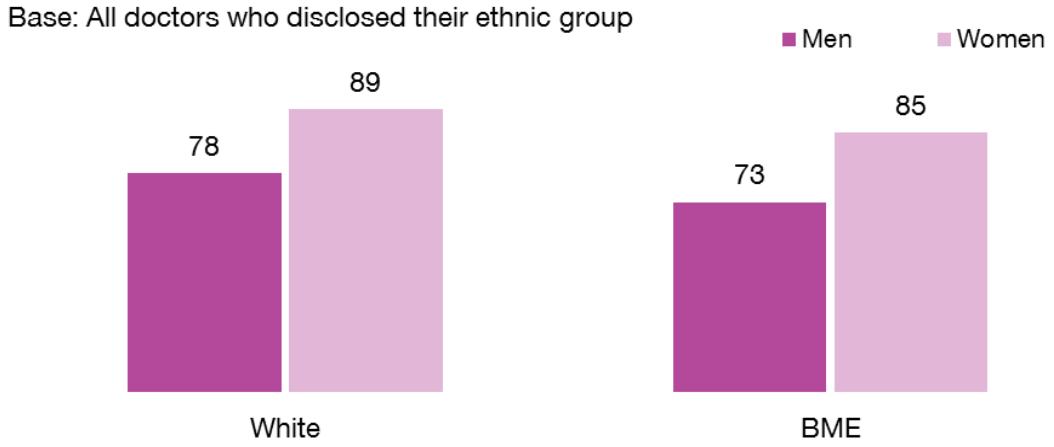
The likelihood of thinking that they would be treated fairly differed according to ethnic group. White doctors were the group most likely to think that they would be treated fairly (83%), followed by BME doctors (78%).The group least likely to think that they would be treated fairly were those doctors who didn't disclose their ethnicity (67%).

Women were more likely than men to think that they would be treated fairly (87% compared with 75% respectively). This pattern was the same for doctors regardless of their ethnic group.

Where doctors qualified did not have an impact on the perception of fairness. Doctors who qualified outside of the UK were just as likely as doctors who qualified in the UK to think that they would be treated fairly by the GMC during the investigation process (80% and 81% respectively).

Tables 5.3, 5.4, Figure 5.2

Figure 5:2 Expects to be treated fairly in the event of an investigation, by sex and ethnicity



Those who thought they wouldn't be treated fairly were asked why they thought this. Doctors could give as many reasons as they chose. Doctors gave their answers in their own words and these were later grouped into similar answers for analysis. Doctors who did not disclose their ethnicity are excluded from this analysis because small numbers answered this question.

The most common reason that White doctors gave for expecting unfairness was that the process is biased in some way against the doctor. 37% of White doctors thought this, compared with 23% of BME doctors, who were more likely to say that they expected to be treated unfairly because of their ethnicity (27%). Ethnicity was mentioned by only 1% of White doctors.

White doctors were more likely than others to express a lack of confidence in the GMC as the reason why they thought they would be treated unfairly (20% compared with 9% of BME doctors). White doctors were also more likely to say that previous cases suggested unfairness (18% of White doctors, compared with 9% of BME doctors).

UK qualified doctors were more likely than non-UK qualified doctors to say that the process is biased against the doctor (35% compared with 20%), that they lacked confidence in the GMC (18% compared with 11%), and that previous cases suggested unfairness (16% compared with 9%).

Table 5.5

5.1.3 Treatment of concerns

Doctors were asked whether the GMC should treat all concerns raised about doctors in the same way, regardless of who makes them. The majority of doctors agreed that the GMC should do this (57%).

BME doctors were most likely to agree that the GMC should treat all concerns raised about doctors in the same way, regardless of who makes them (66%). Fewer White doctors and doctors of unknown ethnicity thought this (52% and 51% respectively). Women were more likely than men to believe that the GMC should treat all concerns

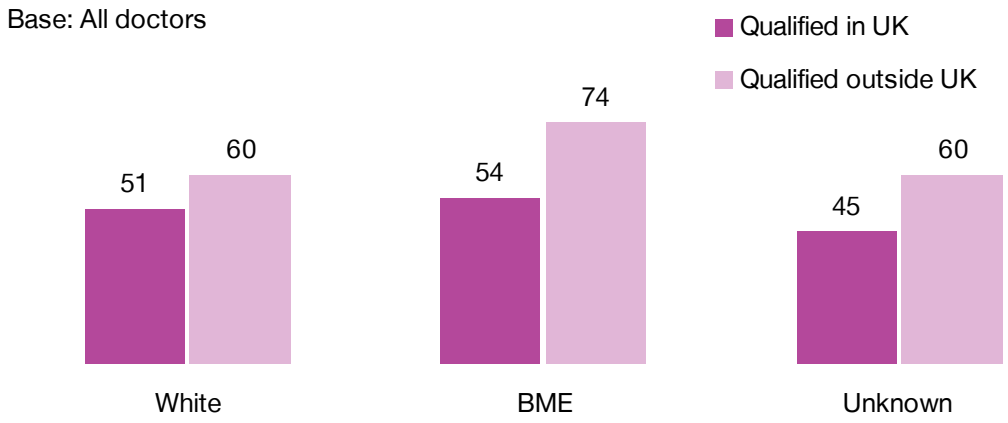
raised about doctors in the same way, regardless of who makes them (60% compared with 54% respectively).

Levels of agreement differed depending on where doctors qualified. Those who qualified outside of the UK were more likely to think that the GMC should treat all concerns raised about doctors in the same way, regardless of who makes them (69%), compared with doctors who qualified in UK (51%).

Similar proportions of UK qualified White and BME doctors thought that all concerns should be given equal weight (51% and 54% respectively).

UK qualified doctors were less likely to think that all concerns should have equal weight than those who qualified outside the UK (51% and 69% respectively). This pattern was seen for all ethnic groups, but was most extreme for BME doctors. 74% of non-UK qualified BME doctors thought that concerns should be given equal weight, compared with 54% of non-UK qualified BME doctors.

Figure 5:3 The perception that all concerns raised about doctors should be treated in the same way, by place of qualification and ethnicity



Those who thought that the GMC should not treat all concerns raised about doctors in the same way, regardless of who makes them were asked why they thought this. Doctors could give as many reasons as they chose: these were later grouped into similar answers for analysis. The most common reason given by White doctors was that concerns can be malicious (30%), followed by all complaints should have a basic validity check (21%). BME doctors were less likely to say that concerns may be malicious (20%) and were slightly more likely to say that all complaints should have a basic validity check (23%).

Table 5.6-5.8, Figure 5.3

5.1.4 Fairness between groups

Doctors were presented with a list of groups and asked if any were more likely to be treated unfairly in the investigation process if a concern was raised against them. The groups included differences of sex, age, place of qualification and ethnicity. Doctors could choose as many of the groups as they thought applied.

Overall, the majority of doctors (58%) said that they thought none of the groups listed were more likely to be treated unfairly in the investigation process if a concern was

raised about them. More women than men thought this (62%, compared with 55%). There were considerable differences by ethnicity: this view was held by 70% of White doctors, compared with 40% of BME doctors and 48% of those of unknown ethnicity.

Around one in three doctors (33%) thought that non-UK qualified doctors would be likely to be treated unfairly. Around one in four (23%) thought that BME doctors might be treated unfairly and around one in ten doctors thought that older doctors were likely to be treated unfairly in the investigation process if a concern was raised about them (11%). Smaller proportions (not greater than 5%) of doctors mentioned the other groups listed.

Similar proportions of men and women thought that non-UK qualified doctors and older doctors were likely to be treated unfairly in the investigation process. However, more men than women thought that BME doctors were more likely to be treated unfairly (28% for men; 17% for women).

More than three times as many BME doctors than White doctors thought that BME doctors were more likely to be treated unfairly (39% compared with 12%, respectively. BME doctors were also more than twice as likely as White doctors to believe that those who qualified outside of the UK were more likely to be treated unfairly in the investigation process. 48% of BME doctors thought that, compared with 23% of White doctors.

Doctors who didn't disclose their ethnicity had views which were more similar to BME doctors than White doctors, with similar proportions thinking that BME doctors and non-UK qualified doctors would be more likely to be treated unfairly (39% and 44% respectively). A greater proportion though thought that older doctors might be treated unfairly (19%, compared with 10% of White doctors and 14% of BME doctors).

UK qualified doctors were much more likely than those who had qualified elsewhere to think that none of the groups were more likely to be treated unfairly; 65% and 45% respectively. Doctors who had qualified outside the UK were most likely to expect unfair treatment for fellow non-UK qualified doctors (47%), followed by BME doctors (34%). The comparable proportions among UK qualified doctors were 26% and 18% respectively.

Among both White and BME doctors, the proportions who thought that BME doctors could be treated unfairly were similar, regardless of where they had qualified. White, doctors were more likely to think that doctors who qualified outside the UK were likely to be treated unfairly if they had qualified outside the UK themselves (37%, compared with 21% of UK qualified White doctors). This difference was not found for BME doctors. (Doctors whose ethnicity was unknown were excluded from this analysis because of small bases.)

Tables 5.9, 5.10, Figures 5.4, 5.5

Figure 5:4 Which groups are likely to be treated unfairly in an investigation of a concern, by ethnicity

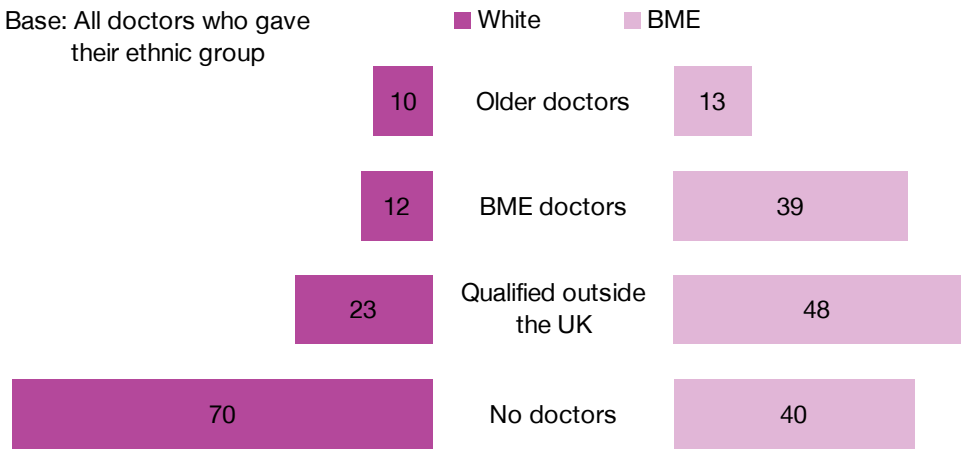
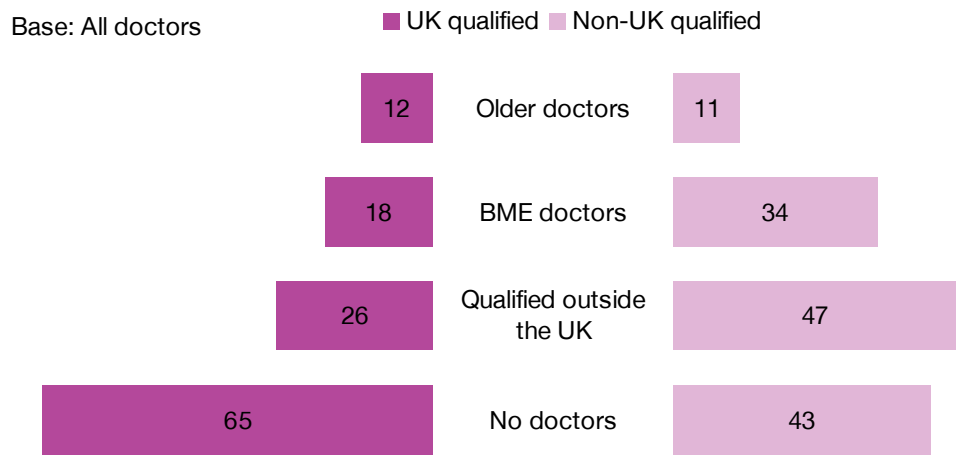


Figure 5:5 Groups doctors thought may be more likely to be treated unfairly in an investigation of a concern, by place of qualification



5.3 Outcomes of investigations

5.2.1 Fairness in the outcomes of investigations

Doctors were asked for their views about how fair the outcomes are of fitness to practise proceedings for doctors. 16% of doctors thought that outcomes were fair for all doctors and a further 73% thought that outcomes were fair for the majority of doctors. 10% thought they were fair for only a minority of doctors and just 1% thought they were not fair for any doctor.

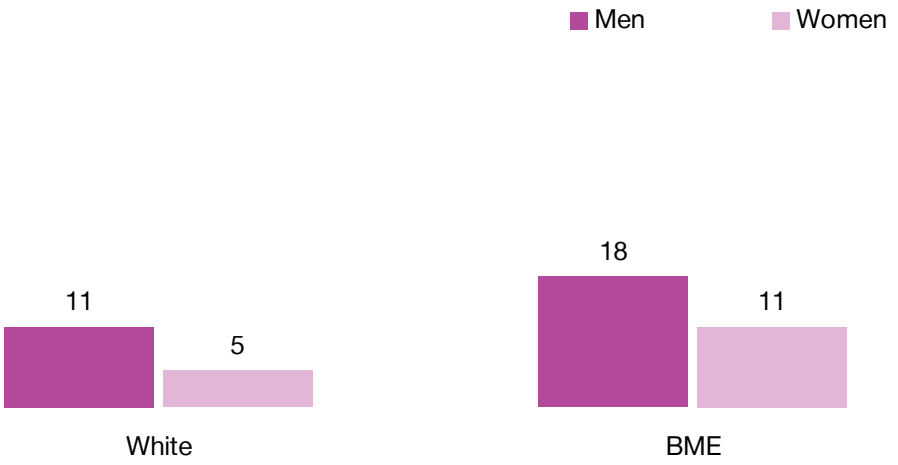
Views of fairness of outcomes differed by ethnic group. White doctors were more likely than BME doctors and those who didn't disclose their ethnicity to think that

outcomes were fair for all or a majority of doctors (92% of White doctors compared with 85% of BME doctors and 75% of doctors of unknown ethnicity). Women were more likely to think this than men (93% compared with 86%). Similar proportions of UK qualified and non-UK qualified doctors thought that outcomes were fair for all or a majority of doctors (90% and 86% respectively).

Looking at those doctors who thought outcomes were fair for only a minority of doctors or for no doctors, BME doctors (15%) were almost twice as likely think this as White doctors (8%). Doctors who didn't disclose their ethnicity were even more likely to think this (25%). This view was also almost twice as likely to be held by men (14%) than women (7%).

Figure 5:6 Outcomes of fitness to practise proceedings are fair for a minority or no doctors, by sex and ethnicity

Base: All respondents who gave their ethnic group



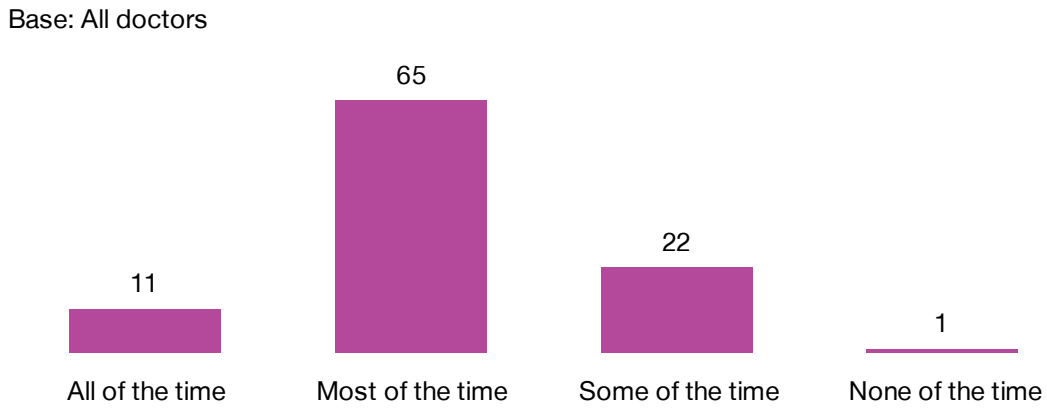
Where doctors qualified didn't affect the proportion who thought that outcomes were fair for only a minority or for no doctors; similar proportions of UK qualified and non-UK qualified doctors thought this (10% and 14% respectively).

Table 5.11, 5.12, Figure 5.6

5.2.2 Use of evidence

Most doctors thought that outcomes of fitness to practise proceedings were based on all of the available evidence, at least most of the time (76%). A smaller proportion felt that this happened only some of the time (22%). A small minority of doctors thought this happened none of the time (1%).

Figure 5:7 How often doctors thought outcomes of fitness to practise proceedings were based on all of the available evidence



Ethnicity did not affect how frequently doctors thought that outcomes were based on evidence. White doctors, BME doctors and doctors of unknown ethnicity had similar views on this. However, opinion did differ by sex, with women more likely than men to think that outcomes of fitness to practise proceedings were based on all of the available evidence, at least most of the time (81% compared with 73% respectively).

There was also no difference in the opinions of doctors based on where they qualified. Similar proportions of UK and non-UK qualified doctors felt that outcomes were based on all of the available evidence at least most of the time (76% and 77% respectively).

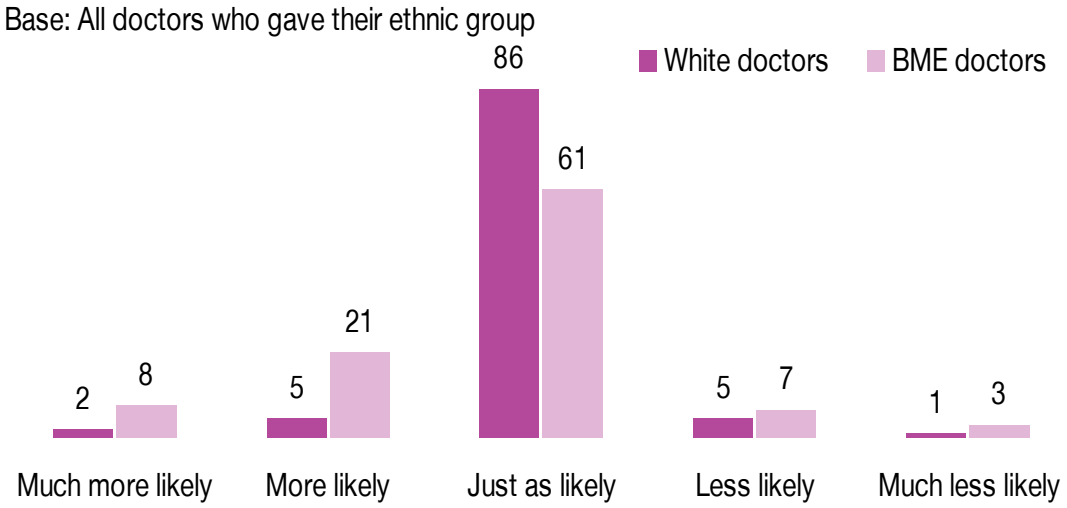
Tables 5.13, 5.14, Figure 5.7

5.2.3 Actions following concerns

Doctors were asked to say how likely they thought it would be that a concern would be upheld if one was made against them. Most doctors thought that a concern would be just as likely to be upheld about them as a similar one would about other doctors (77%). 15% thought that a concern raised about them would be more likely or much more likely to be upheld. 8% thought that a concern would be less or much less likely to be upheld.

There was no difference in the likelihood of thinking that a concern would be less likely to be upheld about them, regardless ethnic group and sex. However, the likelihood of thinking that a concern would be more or much more likely to be upheld about them varied according to ethnic group. More than four times as many BME doctors as White doctors thought a concern was more likely to be upheld about them; 29% of BME doctors thought this, compared with only 7% of White doctors. Doctors of unknown ethnicity (24%) were more than three times as likely as White doctors to have this view.

Figure 5:8 How likely doctors thought it would be that a complaint, if made, would be upheld about them, by ethnicity



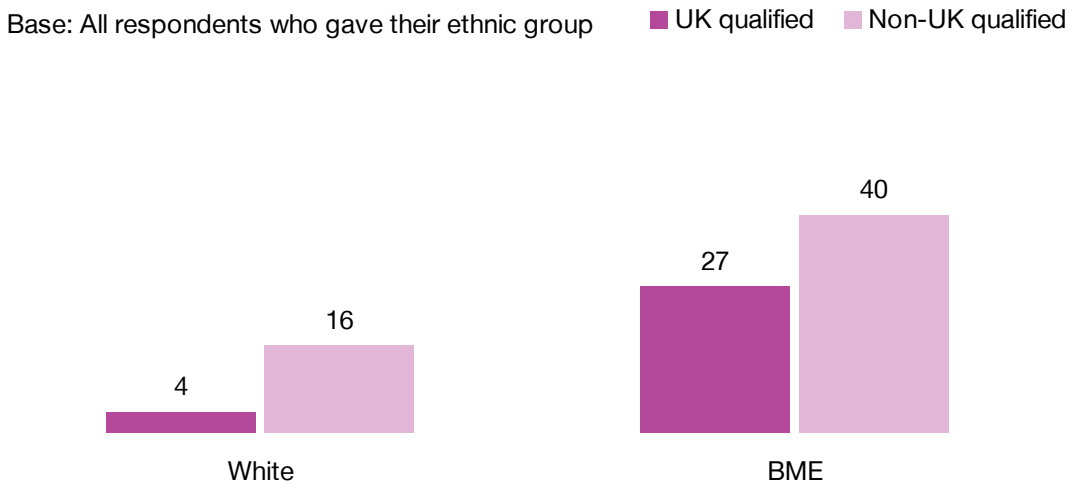
Views also differed significantly between men and women; men (18%) were more likely than women (12%) to think that a concern was more likely to be upheld about them.

Views on the likelihood of having a concern upheld about them differed according to place of qualification. Five times as many non-UK qualified doctors thought that a concern would be more or much more likely to be upheld about them (36%; 7% of UK qualified doctors thought this.)

Looking specifically at the views of White and BME doctors, place of qualification did increase the likelihood of thinking that a concern would be upheld about doctors in both of these groups. Non-UK qualified White doctors were almost seven times as likely to think a concern would be more or much more likely to be upheld about them than UK qualified White doctors (27% compared with 4%). The same pattern was also seen for BME doctors; non-UK qualified BME doctors thought a concern would be more likely to be upheld than UK qualified BME doctors (40% and 16% respectively).

Table 5.15, 5.16, Figures 5.8, 5.9

Figure 5:9 Doctors who thought a concern would be more likely to be upheld about them, by ethnicity and place of qualification

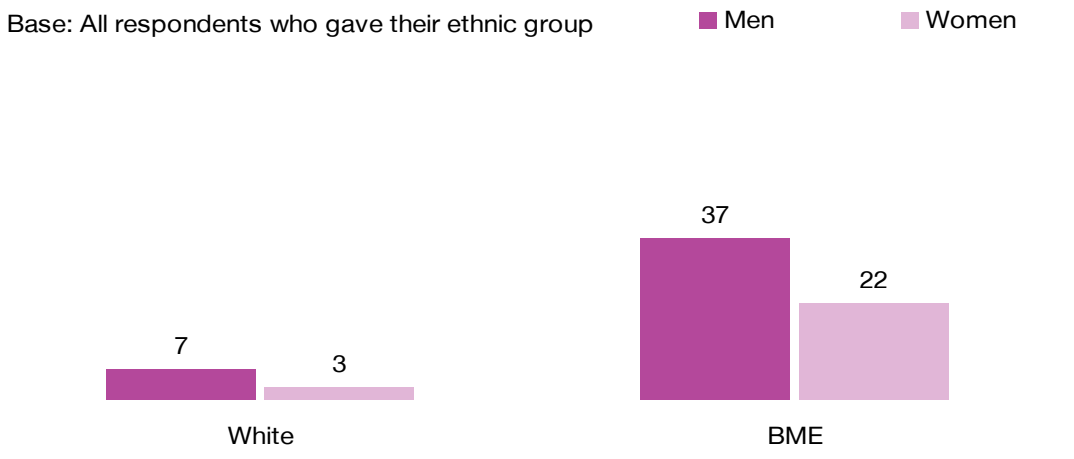


5.2.4 Outcomes following concerns

Doctors were asked to think about whether they felt they would be more likely than other doctors to receive harsher sanctions if a concern was upheld about them. The majority of doctors thought that they wouldn't be (85%).

Answers did vary by ethnic group and sex. 31% of BME doctors and doctors of unknown ethnicity thought they would be more likely than other doctors to receive harsher sanctions if a concern was upheld against them. This was more than six times greater than the proportion of White doctors; only 5% of White doctors thought this. Men were also more than twice as likely as women to think this; 20% of men, compared with 9% of women.

Figure 5:10 Doctors who thought they would be more likely to receive harsher sanctions if a concern was upheld about them, by sex and ethnicity

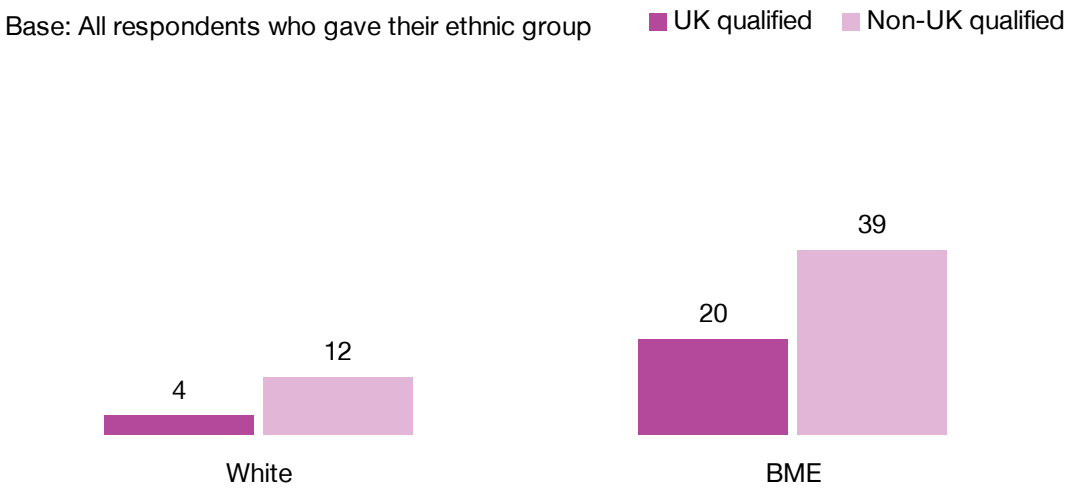


There were also differences according to place of qualification. Non-UK qualified doctors were much more likely than UK qualified doctors to think that they would receive a harsher sanction than others doctors; 32% of non-UK qualified doctors thought this, compared with only 7% of UK qualified doctors.

This pattern was true for both UK doctors and those who had qualified elsewhere. Only 4% of White UK qualified doctors felt they would receive a harsher sanction compared with 20% of BME UK qualified doctors. Among doctors who had qualified outside the UK, 12% of White non-UK qualified doctors thought this compared with 39% of BME non-UK qualified doctors.

Table 5.17-5.18, Figure 5.10-5.11

Figure 5:11 Doctors who thought they would be more likely to receive harsher sanctions if a concern was upheld about them, by place of qualification and ethnicity



5.2.5 Fairness between groups

Doctors were presented with a list of groups and asked if any were more likely to receive an unfair outcome if a concern was raised about them. The groups included differences of sex, age, place of qualification and ethnicity. Doctors could choose as many of the groups as they thought applied.

A similar pattern emerges as for the investigation process. The majority of doctors (58%) thought that none of the groups listed were more likely to receive an unfair outcome if a concern was raised about them. This included 70% of White doctors, but only 40% of BME doctors and 36% of those of unknown ethnicity.

32% of all doctors thought that non-UK qualified doctors were more likely to receive an unfair outcome, around one in four (23%) said that they thought BME doctors were and around one in ten doctors said that they thought older doctors were more likely to receive an unfair outcome (11%). Smaller proportions of doctors mentioned other groups listed.

47% of BME doctors felt that non-UK qualified doctors would experience an unfair outcome and 40% also thought that fellow BME doctors were more likely to receive

an unfair outcome in a fitness to practise investigation. These rates were significantly higher than those reported by White doctors (23% and 11%, respectively).

The belief that BME doctors were more likely to receive an unfair outcome also differed by sex, with more men than women thinking that BME doctors were more likely to receive an unfair outcome (28% compared with 17% respectively). This difference was not seen for any of the other groups listed.

The majority (65%) of UK qualified doctors thought that none of the groups were more likely to receive an unfair outcome, compared with 43% of doctors who qualified elsewhere.

Non-UK qualified doctors were more likely to feel that fellow non-UK qualified doctors were likely to receive an unfair outcome if a concern was raised about them. 45% of non-UK qualified doctors said this compared with 26% of those who were UK qualified. Doctors who had qualified outside the UK were also more likely than UK qualified doctors to think that those from BME groups were likely to receive an unfair outcome if a concern was raised about them (35% compared with 17% respectively).

White doctors who had qualified outside the UK were more likely than UK qualified White doctors to think that doctors who had qualified elsewhere would be more likely to be treated unfairly (36% compared with 20%). This difference was not observed among BME doctors, where similar proportions of UK qualified BME doctors and BME doctors who qualified outside the UK thought doctors who qualified elsewhere would be more likely to be treated unfairly (45% and 48% respectively).

Table 5.19, 5.20, Figure 5.12, 5.13

Figure 5:12 Groups doctors thought may be more likely to be receive an unfair outcome if a concern was raised about them, by ethnicity

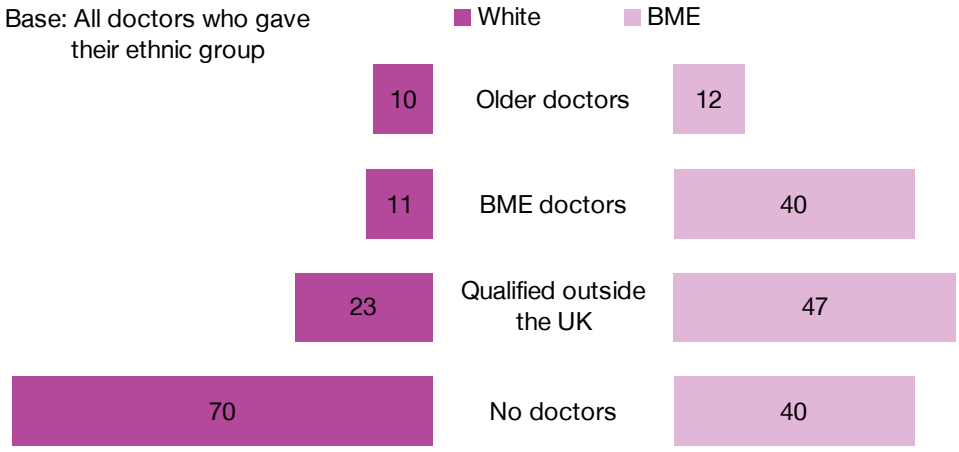
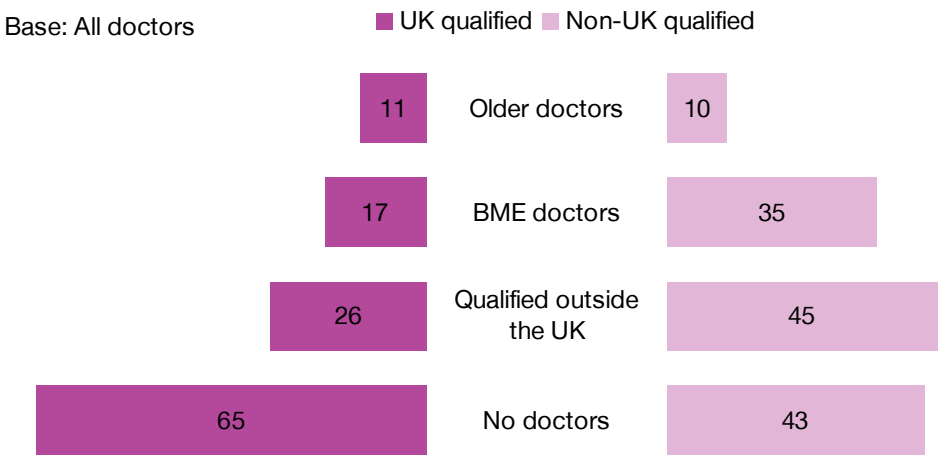


Figure 5:13 Groups doctors thought may be more likely to be receive an unfair outcome if a concern was raised about them, by place of qualification



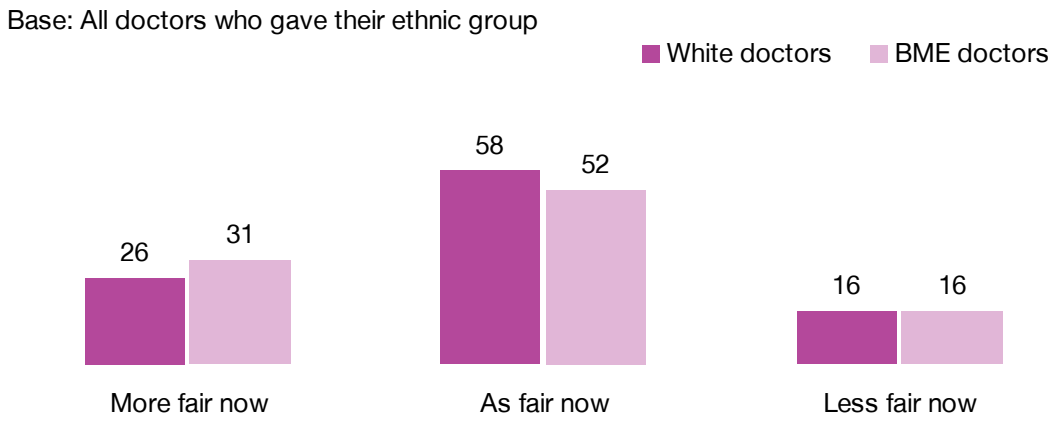
5.2.6 Changes over time

Doctors were asked to say whether they thought fitness to practise proceedings were more fair now, as fair now or less fair now than they were five years ago. 28% thought that they were more fair now. The majority thought that they were as fair now as they were five years ago (56%). The remaining 16% felt that they were less fair now than they had been five years ago.

A larger proportion of BME doctors than White doctors thought that fitness to practise proceedings were more fair now than they were five years ago (31% compared with 26%). Similar, smaller proportions of BME and White doctors thought that things were less fair now (16% for both).

More women than men thought fitness to practise proceedings were more fair now (31% compared with 26%). Almost twice as many men than women thought that these proceedings were less fair now (21% compared 11%).

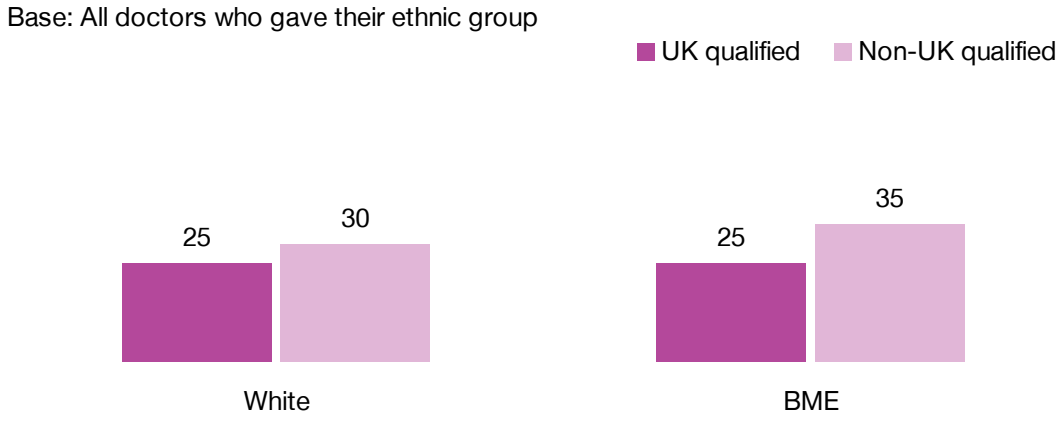
Figure 5:14 How fair doctors thought fitness to practise proceedings were now, compared with 5 years ago, by ethnicity



Doctors who had qualified outside the UK were more likely to think that fitness to practise proceedings were more fair now than they were five years ago; 34% thought this, compared with 25% of UK qualified doctors. This difference was found in all ethnic groups.

Table 5.21, 5.20, Figures 5.14, 5.15

Figure 5:15 Fitness to practise proceedings are more fair now than five years ago, by ethnicity and place of qualification



6 Key themes

The aim of this project was to explore doctor's views of fairness towards the GMC. A particular focus was exploration of how views of fairness varied across a broad range of the GMC's functions and how perceptions varied among different types of doctors. Based on prior research priorities and findings, two groups of doctors were identified as being of particular interest: those from BME backgrounds and those whose place of primary medical qualification was not the UK.

The focus groups and results from a representative sample of doctors presented in this report highlight a number of key themes. Firstly, on the whole, doctors are confident in the way the GMC discharges its duties, particularly in relation to protection of the public and key regulatory functions, such as registration. BME doctors and doctors whose place of primary medical qualification was not the UK were particularly positive about GMC's regulatory principles; more than 80% of BME doctors and non-UK qualified doctors were fairly or very confident in the way the GMC regulates doctors and around 90% had confidence in the way the GMC protects the health and safety of the public. Evidence from the focus groups suggests that this is because of the importance that most doctors attach to having an independent organisation that ensures high standards of care, practice and public protection are in place. Doctors who were non-UK qualified were particularly positive and the focus groups suggested that the principles and practices enshrined by the GMC were viewed by some as a 'gold standard', especially among those with experience of other international regulatory bodies.

However, whilst there was broad support and confidence in the function of the GMC in principle, disparity among some doctors about how this translated into practice was evident. Overall, most doctors did not think that any particular groups of doctors were more likely to be treated unfairly during registration, revalidation or when fitness to practise was questioned. However, when looking between ethnicities and different places of qualification, there are differences. The majority of BME doctors and non-UK qualified doctors think that some groups of doctors may be more likely than others to be treated unfairly.

Where doctors felt that some groups may be at risk of receiving unfair treatment, three groups were most commonly reported by doctors: non-UK qualified doctors, BME doctors and older doctors. This theme was evident across registration, revalidation and fitness to practise. Non-UK qualified doctors were the group most commonly identified as a group at risk of unfairness across the functions, followed by BME doctors. Perhaps unsurprisingly, doctors who thought this were more likely themselves to be non-UK qualified or a BME doctor. Evidence from the focus group discussions suggest that being a BME doctor, regardless of place of qualification may make one more vulnerable to unfairness because of racial or ethnic prejudice, for instance, in the likelihood of someone making a complaint. Being a non-UK qualified doctor may also bring challenges such as subtle language and cultural differences. This may go some way to explaining why overseas qualified doctors, particularly BME ones, feel that other overseas qualified doctors are more likely to face unfairness.

Concerns about how regulatory principles are translated into practice were particularly evident in the survey findings relating to revalidation. Revalidation was, on the whole, seen as being of value to the profession and of value in terms of patient safety. BME doctors and those who were non-UK qualified were the most optimistic about revalidation and attached importance to its principles. However, there was also a clear belief among some doctors that the revalidation process itself would not be fair for

some. Around one in five BME doctors and White doctors who were non-UK qualified thought that the revalidation process would only be fair either for a minority of doctors or would not be fair for any doctor. Around one in seven White doctors who were UK qualified reported the same. Despite this disparity, the reasons why doctors felt there may be some unfairness was broadly similar across most groups and pertained mainly to processes of gathering feedback from patients, colleagues and the framework itself. Evidence from the focus groups suggested particular concerns with the process of gathering feedback from patients, with a view that this could introduce unfairness into the process for BME doctors or those who qualified abroad due to cultural differences and understanding or prejudices. This was particularly evident among BME doctors who felt that those who were non-UK qualified, BME doctors and older doctors were particularly vulnerable to the experience of unfairness in the revalidation process.

However, it is encouraging that the views of those who had actually been through revalidation were more positive. Nearly all who had been through revalidation stated that they felt like they had been treated fairly and this varied little by BME status or place of qualification. Therefore, it may be that uncertainty and concern about the process of revalidation are not being borne out in reality. Whilst this should continue to be monitored, these early findings are promising.

The greatest level of variation between groups of doctors and their perceptions of fairness was observed in relation fitness to practise investigations and outcomes. This attracted a great deal of discussion in the focus groups, where views about fairness of the fitness to practise processes varied. The survey results reflect this diversity. The majority of doctors, from all groups, thought that the GMC investigated concerns and dealt with outcomes of investigations fairly but support varied by ethnicity and place of qualification. More BME doctors and those who were non-UK qualified than their counterparts thought that the GMC would only investigate concerns fairly for a minority of doctors. BME groups were also less likely to think that they, personally, would be treated fairly if a concern was raised about them (though notably this was not the majority view). BME doctors and non-UK qualified doctors were also more likely to think that a ftp concern would be upheld against them than other doctors. Therefore, whilst not the majority view, there is a clear group of doctors who are concerned that both the fitness to practise process is unfair for some (mainly BME doctors, those who are non-UK qualified and older doctors) and that they themselves would experience unfairness in both investigation and outcomes.

Results from the survey showed the potential identification of another key group who have concerns about the fairness and the GMC practice. This is White doctors who are non-UK qualified. Whilst the proportion of White non-UK qualified doctors who expressed concerns regarding the fairness of GMC processes was smaller than that for BME doctors, they did often display greater concerns than their White counterparts who qualified in the UK. This suggests an interesting interaction between ethnicity and place of qualification. It is not just ethnicity alone that makes some doctors feel at-risk of the experience of unfairness, but place of qualification too. This is particularly acute for BME doctors who are non-UK qualified, who often displayed the greatest level of concern about fairness in GMC processes and how they personally would be treated.

The survey data relating to fitness to practise focused on perceptions of fairness. Survey evidence from revalidation has suggested that perceptions may not be borne out in reality. However, for some doctors, these perceptions seem particularly engrained and there is a clear consensus across all doctors that if any group is likely to experience unfairness, it will be those who qualified abroad, those who come from BME backgrounds and, to a less extent, those who are older. Evidence from this

survey suggests that those who are of BME origin and qualified abroad feel particularly vulnerable to unfair experiences.

The survey also revealed positive findings about how doctors feel fairness has improved in recent years. Nearly a third of doctors felt that fitness to practise processes were more fair now than they were five years ago, with BME doctors and those who qualified abroad being most likely to report this. Those experiencing revalidation so far felt that, on the whole, it was a fair process and there was broad support for key GMC policies, like language testing, from all groups of doctors. Findings from the focus groups suggested the GMC are improving their processes, especially around transparency, and that these efforts are appreciated by doctors. However, around half of doctors felt that fitness to practise processes were just as fair as they were five years ago and some felt they were less fair – meaning there is still work to be done.

On the whole, confidence and support for the GMC's principles appears to be high. This is especially the case among BME doctors and those who are non-UK qualified. Yet, it is these groups of doctors that feel most vulnerable to the experience of unfairness in GMC processes and, based on this study, display concerns about fairness in practise. Therefore it is these groups of doctors (BME and non-UK qualified) who should be the focus of any intervention aimed at ensuring that all doctors feel that GMC functions and processes are fair for all and free from bias.

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Table 3.1

Confidence in GMC regulation, by ethnicity and sex

All doctors

Confidence in GMC regulation	Ethnicity					All BME doctors*	All doctors
	White/ White British	Asian/ Asian British	Black/ Black British	Other**	Unknown		
	%	%	%	%	%	%	%
Men							
Very confident	16	22	29	26	12	24	19
Fairly confident	55	55	53	52	55	54	55
Not very confident	23	19	16	14	21	18	21
Not at all confident	6	4	2	9	12	5	6
Women							
Very confident	16	17	19	26	16	19	17
Fairly confident	69	69	67	60	66	67	68
Not very confident	13	12	14	9	15	12	13
Not at all confident	2	1	-	4	4	2	2
All							
Very confident	16	20	25	26	13	22	18
Fairly confident	62	61	59	55	59	59	61
Not very confident	18	17	15	12	19	16	17
Not at all confident	4	3	1	7	9	3	4
Bases (unweighted)							
Men	*835*	*648*	*97*	*199*	*109*	*944*	*1888*
Women	*826*	*414*	*63*	*98*	*77*	*575*	*1478*
All	*1661*	*1062*	*160*	*297*	*186*	*1519*	*3366*
Bases (weighted)							
Men	*972*	*515*	*79*	*149*	*102*	*743*	*1817*
Women	*1015*	*331*	*50*	*84*	*72*	*465*	*1552*
All	*1987*	*845*	*129*	*234*	*173*	*1208*	*3369*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 3.2

Confidence in GMC regulation, by place of qualification and ethnic group

All doctors

Confidence in GMC regulation	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK)	Outside the UK	
	%	%	%
White			
Very confident	15	26	16
Fairly confident	64	54	62
Not very confident	18	16	18
Not at all confident	4	4	4
BME*			
Very confident	17	25	22
Fairly confident	61	58	59
Not very confident	17	15	16
Not at all confident	5	2	3
Ethnic group unknown**			
Very confident	12	15	13
Fairly confident	60	58	59
Not very confident	17	21	19
Not at all confident	11	6	9
All			
Very confident	15	25	18
Fairly confident	63	57	61
Not very confident	18	16	17
Not at all confident	4	3	4
Bases (unweighted)			
White	*953*	*708*	*1661*
BME	*604*	*915*	*1519*
Ethnic group unknown	*77*	*109*	*186*
All	*1634*	*1732*	*3366*
Bases (weighted)			
White	*1711*	*276*	*1987*
BME	*465*	*743*	*1208*
Ethnic group unknown	*100*	*73*	*173*
All	*2276*	*1092*	*3369*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 3.3

Confidence in GMC's protection of health and safety of the public, by ethnicity and sex

All doctors

Confidence in GMC protection of public health and safety	Ethnicity					All BME doctors*	All doctors
	White/ White British	Asian/ Asian British	Black/ Black British	Other**	Unknown		
	%	%	%	%	%	%	%
Men							
Very confident	22	30	50	34	19	33	26
Fairly confident	55	55	46	50	51	53	54
Not very confident	18	13	5	12	29	12	16
Not at all confident	5	1	-	5	2	2	4
Women							
Very confident	22	24	41	34	22	27	23
Fairly confident	67	67	51	62	68	65	66
Not very confident	10	8	8	3	9	7	9
Not at all confident	1	1	-	1	1	1	1
All							
Very confident	22	28	47	34	20	31	25
Fairly confident	61	60	47	54	57	57	60
Not very confident	14	11	6	9	22	10	13
Not at all confident	3	1	-	3	1	2	2
Bases (unweighted)							
Men	835	658	97	203	112	958	1905
Women	832	416	60	100	71	576	1479
All	1667	1074	157	303	183	1534	3384
Bases (weighted)							
Men	*974*	*522*	*79*	*151*	*105*	*753*	*1832*
Women	*1025*	*333*	*48*	*87*	*68*	*467*	*1560*
All	*1999*	*855*	*127*	*238*	*173*	*1220*	*3392*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 3.4

Confidence in GMC's protection of health and safety of the public, by place of qualification and ethnic group

All doctors

Confidence in GMC protection of public health and safety	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK)	Outside the UK	
	%	%	%
White			
Very confident	20	30	22
Fairly confident	62	55	61
Not very confident	14	13	14
Not at all confident	3	2	3
BME*			
Very confident	25	35	31
Fairly confident	61	55	57
Not very confident	12	9	10
Not at all confident	2	1	2
Ethnic group unknown**			
Very confident	14	28	20
Fairly confident	60	53	57
Not very confident	24	18	22
Not at all confident	2	1	1
All			
Very confident	21	33	25
Fairly confident	62	55	60
Not very confident	14	11	13
Not at all confident	3	1	2
Bases (unweighted)			
White	*960*	*707*	*1667*
BME	*607*	*927*	*1534*
Ethnic group unknown	*79*	*104*	*183*
All	*1646*	*1738*	*3384*
Bases (weighted)			
White	*1724*	*275*	*1999*
BME	*468*	*752*	*1220*
Ethnic group unknown	*103*	*70*	*173*
All	*2294*	*1098*	*3392*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

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Table 4.1

Fairness of registration process, by ethnicity and sex

All doctors

Fairness of registration process	Ethnicity					All BME doctors*	All doctors
	White/ White British	Asian/ Asian British	Black/ Black British	Other**	Unknown		
	%	%	%	%	%	%	%
Men							
Fair for all doctors	40	30	23	30	27	30	35
Fair for the majority of doctors	57	61	65	58	60	60	59
Fair for a minority of doctors	2	8	12	10	11	9	5
Not fair for any doctor	1	1	-	2	3	1	1
Women							
Fair for all doctors	41	26	[23]	33	16	27	35
Fair for the majority of doctors	58	66	[63]	63	78	65	61
Fair for a minority of doctors	1	7	[14]	4	6	7	3
Not fair for any doctor	0	1	[-]	-	0	0	0
All							
Fair for all doctors	40	29	23	31	23	29	35
Fair for the majority of doctors	57	63	64	60	67	62	60
Fair for a minority of doctors	1	8	13	8	9	8	5
Not fair for any doctor	1	1	-	1	2	1	1
Bases (unweighted)							
Men	*738*	*633*	*96*	*192*	*100*	*921*	*1759*
Women	*717*	*396*	*58*	*91*	*70*	*545*	*1332*
All	*1455*	*1029*	*154*	*283*	*170*	*1466*	*3091*
Bases (weighted)							
Men	*827*	*500*	*79*	*144*	*95*	*723*	*1645*
Women	*853*	*321*	*46*	*80*	*60*	*447*	*1361*
All	*1681*	*821*	*125*	*224*	*155*	*1170*	*3005*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 4.2

Fairness of registration process, by place of qualification and ethnic group

All doctors

Fairness of registration process	Place of primary medical qualification (PMQ)		All doctors
	United Kingdom (UK)	Another country outside of the UK	
	%	%	%
White			
Fair for all doctors	40	42	40
Fair for the majority of doctors	58	53	57
Fair for a minority of doctors	1	4	1
Not fair for any doctor	1	1	1
BME*			
Fair for all doctors	35	25	29
Fair for the majority of doctors	61	63	62
Fair for a minority of doctors	3	11	8
Not fair for any doctor	1	1	1
Ethnic group unknown**			
Fair for all doctors	26	18	23
Fair for the majority of doctors	68	65	67
Fair for a minority of doctors	3	16	9
Not fair for any doctor	3	0	2
All			
Fair for all doctors	38	29	35
Fair for the majority of doctors	59	61	60
Fair for a minority of doctors	2	10	5
Not fair for any doctor	1	1	1
Bases (unweighted)			
White	*792*	*663*	*1455*
BME	*550*	*916*	*1466*
Ethnic group unknown	*65*	*105*	*170*
All	*1407*	*1684*	*3091*
Bases (weighted)			
White	*1421*	*259*	*1681*
BME	*425*	*745*	*1170*
Ethnic group unknown	*83*	*72*	*155*
All	*1929*	*1076*	*3005*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 4.3

English language test requirements, by ethnicity and sex

All doctors

English language test requirements*	Ethnicity					All BME doctors**	All doctors
	White/ White British %	Asian/ Asian British %	Black/ Black British %	Other*** %	Unknown %	%	%
Men							
Doctors who qualified in the UK	12	6	6	7	14	6	10
Doctors who qualified in the EEA or Switzerland	88	78	78	85	83	80	84
Doctors who qualified outside the UK, EEA and Switzerland	93	85	82	90	88	85	90
No doctor should have a language test	2	2	1	3	1	2	2
Women							
Doctors who qualified in the UK	11	5	3	6	11	5	9
Doctors who qualified in the EEA or Switzerland	81	70	77	72	79	71	78
Doctors who qualified outside the UK, EEA and Switzerland	94	87	89	90	77	88	91
No doctor should have a language test	2	4	2	-	2	3	2
All							
Doctors who qualified in the UK	11	6	5	6	12	6	9
Doctors who qualified in the EEA or Switzerland	84	75	78	80	81	76	81
Doctors who qualified outside the UK, EEA and Switzerland	94	86	85	90	83	86	91
No doctor should have a language test	2	2	1	2	1	2	2
Bases (unweighted)							
Men	*838*	*664*	*99*	*200*	*105*	*963*	*1906*
Women	*833*	*426*	*62*	*100*	*75*	*588*	*1496*
All	*1671*	*1090*	*161*	*300*	*180*	*1551*	*3402*
Bases (weighted)							
Men	*980*	*529*	*82*	*149*	*100*	*760*	*1839*
Women	*1024*	*341*	*49*	*87*	*67*	*477*	*1568*
All	*2004*	*870*	*131*	*236*	*167*	*1237*	*3408*

*The categories were asked about separately, so percentages do not sum to 100.

** All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

*** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 4.4

English language test requirements, by place of qualification and ethnic group

All doctors

English language test requirements*	Place of primary medical qualification (PMQ)		All doctors
	United Kingdom (UK)	Another country outside of the UK	
	%	%	%
White			
Doctors who qualified in the UK	11	9	11
Doctors who qualified in the EEA or Switzerland	88	59	84
Doctors who qualified outside the UK, EEA and Switzerland	95	85	94
No doctor should have a language test	1	8	2
BME**			
Doctors who qualified in the UK	7	5	6
Doctors who qualified in the EEA or Switzerland	80	74	76
Doctors who qualified outside the UK, EEA and Switzerland	94	82	86
No doctor should have a language test	2	3	2
Ethnic group unknown***			
Doctors who qualified in the UK	17	7	12
Doctors who qualified in the EEA or Switzerland	86	75	81
Doctors who qualified outside the UK, EEA and Switzerland	87	79	83
No doctor should have a language test	1	2	1
All			
Doctors who qualified in the UK	11	6	9
Doctors who qualified in the EEA or Switzerland	87	70	81
Doctors who qualified outside the UK, EEA and Switzerland	94	82	91
No doctor should have a language test	1	4	2
Bases (unweighted)			
White	*962*	*709*	*1671*
BME	*622*	*929*	*1551*
Ethnic group unknown	*71*	*109*	*180*
All	*1655*	*1747*	*3402*
Bases (weighted)			
White	*1728*	*276*	*2004*
BME	*482*	*754*	*1237*
Ethnic group unknown	*93*	*74*	*167*
All	*2303*	*1105*	*3408*

*The categories were asked about separately, so percentages do not sum to 100.
** BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.
***Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 4.5

Groups likely to experience unfairness when joining the register, by ethnicity and sex

All doctors

Groups likely to experience unfairness in registration	Ethnicity					All BME doctors*	All doctors
	White/ White British	Asian/ Asian British	Black/ Black British	Other**	Unknown		
	%	%	%	%	%	%	%
Men							
Men	1	3	6	1	8	3	2
Women	2	2	-	0	1	1	1
Older doctors	9	14	14	16	20	14	12
Younger doctors	1	0	1	1	-	1	1
Doctors who qualified in UK	1	1	1	1	1	1	1
Doctors who qualified outside UK	26	53	61	42	41	52	38
White doctors	1	0	-	2	2	1	1
BME doctors	11	39	41	31	25	38	23
None of the above groups	69	37	28	46	50	38	55
Women							
Men	0	2	-	-	2	1	1
Women	2	4	3	3	5	4	2
Older doctors	10	19	13	23	17	19	13
Younger doctors	0	1	-	-	2	1	0
Doctors who qualified in UK	0	1	-	-	2	1	1
Doctors who qualified outside UK	30	49	55	49	51	50	37
White doctors	0	1	-	4	2	1	0
BME doctors	10	30	33	28	30	30	17
None of the above groups	64	41	38	43	39	41	56
All							
Men	1	3	4	1	6	3	2
Women	2	3	1	1	3	2	2
Older doctors	10	16	14	19	19	16	12
Younger doctors	0	1	1	1	1	1	1
Doctors who qualified in UK	1	1	1	1	1	1	1
Doctors who qualified outside UK	28	52	59	44	45	51	37
White doctors	1	0	-	3	2	1	1
BME doctors	10	36	38	30	27	35	20
None of the above groups	66	39	31	45	46	39	55
Bases (unweighted)							
Men	*789*	*632*	*95*	*188*	*88*	*915*	*1792*
Women	*774*	*401*	*61*	*94*	*59*	*556*	*1389*
All	*1563*	*1033*	*156*	*282*	*147*	*1471*	*3181*
Bases (weighted)							
Men	*909*	*501*	*79*	*141*	*83*	*721*	*1713*
Women	*934*	*322*	*48*	*83*	*53*	*453*	*1441*
All	*1843*	*823*	*127*	*224*	*136*	*1174*	*3154*

*The categories were asked about separately, so percentages do not sum to 100.

** All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

*** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 4.6

Groups likely to experience unfairness when joining the register, by place of qualification and ethnic group

All doctors

Groups likely to experience unfairness in registration *	Place of primary medical qualification (PMQ)		All doctors
	United Kingdom (UK)	Another country outside of the UK	
	%	%	%
White			
Men	1	1	1
Women	2	3	2
Older doctors	9	11	10
Younger doctors	0	1	0
Doctors who qualified in UK	1	0	1
Doctors who qualified outside UK	26	37	28
White doctors	0	1	1
BME doctors	10	10	10
None of the above groups	68	56	66
BME**			
Men	3	2	3
Women	3	1	2
Older doctors	19	14	16
Younger doctors	1	1	1
Doctors who qualified in UK	1	1	1
Doctors who qualified outside UK	51	51	51
White doctors	1	1	1
BME doctors	32	36	35
None of the above groups	40	39	39
Ethnic group unknown***			
Men	4	7	6
Women	3	2	3
Older doctors	22	16	19
Younger doctors	-	2	1
Doctors who qualified in UK	2	1	1
Doctors who qualified outside UK	33	59	45
White doctors	2	1	2
BME doctors	21	34	27
None of the above groups	60	28	46
All			
Men	1	2	2
Women	2	2	2
Older doctors	12	14	12
Younger doctors	0	1	1
Doctors who qualified in UK	1	1	1
Doctors who qualified outside UK	32	48	37
White doctors	1	1	1
BME doctors	15	30	20
None of the above groups	62	42	55
Bases (unweighted)			
White	*879*	*684*	*1563*
BME	*588*	*883*	*1471*
Ethnic group unknown	*58*	*89*	*147*
All	*1525*	*1656*	*3181*
Bases (weighted)			
White	*1580*	*263*	*1843*
BME	*456*	*718*	*1174*
Ethnic group unknown	*75*	*61*	*136*
All	*2111*	*1043*	*3154*

*The categories were asked about separately, so percentages do not sum to 100.

** BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

***Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 4.7

Value of revalidation to profession, by ethnicity and sex

All doctors

Value of revalidation to profession	Ethnicity					All BME doctors*	All doctors
	White/ White British %	Asian/ Asian British %	Black/ Black British %	Other** %	Unknown %	%	%
Men							
Of great value	11	21	28	16	17	21	15
Of some value	38	43	48	35	33	42	39
Of little value	37	26	17	35	29	27	32
Of no value	14	10	7	14	22	11	13
Women							
Of great value	10	21	27	16	10	20	13
Of some value	51	54	45	46	39	51	51
Of little value	31	20	24	26	36	21	29
Of no value	7	6	4	12	14	7	7
All							
Of great value	11	21	27	16	14	21	15
Of some value	45	47	47	39	35	45	44
Of little value	34	24	19	32	32	25	31
Of no value	11	9	6	13	19	9	11
Bases (unweighted)							
Men	*843*	*656*	*97*	*202*	*99*	*955*	*1897*
Women	*836*	*414*	*63*	*97*	*69*	*574*	*1479*
All	*1679*	*1070*	*160*	*299*	*168*	*1529*	*3376*
Bases (weighted)							
Men	*984*	*521*	*80*	*151*	*93*	*752*	*1829*
Women	*1031*	*332*	*50*	*84*	*61*	*466*	*1558*
All	*2015*	*853*	*130*	*236*	*153*	*1219*	*3387*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 4.8

Value of revalidation to profession, by place of qualification and ethnic group

All doctors

Value of revalidation to profession	Place of primary medical qualification (PMQ)		All doctors
	United Kingdom (UK)	Another country outside of the UK	
	%	%	%
White			
Of great value	10	17	11
Of some value	45	42	45
Of little value	35	27	34
Of no value	10	13	11
BME*			
Of great value	14	25	21
Of some value	46	45	45
Of little value	28	22	25
Of no value	12	8	9
Ethnic group unknown**			
Of great value	7	23	14
Of some value	35	36	35
Of little value	34	28	32
Of no value	23	13	19
All			
Of great value	11	23	15
Of some value	45	44	44
Of little value	34	24	31
Of no value	11	9	11
Bases (unweighted)			
White	*969*	*710*	*1679*
BME	*615*	*914*	*1529*
Ethnic group unknown	*64*	*104*	*168*
All	*1648*	*1728*	*3376*
Bases (weighted)			
White	*1740*	*276*	*2015*
BME	*477*	*742*	*1219*
Ethnic group unknown	*82*	*71*	*153*
All	*2298*	*1089*	*3387*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 4.9

Value of revalidation to self, by ethnicity and sex

All doctors

Value of revalidation to self	Ethnicity					All BME doctors*	All doctors
	White/ White British %	Asian/ Asian British %	Black/ Black British %	Other** %	Unknown %	%	%
Men							
Of great value	9	20	29	17	18	21	14
Of some value	31	39	40	29	29	37	34
Of little value	35	25	25	34	28	27	31
Of no value	25	15	7	19	25	15	21
Women							
Of great value	9	21	25	16	10	20	12
Of some value	43	49	46	43	29	47	44
Of little value	39	23	20	30	42	24	34
Of no value	10	8	10	11	20	8	10
All							
Of great value	9	21	27	17	15	21	13
Of some value	37	43	42	34	29	41	38
Of little value	37	24	23	33	33	26	33
Of no value	17	12	8	16	23	12	16
Bases (unweighted)							
Men	*841*	*661*	*98*	*203*	*98*	*962*	*1901*
Women	*833*	*416*	*61*	*98*	*67*	*575*	*1475*
All	*1674*	*1077*	*159*	*301*	*165*	*1537*	*3376*
Bases (weighted)							
Men	*981*	*526*	*81*	*152*	*92*	*759*	*1832*
Women	*1027*	*332*	*48*	*85*	*60*	*465*	*1552*
All	*2008*	*858*	*130*	*237*	*152*	*1224*	*3384*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 4.10

Value of revalidation to self, by place of qualification and ethnic group

All doctors

Value of revalidation to self	Place of primary medical qualification (PMQ)		All doctors
	United Kingdom (UK)	Another country outside of the UK	
	%	%	%
White			
Of great value	8	16	9
Of some value	37	38	37
Of little value	38	30	37
Of no value	17	16	17
BME*			
Of great value	11	26	21
Of some value	42	41	41
Of little value	30	23	26
Of no value	17	10	12
Ethnic group unknown**			
Of great value	9	22	15
Of some value	23	36	29
Of little value	41	24	33
Of no value	27	18	23
All			
Of great value	9	23	13
Of some value	38	40	38
Of little value	36	25	33
Of no value	17	12	16
Bases (unweighted)			
White	*965*	*709*	*1674*
BME	*616*	*921*	*1537*
Ethnic group unknown	*63*	*102*	*165*
All	*1644*	*1732*	*3376*
Bases (weighted)			
White	*1732*	*275*	*2008*
BME	*477*	*747*	*1224*
Ethnic group unknown	*81*	*71*	*152*
All	*2291*	*1094*	*3384*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 4.11

Value of revalidation for patient safety, by ethnicity and sex

All doctors

Value of revalidation for patient safety	Ethnicity					All BME doctors*	All doctors
	White/ White British %	Asian/ Asian British %	Black/ Black British %	Other** %	Unknown %	%	%
Men							
Of great value	8	18	22	11	14	17	12
Of some value	31	39	46	38	28	40	34
Of little value	40	29	25	33	29	29	35
Of no value	21	13	6	19	29	14	18
Women							
Of great value	8	24	29	12	10	23	12
Of some value	44	43	36	41	44	42	44
Of little value	35	25	28	34	33	27	33
Of no value	13	8	7	13	14	8	12
All							
Of great value	8	21	25	11	12	19	12
Of some value	38	41	42	39	35	41	39
Of little value	38	27	26	33	30	28	34
Of no value	17	11	6	17	23	12	15
Bases (unweighted)							
Men	*836*	*658*	*97*	*203*	*97*	*958*	*1891*
Women	*833*	*418*	*63*	*97*	*69*	*578*	*1480*
All	*1669*	*1076*	*160*	*300*	*166*	*1536*	*3371*
Bases (weighted)							
Men	*975*	*523*	*80*	*152*	*91*	*755*	*1822*
Women	*1025*	*334*	*50*	*84*	*61*	*467*	*1553*
All	*2000*	*857*	*130*	*235*	*152*	*1222*	*3375*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 4.12

Value of revalidation for patient safety, by place of qualification and ethnic group

All doctors

Value of revalidation for patient safety	Place of primary medical qualification (PMQ)		All doctors
	United Kingdom (UK)	Another country outside of the UK	
	%	%	%
White			
Of great value	7	13	8
Of some value	37	40	38
Of little value	39	32	38
Of no value	17	15	17
BME*			
Of great value	13	23	19
Of some value	40	41	41
Of little value	31	27	28
Of no value	16	9	12
Ethnic group unknown**			
Of great value	7	18	12
Of some value	31	39	35
Of little value	36	24	30
Of no value	26	19	23
All			
Of great value	8	20	12
Of some value	38	41	39
Of little value	37	28	34
Of no value	17	11	15
Bases (unweighted)			
White	*961*	*708*	*1669*
BME	*619*	*917*	*1536*
Ethnic group unknown	*63*	*103*	*166*
All	*1643*	*1728*	*3371*
Bases (weighted)			
White	*1725*	*275*	*2000*
BME	*479*	*743*	*1222*
Ethnic group unknown	*81*	*71*	*152*
All	*2286*	*1089*	*3375*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 4.13

Views of fairness of revalidation, by ethnicity and sex

All doctors

Views of revalidation	Ethnicity					All BME doctors*	All doctors
	White/ White British %	Asian/ Asian British %	Black/ Black British %	Other** %	Unknown %	%	%
Men							
Fair for all doctors	31	30	28	28	15	29	30
Fair for the majority of doctors	50	45	50	47	48	46	48
Fair for a minority of doctors	9	16	16	15	14	16	12
Not fair for any doctor	10	9	5	10	23	9	10
Women							
Fair for all doctors	30	26	28	26	19	26	29
Fair for the majority of doctors	57	56	60	57	54	56	57
Fair for a minority of doctors	8	14	7	14	27	13	10
Not fair for any doctor	4	4	6	3	1	4	4
All							
Fair for all doctors	31	29	28	27	16	28	29
Fair for the majority of doctors	54	49	54	51	50	50	52
Fair for a minority of doctors	8	15	13	15	19	15	11
Not fair for any doctor	7	7	5	8	14	7	7
Bases (unweighted)							
Men	*767*	*630*	*89*	*182*	*84*	*901*	*1752*
Women	*752*	*386*	*57*	*84*	*53*	*527*	*1332*
All	*1519*	*1016*	*146*	*266*	*137*	*1428*	*3084*
Bases (weighted)							
Men	*886*	*501*	*72*	*136*	*77*	*710*	*1673*
Women	*921*	*312*	*45*	*74*	*50*	*430*	*1402*
All	*1807*	*813*	*117*	*210*	*128*	*1140*	*3075*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 4.14

Views of fairness in revalidation, by place of qualification and ethnic group

All doctors

Views of fairness in revalidation	Place of primary medical qualification (PMQ)		All doctors
	United Kingdom (UK)	Another country outside of the UK	
	%	%	%
White			
Fair for all doctors	30	34	31
Fair for the majority of doctors	55	45	54
Fair for a minority of doctors	8	11	8
Not fair for any doctor	6	10	7
BME*			
Fair for all doctors	23	32	28
Fair for the majority of doctors	56	46	50
Fair for a minority of doctors	14	16	15
Not fair for any doctor	8	6	7
Ethnic group unknown**			
Fair for all doctors	17	15	16
Fair for the majority of doctors	44	58	50
Fair for a minority of doctors	20	18	19
Not fair for any doctor	18	9	14
All			
Fair for all doctors	28	32	29
Fair for the majority of doctors	55	46	52
Fair for a minority of doctors	10	15	11
Not fair for any doctor	7	7	7
Bases (unweighted)			
White	*866*	*653*	*1519*
BME	*577*	*851*	*1428*
Ethnic group unknown	*56*	*81*	*137*
All	*1499*	*1585*	*3084*
Bases (weighted)			
White	*1553*	*253*	*1807*
BME	*448*	*692*	*1140*
Ethnic group unknown	*71*	*57*	*128*
All	*2072*	*1002*	*3075*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 4.15

Perceptions of unfair aspects in revalidation, by ethnicity and sex

All doctors

Perceptions of unfair aspects in revalidation*	Ethnicity					All BME doctors**	All doctors
	White/ White British	Asian/ Asian British	Black/ Black British	Other***	Unknown		
	%	%	%	%	%	%	%
Men							
The appraisal framework	50	43	32	49	65	43	48
Gathering feedback from colleagues	48	46	35	43	42	44	46
Gathering feedback from patients	58	47	56	50	49	49	54
Input of the responsible officer	37	32	34	37	31	33	35
GMC final assessment	16	20	11	17	29	18	18
Something else	17	17	13	22	21	17	18
Women							
The appraisal framework	41	40	[49]	47	[46]	42	42
Gathering feedback from colleagues	49	46	[62]	58	[59]	50	50
Gathering feedback from patients	58	46	[67]	57	[62]	50	55
Input of the responsible officer	29	29	[33]	41	[38]	31	30
GMC final assessment	14	11	[13]	10	[13]	11	13
Something else	16	14	[12]	17	[17]	14	16
All							
The appraisal framework	46	42	38	48	57	43	45
Gathering feedback from colleagues	49	46	45	48	49	46	48
Gathering feedback from patients	58	47	60	52	54	49	55
Input of the responsible officer	33	30	34	39	34	32	33
GMC final assessment	15	16	11	14	23	15	16
Something else	17	16	13	20	19	16	17
Bases (unweighted)							
Men	*519*	*436*	*61*	*136*	*73*	*633*	*1225*
Women	*507*	*280*	*40*	*60*	*42*	*380*	*929*
All	*1026*	*716*	*101*	*196*	*115*	*1013*	*2154*
Bases (weighted)							
Men	*604*	*345*	*51*	*98*	*64*	*494*	*1162*
Women	*636*	*226*	*32*	*55*	*41*	*312*	*989*
All	*1240*	*571*	*83*	*152*	*105*	*806*	*2151*

*The categories were asked about separately, so percentages do not sum to 100.

** All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 4.16

Perceptions of unfair aspects in revalidation, by place of qualification and ethnic group

All doctors

Perceptions of unfair aspects in revalidation	Place of primary medical qualification (PMQ)		All doctors
	United Kingdom (UK)	Another country outside of the UK	
	%	%	%
White			
The appraisal framework	46	43	46
Gathering feedback from colleagues	49	47	49
Gathering feedback from patients	59	52	58
Input of the responsible officer	32	37	33
GMC final assessment	14	18	15
Something else	16	20	17
BME*			
The appraisal framework	44	41	43
Gathering feedback from colleagues	49	44	46
Gathering feedback from patients	54	46	49
Input of the responsible officer	32	33	32
GMC final assessment	18	14	15
Something else	18	15	16
Ethnic group unknown**			
The appraisal framework	[68]	45	57
Gathering feedback from colleagues	[58]	38	49
Gathering feedback from patients	[62]	45	54
Input of the responsible officer	[35]	33	34
GMC final assessment	[33]	11	23
Something else	[24]	13	19
All			
The appraisal framework	47	42	45
Gathering feedback from colleagues	50	44	48
Gathering feedback from patients	58	47	55
Input of the responsible officer	32	34	33
GMC final assessment	16	15	16
Something else	17	16	17
Bases (unweighted)			
White	*599*	*427*	*1026*
BME	*438*	*575*	*1013*
Ethnic group unknown	*46*	*69*	*115*
All	*1083*	*1071*	*2154*
Bases (weighted)			
White	*1073*	*166*	*1240*
BME	*342*	*464*	*806*
Ethnic group unknown	*57*	*48*	*105*
All	*1472*	*679*	*2151*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 4.17

Groups likely to experience unfairness in revalidation, by ethnicity and sex

All doctors

Groups likely to experience unfairness in revalidation	Ethnicity					All BME doctors*	All doctors
	White/ White British %	Asian/ Asian British %	Black/ Black British %	Other** %	Unknown %	%	%
Men							
Men	4	4	4	4	12	4	4
Women	5	2	1	2	7	2	4
Older doctors	19	17	9	21	29	17	19
Younger doctors	4	2	1	4	5	2	3
Doctors who qualified in UK	4	1	1	3	5	1	3
Doctors who qualified outside UK	22	45	46	40	42	44	32
White doctors	2	1	-	2	6	1	2
BME doctors	12	37	33	27	34	34	22
None of the above groups	66	42	43	49	39	43	55
Women							
Men	1	1	-	1	-	1	1
Women	6	6	8	13	8	8	7
Older doctors	17	22	15	29	23	23	19
Younger doctors	2	1	1	6	1	2	2
Doctors who qualified in UK	1	2	-	3	2	2	1
Doctors who qualified outside UK	22	42	45	37	44	41	29
White doctors	1	1	-	3	-	1	1
BME doctors	8	24	23	22	25	24	14
None of the above groups	65	46	47	45	47	46	59
All							
Men	3	3	2	3	7	3	3
Women	6	3	4	6	7	4	5
Older doctors	18	19	11	24	26	19	19
Younger doctors	3	1	1	5	3	2	3
Doctors who qualified in UK	2	1	1	3	4	1	2
Doctors who qualified outside UK	22	43	45	39	43	43	31
White doctors	2	1	-	2	3	1	1
BME doctors	10	32	29	25	31	30	18
None of the above groups	66	43	44	48	42	44	57
Bases (unweighted)							
Men	*793*	*623*	*91*	*195*	*77*	*909*	*1779*
Women	*792*	*405*	*61*	*97*	*59*	*563*	*1414*
All	*1585*	*1028*	*152*	*292*	*136*	*1472*	*3193*
Bases (weighted)							
Men	*914*	*497*	*74*	*146*	*72*	*717*	*1702*
Women	*974*	*325*	*48*	*84*	*52*	*458*	*1483*
All	*1887*	*822*	*122*	*229*	*124*	*1174*	*3185*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 4.18

Groups likely to experience unfairness in revalidation, by place of qualification and ethnic group

All doctors

Groups likely to experience unfairness in revalidation	Place of primary medical qualification (PMQ)		All doctors
	United Kingdom (UK)	Another country outside of the UK	
	%	%	%
White			
Men	3	2	3
Women	6	4	6
Older doctors	18	16	18
Younger doctors	3	4	3
Doctors who qualified in UK	2	2	2
Doctors who qualified outside UK	21	31	22
White doctors	2	2	2
BME doctors	10	10	10
None of the above groups	67	58	66
BME*			
Men	3	2	3
Women	7	2	4
Older doctors	25	16	19
Younger doctors	4	1	2
Doctors who qualified in UK	3	1	1
Doctors who qualified outside UK	44	42	43
White doctors	2	1	1
BME doctors	29	31	30
None of the above groups	42	46	44
Ethnic group unknown**			
Men	11	3	7
Women	7	7	7
Older doctors	27	26	26
Younger doctors	4	2	3
Doctors who qualified in UK	5	2	4
Doctors who qualified outside UK	30	57	43
White doctors	6	-	3
BME doctors	25	37	31
None of the above groups	52	31	42
All			
Men	3	2	3
Women	6	3	5
Older doctors	20	16	19
Younger doctors	3	2	3
Doctors who qualified in UK	3	1	2
Doctors who qualified outside UK	26	40	31
White doctors	2	1	1
BME doctors	14	26	18
None of the above groups	61	48	57
Bases (unweighted)			
White	*904*	*681*	*1585*
BME	*593*	*879*	*1472*
Ethnic group unknown	*50*	*86*	*136*
All	*1547*	*1646*	*3193*
Bases (weighted)			
White	*1624*	*263*	*1887*
BME	*462*	*712*	*1174*
Ethnic group unknown	*66*	*58*	*124*
All	*2152*	*1033*	*3185*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 4.19

Whether treated fairly in revalidation among doctors with experience of revalidation, by ethnicity and sex

Doctors who are going through or have been through revalidation

Whether treated fairly during revalidation	Ethnicity			All doctors with experience of revalidation
	White %	BME* %	Unknown** %	%
Men				
Yes	83	81	***	82
No	10	7	***	9
Don't know	6	12	***	9
Women				
Yes	91	83	***	88
No	5	7	***	5
Don't know	5	10	***	7
All				
Yes	86	82	[70]	84
No	8	7	[10]	8
Don't know	6	11	[20]	8
Bases (unweighted)				
Men	*283*	*249*	*27*	*559*
Women	*188*	*131*	*15*	*334*
All	*471*	*380*	*42*	*893*
Bases (weighted)				
Men	*346*	*196*	*23*	*565*
Women	*217*	*105*	*8*	*331*
All	*564*	*301*	*31*	*896*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

***Estimates not shown because of small base sizes.

Table 4.20

Whether treated fairly in revalidation among doctors with experience of revalidation, by place of qualification and ethnic group

Doctors who are going through or have been through revalidation

Whether treated fairly during revalidation	Place of primary medical qualification (PMQ)		All doctors with experience of revalidation
	United Kingdom (UK)	Another country outside of the UK	
	%	%	%
White			
Yes	86	87	86
No	8	6	8
Don't know	6	7	6
BME*			
Yes	81	83	82
No	9	6	7
Don't know	11	12	11
Ethnic group unknown**			
Yes	***	***	70
No	***	***	10
Don't know	***	***	20
All			
Yes	85	83	84
No	9	6	8
Don't know	7	12	8
Bases (unweighted)			
White	*276*	*195*	*471*
BME	*161*	*219*	*380*
Ethnic group unknown	*8*	*34*	*42*
All	*445*	*448*	*893*
Bases (weighted)			
White	*484*	*80*	*564*
BME	*125*	*176*	*301*
Ethnic group unknown	*7*	*24*	*31*
All	*617*	*279*	*896*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

***Estimates not shown because of small base sizes.

Table 4.21

Expectations of fair treatment in revalidation among doctors with no experience of revalidation, by ethnicity and sex

Doctors who have not yet been through revalidation

Whether expected to be treated fairly during revalidation	Ethnicity			All doctors with no experience of revalidation
	White	BME*	Unknown**	
	%	%	%	%
Men				
Yes	79	71	65	74
No	10	10	9	10
Don't know	11	19	26	16
Women				
Yes	83	69	64	78
No	3	6	1	4
Don't know	14	25	34	18
All				
Yes	81	70	65	76
No	6	8	6	7
Don't know	13	22	29	17
Bases (unweighted)				
Men	*557*	*709*	*66*	*1332*
Women	*648*	*453*	*50*	*1151*
All	*1205*	*1162*	*116*	*2483*
Bases (weighted)				
Men	*630*	*559*	*67*	*1256*
Women	*810*	*368*	*48*	*1226*
All	*1440*	*927*	*115*	*2482*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 4.22

Expectations of fair treatment in revalidation among doctors with no experience of revalidation, by place of qualification and ethnic group

Doctors who have not yet been through revalidation

Whether expected to be treated fairly during revalidation	Place of primary medical qualification (PMQ)		All doctors with no experience of revalidation
	United Kingdom (UK)	Another country outside of the UK	
	%	%	%
White			
Yes	82	75	81
No	6	7	6
Don't know	12	18	13
BME*			
Yes	73	68	70
No	10	7	8
Don't know	17	25	22
Ethnic group unknown**			
Yes	72	52	65
No	5	7	6
Don't know	22	41	29
All			
Yes	80	69	76
No	7	7	7
Don't know	13	24	17
Bases (unweighted)			
White	*685*	*520*	*1205*
BME	*455*	*707*	*1162*
Ethnic group unknown	*52*	*64*	*116*
All	*1192*	*1291*	*2483*
Bases (weighted)			
White	*1242*	*198*	*1440*
BME	*351*	*577*	*927*
Ethnic group unknown	*72*	*43*	*115*
All	*1664*	*818*	*2482*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

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Table 5.1

Fairness in investigation of concerns, by ethnicity and sex

All doctors

Fairness in investigation of concerns	Ethnicity					All BME doctors*	All doctors
	White/ White British %	Asian/ Asian British %	Black/ Black British %	Other** %	Unknown %	%	%
Men							
Fair for all doctors	25	26	17	34	15	27	25
Fair for the majority of doctors	60	54	63	43	55	52	57
Fair for a minority of doctors	11	18	14	20	25	18	14
Not fair for any doctor	4	3	6	3	5	3	4
Women							
Fair for all doctors	28	31	[28]	30	[11]	31	29
Fair for the majority of doctors	63	55	[58]	60	[69]	56	61
Fair for a minority of doctors	7	11	[12]	10	[19]	11	9
Not fair for any doctor	2	3	[2]	0	[1]	2	2
All							
Fair for all doctors	27	28	21	33	14	28	27
Fair for the majority of doctors	61	54	61	49	60	54	59
Fair for a minority of doctors	9	15	13	16	23	15	12
Not fair for any doctor	3	3	4	2	4	3	3
Bases (unweighted)							
Men	*751*	*598*	*81*	*181*	*75*	*860*	*1686*
Women	*671*	*361*	*49*	*82*	*43*	*492*	*1206*
All	*1422*	*959*	*130*	*263*	*118*	*1352*	*2892*
Bases (weighted)							
Men	*879*	*470*	*67*	*135*	*74*	*672*	*1625*
Women	*847*	*290*	*39*	*73*	*40*	*402*	*1288*
All	*1725*	*760*	*106*	*208*	*114*	*1074*	*2913*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 5.2

Fairness in investigation of concerns, by place of qualification and ethnic group

All doctors

Fairness in investigation of concerns	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK)	Outside the UK	
	%	%	%
White			
Fair for all doctors	26	32	27
Fair for the majority of doctors	62	55	61
Fair for a minority of doctors	9	10	9
Not fair for any doctor	3	3	3
BME*			
Fair for all doctors	27	29	28
Fair for the majority of doctors	54	54	54
Fair for a minority of doctors	17	14	15
Not fair for any doctor	2	3	3
Ethnic group unknown**			
Fair for all doctors	[8]	23	14
Fair for the majority of doctors	[67]	49	60
Fair for a minority of doctors	[24]	21	23
Not fair for any doctor	[2]	6	4
All			
Fair for all doctors	25	29	27
Fair for the majority of doctors	61	54	59
Fair for a minority of doctors	11	13	12
Not fair for any doctor	3	3	3
Bases (unweighted)			
White	*836*	*586*	*1422*
BME	*535*	*817*	*1352*
Ethnic group unknown	*48*	*70*	*118*
All	*1419*	*1473*	*2892*
Bases (weighted)			
White	*1497*	*228*	*1725*
BME	*411*	*663*	*1074*
Ethnic group unknown	*66*	*48*	*114*
All	*1974*	*939*	*2913*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 5.3

Whether would be treated fairly in investigations of concerns, by ethnicity and sex

All doctors

Whether would be treated fairly in investigation of concerns	Ethnicity					All BME doctors*	All doctors
	White/ White British	Asian/ Asian British	Black/ Black British	Other**	Unknown		
	%	%	%	%	%	%	%
Men							
Yes	78	73	75	74	65	73	75
No	22	27	25	26	35	27	25
Women							
Yes	89	87	[79]	85	[71]	85	87
No	11	13	[21]	15	[29]	15	13
All							
Yes	83	78	77	77	67	78	81
No	17	22	23	23	33	22	19
Bases (unweighted)							
Men	*678*	*508*	*61*	*163*	*55*	*732*	*1465*
Women	*612*	*287*	*43*	*67*	*33*	*397*	*1042*
All	*1290*	*795*	*104*	*230*	*88*	*1129*	*2507*
Bases (weighted)							
Men	*799*	*402*	*51*	*126*	*55*	*579*	*1432*
Women	*765*	*229*	*34*	*60*	*35*	*323*	*1124*
All	*1564*	*632*	*84*	*187*	*90*	*902*	*2556*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 5.4

Whether would be treated fairly in investigations of concerns, by place of qualification and ethnic group

All doctors

Whether would be treated fairly in the investigation of concerns	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK) %	Outside the UK %	%
White			
Yes	83	85	83
No	17	15	17
BME*			
Yes	76	78	78
No	24	22	22
Ethnic group unknown**			
Yes	[67]	[67]	67
No	[33]	[33]	33
All			
Yes	81	80	81
No	19	20	19
Bases (unweighted)			
White	*753*	*537*	*1290*
BME	*478*	*651*	*1129*
Ethnic group unknown	*42*	*46*	*88*
All	*1273*	*1234*	*2507*
Bases (weighted)			
White	*1355*	*209*	*1564*
BME	*371*	*531*	*902*
Ethnic group unknown	*58*	*32*	*90*
All	*1784*	*772*	*2556*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 5.5

Most commonly mentioned reasons for unfairness, by place of qualification and ethnic group

All doctors who thought they wouldn't be treated fairly

Most commonly mentioned reasons why think might not be treated fairly by the GMC during an investigation*	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK) %	Outside the UK %	%
White			
Ethnicity	0	9	1
Training in a particular country	-	7	1
Previous cases suggest unfairness	19	9	18
Previous experience suggests unfairness	6	1	6
Process is biased against the doctor	38	31	37
Process is not objective/transparent	6	4	6
Lack of confidence in the GMC	20	21	20
Other	12	10	12
BME**			
Ethnicity	23	30	27
Training in a particular country	-	8	4
Previous cases suggest unfairness	8	9	9
Previous experience suggests unfairness	4	6	5
Process is biased against the doctor	29	18	23
Process is not objective/transparent	2	3	3
Lack of confidence in the GMC	11	8	9
Other	8	7	7
All***			
Ethnicity	6	26	13
Training in a particular country	-	8	2
Previous cases suggest unfairness	16	9	14
Previous experience suggests unfairness	6	5	5
Process is biased against the doctor	35	20	31
Process is not objective/transparent	5	3	4
Lack of confidence in the GMC	18	11	16
Other	11	8	10
Bases (unweighted)			
White	*133*	*81*	*214*
BME	*105*	*140*	*245*
All	*238*	*221*	*459*
Bases (weighted)			
White	*231*	*31*	*262*
BME	*87*	*115*	*202*
All	*318*	*146*	*464*

*The categories were not mutually exclusive, so percentages do not sum to 100.

** BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

***All includes all doctors who gave their ethnic group

Table 5.6

Whether concerns raised by different stakeholders should have equal weight, by ethnicity and sex

All doctors

Whether all concerns should have equal weight	Ethnicity					All BME doctors*	All doctors
	White/ White British %	Asian/ Asian British %	Black/ Black British %	Other** %	Unknown %	%	%
Men							
Yes	48	65	69	57	50	64	54
No	52	35	31	43	50	36	46
Women							
Yes	56	71	69	63	[53]	69	60
No	44	29	31	37	[47]	31	40
All							
Yes	52	67	69	59	51	66	57
No	48	33	31	41	49	34	43
Bases (unweighted)							
Men	*821*	*614*	*91*	*190*	*75*	*895*	*1791*
Women	*783*	*377*	*62*	*86*	*44*	*525*	*1352*
All	*1604*	*991*	*153*	*276*	*119*	*1420*	*3143*
Bases (weighted)							
Men	*961*	*487*	*74*	*143*	*75*	*704*	*1741*
Women	*965*	*300*	*49*	*77*	*41*	*426*	*1432*
All	*1927*	*787*	*123*	*219*	*116*	*1130*	*3173*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 5.7

Whether all concerns raised by different stakeholders should have equal weight, by place of qualification and ethnic group

All doctors

Whether all concerns should have equal weight	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK)	Outside the UK	
	%	%	%
White			
Yes	51	60	52
No	49	40	48
BME*			
Yes	54	74	66
No	46	26	34
Ethnic group unknown**			
Yes	45	60	51
No	55	40	49
All			
Yes	51	69	57
No	49	31	43
Bases (unweighted)			
White	*925*	*679*	*1604*
BME	*576*	*844*	*1420*
Ethnic group unknown	*54*	*65*	*119*
All	*1555*	*1588*	*3143*
Bases (weighted)			
White	*1662*	*265*	*1927*
BME	*446*	*684*	*1130*
Ethnic group unknown	*70*	*46*	*116*
All	*2178*	*995*	*3173*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 5.8

Most commonly mentioned reasons why concerns should not be treated in the same way, by place of qualification and ethnic group

All doctors who thought not all concerns should be treated in the same way

Most commonly mentioned reasons why concerns should not be treated in the same way*	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK) %	Outside the UK %	%
White			
Concerns may be malicious	31	25	30
Concerns from patients may be unreliable or based on lack of knowledge	8	9	9
All complaints should have a basic validity check	21	21	21
Depends who makes the complaint	9	9	9
Complaints from colleagues more serious	10	9	10
Each case is different	10	7	10
Other	11	10	11
BME*			
Concerns may be malicious	22	17	20
Concerns from patients may be unreliable or based on lack of knowledge	5	4	5
All complaints should have a basic validity check	21	25	23
Depends who makes the complaint	10	11	11
Complaints from colleagues more serious	9	4	6
Each case is different	8	12	10
Other	13	13	13
All**			
Concerns may be malicious	29	20	27
Concerns from patients may be unreliable or based on lack of knowledge	8	6	7
All complaints should have a basic validity check	21	24	22
Depends who makes the complaint	10	10	10
Complaints from colleagues more serious	10	6	9
Each case is different	9	10	10
Other	11	12	12
Bases (unweighted)			
White	*458*	*273*	*731*
BME	*257*	*219*	*476*
All	*715*	*492*	*1207*
Bases (weighted)			
White	*811*	*106*	*917*
BME	*204*	*179*	*383*
All	*1015*	*285*	*1299*

*The categories were not mutually exclusive, so percentages do not sum to 100.

** BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

***All includes all doctors who gave their ethnic group

Table 5.9

Groups most likely to be treated unfairly in the investigation of concerns, by ethnicity and sex

All doctors

Groups most likely to be treated unfairly in the investigation of concerns	Ethnicity					All BME doctors*	All doctors
	White/ White British	Asian/ Asian British	Black/ Black British	Other**	Unknown		
	%	%	%	%	%	%	%
Men							
Men	7	7	4	8	13	7	7
Women	3	1	4	2	4	1	2
Older doctors	13	12	7	14	23	12	13
Younger doctors	3	3	6	6	7	4	4
Doctors who qualified in UK	3	2	-	2	7	2	3
Doctors who qualified outside UK	22	49	59	41	46	49	34
White doctors	3	2	1	3	6	2	3
BME doctors	15	46	48	32	45	44	28
None of the above groups	69	36	31	50	43	38	55
Women							
Men	2	4	3	3	[2]	4	3
Women	2	5	5	3	[8]	5	3
Older doctors	8	14	13	14	[12]	14	10
Younger doctors	2	5	3	7	[5]	5	3
Doctors who qualified in UK	2	2	3	2	[-]	2	2
Doctors who qualified outside UK	23	50	50	39	[41]	48	31
White doctors	2	2	1	4	[-]	2	2
BME doctors	10	31	43	26	[30]	31	17
None of the above groups	71	42	36	46	[56]	42	62
All							
Men	4	6	4	6	9	6	5
Women	3	2	4	3	6	3	3
Older doctors	10	13	9	14	19	13	11
Younger doctors	3	3	5	6	6	4	3
Doctors who qualified in UK	2	2	1	2	5	2	2
Doctors who qualified outside UK	23	49	56	40	44	48	33
White doctors	2	2	1	3	4	2	2
BME doctors	12	40	46	30	39	39	23
None of the above groups	70	38	33	48	48	40	58
Bases (unweighted)							
Men	*780*	*621*	*90*	*184*	*65*	*895*	*1740*
Women	*769*	*384*	*61*	*95*	*41*	*540*	*1350*
All	*1549*	*1005*	*151*	*279*	*106*	*1435*	*3090*
Bases (weighted)							
Men	*905*	*496*	*75*	*138*	*63*	*709*	*1677*
Women	*934*	*309*	*49*	*83*	*37*	*441*	*1412*
All	*1839*	*805*	*123*	*221*	*100*	*1149*	*3088*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 5.10

Groups most likely to be treated unfairly in the investigation of concerns, by place of qualification and ethnic group

All doctors

Groups most likely to be treated unfairly in the investigation of concerns	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK)	Outside the UK	
	%	%	%
White			
Men	5	3	4
Women	2	4	3
Older doctors	10	9	10
Younger doctors	3	4	3
Doctors who qualified in UK	2	2	2
Doctors who qualified outside UK	21	37	23
White doctors	2	2	2
BME doctors	12	15	12
None of the above groups	72	58	70
BME*			
Men	9	4	6
Women	4	2	3
Older doctors	15	11	13
Younger doctors	6	3	4
Doctors who qualified in UK	3	1	2
Doctors who qualified outside UK	45	50	48
White doctors	3	1	2
BME doctors	37	40	39
None of the above groups	43	37	40
Ethnic group unknown**			
Men	[12]	5	9
Women	[4]	9	6
Older doctors	[23]	14	19
Younger doctors	[8]	4	6
Doctors who qualified in UK	[7]	2	5
Doctors who qualified outside UK	[32]	59	44
White doctors	[5]	3	4
BME doctors	[26]	56	39
None of the above groups	[60]	32	48
All			
Men	6	4	5
Women	3	3	3
Older doctors	12	11	11
Younger doctors	4	3	3
Doctors who qualified in UK	3	1	2
Doctors who qualified outside UK	26	47	33
White doctors	3	1	2
BME doctors	18	34	23
None of the above groups	65	43	58
Bases (unweighted)			
White	*879*	*670*	*1549*
BME	*576*	*859*	*1435*
Ethnic group unknown	*42*	*64*	*106*
All	*1497*	*1593*	*3090*
Bases (weighted)			
White	*1578*	*261*	*1839*
BME	*453*	*697*	*1149*
Ethnic group unknown	*55*	*45*	*100*
All	*2086*	*1002*	*3088*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

**Ethnic group unknown refers to doctors who did not disclose their ethnic group.

Table 5.11

Fairness in outcomes of fitness to practise, by ethnicity and sex

All doctors

Fairness in outcomes of fitness to practise	Ethnicity					All BME doctors*	All doctors
	White/ White British %	Asian/ Asian British %	Black/ Black British %	Other** %	Unknown %	%	%
Men							
Fair for all doctors	14	20	13	18	17	19	16
Fair for the majority of doctors	75	62	75	62	59	63	69
Fair for a minority of doctors	9	17	12	18	21	17	13
Not fair for any doctor	2	1	-	1	4	1	2
Women							
Fair for all doctors	14	18	[13]	14	***	17	15
Fair for the majority of doctors	81	72	[73]	75	***	72	78
Fair for a minority of doctors	4	9	[12]	11	***	10	7
Not fair for any doctor	1	1	[2]	-	***	1	1
All							
Fair for all doctors	14	19	13	17	14	18	16
Fair for the majority of doctors	78	66	74	67	61	67	73
Fair for a minority of doctors	7	14	12	16	22	14	10
Not fair for any doctor	1	1	1	1	2	1	1
Bases (unweighted)							
Men	*714*	*575*	*77*	*168*	*50*	*820*	*1584*
Women	*639*	*345*	*46*	*75*	*27*	*466*	*1132*
All	*1353*	*920*	*123*	*243*	*77*	*1286*	*2716*
Bases (weighted)							
Men	*838*	*454*	*65*	*126*	*45*	*644*	*1527*
Women	*788*	*280*	*37*	*66*	*26*	*383*	*1197*
All	*1625*	*734*	*102*	*192*	*71*	*1028*	*2724*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

***Estimates not shown because of small base sizes.

Table 5.12

Fairness in outcomes of fitness to practise, by place of qualification and ethnic group

All doctors

Fairness in outcomes of fitness to practise	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK)	Outside the UK	
	%	%	%
White			
Fair for all doctors	12	24	14
Fair for the majority of doctors	80	66	78
Fair for a minority of doctors	7	8	7
Not fair for any doctor	1	2	1
BME*			
Fair for all doctors	14	21	18
Fair for the majority of doctors	71	64	67
Fair for a minority of doctors	14	14	14
Not fair for any doctor	0	1	1
Ethnic group unknown**			
Fair for all doctors	***	***	14
Fair for the majority of doctors	***	***	61
Fair for a minority of doctors	***	***	22
Not fair for any doctor	***	***	2
All			
Fair for all doctors	13	22	16
Fair for the majority of doctors	78	64	73
Fair for a minority of doctors	9	13	10
Not fair for any doctor	1	1	1
Bases (unweighted)			
White	*784*	*569*	*1353*
BME	*504*	*782*	*1286*
Ethnic group unknown	*28*	*49*	*77*
All	*1316*	*1400*	*2716*
Bases (weighted)			
White	*1403*	*222*	*1625*
BME	*393*	*635*	*1028*
Ethnic group unknown	*35*	*36*	*71*
All	*1831*	*893*	*2724*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.
**Ethnic group unknown refers to doctors who did not disclose their ethnic group.
***Estimates not shown because of small base sizes.

Table 5.13

Whether fitness to practise outcomes are based on relevant evidence, by ethnicity and sex

All doctors

Whether fitness to practise outcomes are based on relevant evidence	Ethnicity					All BME doctors*	All doctors
	White/ White British %	Asian/ Asian British %	Black/ Black British %	Other** %	Unknown %	%	%
Men							
All of the time	10	13	8	11	***	12	11
Most of the time	63	63	67	60	***	63	62
Some of the time	25	24	25	25	***	24	25
None of the time	2	0	-	4	***	1	2
Women							
All of the time	12	11	[13]	12	***	12	12
Most of the time	70	68	[54]	68	***	67	69
Some of the time	17	20	[31]	20	***	21	18
None of the time	1	1	[2]	-	***	1	1
All							
All of the time	11	12	10	11	6	12	11
Most of the time	66	65	62	63	62	64	65
Some of the time	21	22	27	23	27	23	22
None of the time	2	1	1	3	4	1	1
Bases (unweighted)							
Men	*673*	*553*	*69*	*165*	*43*	*787*	*1503*
Women	*597*	*320*	*45*	*67*	*24*	*432*	*1053*
All	*1270*	*873*	*114*	*232*	*67*	*1219*	*2556*
Bases (weighted)							
Men	*788*	*437*	*58*	*125*	*38*	*620*	*1446*
Women	*708*	*258*	*36*	*62*	*21*	*355*	*1084*
All	*1496*	*695*	*94*	*187*	*59*	*976*	*2530*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

***Estimates not shown because of small base sizes.

Table 5.14

Whether fitness to practise outcomes are based on relevant evidence, by place of qualification and ethnic group

All doctors

Whether fitness to practise outcomes are based on relevant evidence	**Place of primary medical qualification (PMQ)**		**All doctors**
	Within the United Kingdom (UK)	Outside the UK	
	%	%	%
White			
All of the time	11	14	11
Most of the time	67	63	66
Some of the time	21	20	21
None of the time	1	2	2
BME*			
All of the time	12	12	12
Most of the time	61	66	64
Some of the time	25	22	23
None of the time	2	1	1
Ethnic group unknown**			
All of the time	***	***	6
Most of the time	***	***	62
Some of the time	***	***	27
None of the time	***	***	4
All			
All of the time	11	12	11
Most of the time	65	65	65
Some of the time	22	22	22
None of the time	2	1	1
Bases (unweighted)			
White	*712*	*558*	*1270*
BME	*486*	*733*	*1219*
Ethnic group unknown	*23*	*44*	*67*
All	*1221*	*1335*	*2556*
Bases (weighted)			
White	*1276*	*220*	*1496*
BME	*380*	*596*	*976*
Ethnic group unknown	*28*	*30*	*59*
All	*1685*	*846*	*2530*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.
**Ethnic group unknown refers to doctors who did not disclose their ethnic group.
***Estimates not shown because of small base sizes.

Table 5.15

How likely concerns raised about oneself would be upheld, relative to others, by ethnicity and sex

All doctors

Likelihood of concerns being upheld	Ethnicity					All BME doctors*	All doctors
	White/ White British	Asian/ Asian British	Black/ Black British	Other**	Unknown		
	%	%	%	%	%	%	%
Men							
Much more likely	2	10	13	9	***	10	5
More likely	6	26	23	18	***	24	13
Just as likely	84	52	55	62	***	55	72
Less likely	7	9	8	7	***	8	8
Much less likely	1	4	1	3	***	3	2
Women							
Much more likely	2	7	[3]	6	***	6	3
More likely	5	20	[21]	6	***	18	9
Just as likely	88	68	[64]	82	***	70	82
Less likely	5	4	[9]	5	***	5	5
Much less likely	1	1	[3]	1	***	1	1
All							
Much more likely	2	9	9	8	5	8	4
More likely	5	24	22	14	19	21	11
Just as likely	86	58	59	70	65	61	77
Less likely	6	7	8	6	7	7	6
Much less likely	1	3	2	2	5	3	2
Bases (unweighted)							
Men	*733*	*539*	*63*	*154*	*39*	*756*	*1528*
Women	*681*	*332*	*48*	*75*	*24*	*455*	*1160*
All	*1414*	*871*	*111*	*229*	*63*	*1211*	*2688*
Bases (weighted)							
Men	*856*	*426*	*54*	*115*	*40*	*595*	*1492*
Women	*846*	*264*	*38*	*68*	*22*	*369*	*1238*
All	*1703*	*690*	*92*	*183*	*62*	*965*	*2730*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

***Estimates not shown because of small base sizes.

Table 5.16

How likely concerns raised about oneself would be upheld, relative to others, by place of qualification and ethnic group

All doctors

Likelihood of concerns being upheld	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK)	Outside the UK	
	%	%	%
White			
Much more likely	0	10	2
More likely	3	17	5
Just as likely	89	67	86
Less likely	6	5	6
Much less likely	1	1	1
BME*			
Much more likely	4	11	8
More likely	12	28	21
Just as likely	77	49	61
Less likely	6	8	7
Much less likely	1	3	3
Ethnic group unknown**			
Much more likely	***	***	5
More likely	***	***	19
Just as likely	***	***	65
Less likely	***	***	7
Much less likely	***	***	5
All			
Much more likely	1	11	4
More likely	5	25	11
Just as likely	86	54	77
Less likely	6	7	6
Much less likely	1	3	2
Bases (unweighted)			
White	*820*	*594*	*1414*
BME	*520*	*691*	*1211*
Ethnic group unknown	*26*	*37*	*63*
All	*1366*	*1322*	*2688*
Bases (weighted)			
White	*1474*	*229*	*1703*
BME	*405*	*560*	*965*
Ethnic group unknown	*36*	*26*	*62*
All	*1915*	*815*	*2730*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.
**Ethnic group unknown refers to doctors who did not disclose their ethnic group.
***Estimates not shown because of small base sizes.

Table 5.17

Whether would receive harsher outcomes than other doctors, by ethnicity and sex

All doctors

Whether would receive harsher outcomes	Ethnicity					All BME doctors*	All doctors
	White/ White British	Asian/ Asian British	Black/ Black British	Other**	Unknown		
	%	%	%	%	%	%	%
Men							
Yes	7	40	40	25	***	37	20
No	93	60	60	75	***	63	80
Women							
Yes	3	22	[32]	14	***	22	9
No	97	78	[68]	86	***	78	91
All							
Yes	5	33	36	21	31	31	15
No	95	67	64	79	69	69	85
Bases (unweighted)							
Men	*712*	*510*	*62*	*161*	*46*	*733*	*1491*
Women	*714*	*305*	*48*	*79*	*21*	*432*	*1167*
All	*1426*	*815*	*110*	*240*	*67*	*1165*	*2658*
Bases (weighted)							
Men	*843*	*405*	*52*	*122*	*47*	*579*	*1470*
Women	*888*	*242*	*37*	*71*	*21*	*349*	*1258*
All	*1731*	*647*	*89*	*192*	*69*	*928*	*2728*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

***Estimates not shown because of small base sizes.

Table 5.18

Whether would receive harsher outcomes than other doctors, by place of qualification and ethnic group

All doctors

Whether would receive harsher outcomes than other doctors	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK)	Outside the UK	
	%	%	%
White			
Yes	4	12	5
No	96	88	95
BME*			
Yes	20	39	31
No	80	61	69
Ethnic group unknown**			
Yes	***	***	31
No	***	***	69
All			
Yes	7	32	15
No	93	68	85
Bases (unweighted)			
White	*834*	*592*	*1426*
BME	*498*	*667*	*1165*
Ethnic group unknown	*29*	*38*	*67*
All	*1361*	*1297*	*2658*
Bases (weighted)			
White	*1503*	*228*	*1731*
BME	*385*	*543*	*928*
Ethnic group unknown	*41*	*27*	*69*
All	*1930*	*798*	*2728*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.
**Ethnic group unknown refers to doctors who did not disclose their ethnic group.
***Estimates not shown because of small base sizes.

Table 5.19

Groups likely to experience unfairness in fitness to practise outcomes, by ethnicity and sex

All doctors

Groups likely to experience unfairness in fitness to practise outcomes	Ethnicity					All BME doctors*	All doctors
	White/ White British	Asian/ Asian British	Black/ Black British	Other**	Unknown		
	%	%	%	%	%	%	%
Men							
Men	6	7	6	7	21	7	7
Women	2	0	3	1	6	1	1
Older doctors	11	12	7	14	18	12	12
Younger doctors	2	2	3	5	7	3	3
Doctors who qualified in UK	2	2	3	6	6	3	2
Doctors who qualified outside UK	22	48	53	40	41	47	33
White doctors	3	2	-	3	10	2	3
BME doctors	13	47	43	34	53	44	28
None of the above groups	69	36	36	46	37	38	55
Women							
Men	2	3	1	4	[3]	3	3
Women	2	6	6	8	[8]	6	4
Older doctors	8	13	7	16	[16]	13	10
Younger doctors	2	2	6	8	[1]	3	2
Doctors who qualified in UK	2	1	1	5	[10]	2	2
Doctors who qualified outside UK	24	48	60	33	[52]	46	31
White doctors	1	1	1	6	[4]	2	2
BME doctors	10	33	43	28	[33]	33	17
None of the above groups	70	41	37	46	[34]	42	61
All							
Men	4	6	4	6	14	6	5
Women	2	2	4	4	7	3	2
Older doctors	10	13	7	14	17	12	11
Younger doctors	2	2	4	6	5	3	2
Doctors who qualified in UK	2	1	2	6	7	2	2
Doctors who qualified outside UK	23	48	56	37	45	47	32
White doctors	2	2	1	4	8	2	2
BME doctors	11	42	43	32	46	40	23
None of the above groups	70	38	36	46	36	40	58
Bases (unweighted)							
Men	*780*	*617*	*94*	*187*	*49*	*898*	*1727*
Women	*762*	*389*	*60*	*94*	*31*	*543*	*1336*
All	*1542*	*1006*	*154*	*281*	*80*	*1441*	*3063*
Bases (weighted)							
Men	*905*	*492*	*78*	*140*	*46*	*709*	*1661*
Women	*931*	*312*	*48*	*83*	*25*	*443*	*1399*
All	*1836*	*804*	*126*	*222*	*71*	*1152*	*3059*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

Table 5.20

Groups likely to experience unfairness in fitness to practise outcomes, by place of qualification and ethnic group

All doctors

Groups likely to experience unfairness in fitness to practise outcomes	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK)	Outside the UK	
	%	%	%
White			
Men	4	4	4
Women	2	3	2
Older doctors	10	10	10
Younger doctors	2	4	2
Doctors who qualified in UK	2	2	2
Doctors who qualified outside UK	20	36	23
White doctors	2	2	2
BME doctors	11	14	11
None of the above groups	72	57	70
BME*			
Men	8	4	6
Women	4	2	3
Older doctors	15	10	12
Younger doctors	5	2	3
Doctors who qualified in UK	3	1	2
Doctors who qualified outside UK	45	48	47
White doctors	3	1	2
BME doctors	38	41	40
None of the above groups	42	38	40
Ethnic group unknown**			
Men	***	9	14
Women	***	8	7
Older doctors	***	14	17
Younger doctors	***	3	5
Doctors who qualified in UK	***	3	7
Doctors who qualified outside UK	***	61	45
White doctors	***	5	8
BME doctors	***	54	46
None of the above groups	***	24	36
All***			
Men	5	4	5
Women	2	3	2
Older doctors	11	10	11
Younger doctors	2	2	2
Doctors who qualified in UK	3	2	2
Doctors who qualified outside UK	26	45	32
White doctors	3	2	2
BME doctors	17	35	23
None of the above groups	65	43	58
Bases (unweighted)			
White	*877*	*665*	*1542*
BME	*576*	*865*	*1441*
Ethnic group unknown	*28*	*52*	*80*
All	*1481*	*1582*	*3063*
Bases (weighted)			
White	*1576*	*260*	*1836*
BME	*450*	*702*	*1152*
Ethnic group unknown	*35*	*37*	*71*
All	*2061*	*998*	*3059*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.
**Ethnic group unknown refers to doctors who did not disclose their ethnic group.
***Estimates not shown because of small base sizes.

Table 5.21

Views of changes of fairness in fitness to practise in the last 5 years, by ethnicity and sex

All doctors

Views of changes of fairness in fitness to practise	Ethnicity					All BME doctors*	All doctors
	White/ White British	Asian/ Asian British	Black/ Black British	Other**	Unknown		
	%	%	%	%	%	%	%
Men							
More fair now	23	30	31	26	***	29	26
As fair now	55	53	53	49	***	52	54
Less fair now	22	18	16	25	***	19	21
Women							
More fair now	28	40	[26]	26	***	36	31
As fair now	62	51	[61]	54	***	52	59
Less fair now	10	9	[14]	20	***	12	11
All							
More fair now	26	33	29	26	16	31	28
As fair now	58	52	56	51	62	52	56
Less fair now	16	15	15	23	22	16	16
Bases (unweighted)							
Men	*540*	*468*	*58*	*139*	*26*	*665*	*1231*
Women	*444*	*249*	*39*	*56*	*15*	*344*	*803*
All	*984*	*717*	*97*	*195*	*41*	*1009*	*2034*
Bases (weighted)							
Men	*632*	*370*	*50*	*107*	*25*	*528*	*1185*
Women	*546*	*198*	*31*	*51*	*12*	*279*	*838*
All	*1178*	*568*	*81*	*158*	*37*	*807*	*2023*

* All BME doctors include doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.

** Other includes doctors who gave their ethnic group as Mixed / Multiple or any other ethnic group.

***Estimates not shown because of small base sizes.

Table 5.22

Views of changes of fairness in fitness to practise in the last 5 years, by place of qualification and ethnic group

All doctors

Views of changes of fairness in fitness to practise	Place of primary medical qualification (PMQ)		All doctors
	Within the United Kingdom (UK)	Outside the UK	
	%	%	%
White			
More fair now	25	30	26
As fair now	59	55	58
Less fair now	16	16	16
BME*			
More fair now	25	35	31
As fair now	53	52	52
Less fair now	22	13	16
Ethnic group unknown**			
More fair now	***	***	[16]
As fair now	***	***	[62]
Less fair now	***	***	[22]
All			
More fair now	25	34	28
As fair now	57	53	56
Less fair now	18	14	16
Bases (unweighted)			
White	*570*	*414*	*984*
BME	*392*	*617*	*1009*
Ethnic group unknown	*16*	*25*	*41*
All	*978*	*1056*	*2034*
Bases (weighted)			
White	*1017*	*161*	*1178*
BME	*306*	*502*	*807*
Ethnic group unknown	*18*	*19*	*37*
All	*1341*	*682*	*2023*

* BME includes doctors who gave their ethnic group as Asian/Asian British, Black/African/Caribbean/Black British, Mixed / Multiple or any other ethnic group.
**Ethnic group unknown refers to doctors who did not disclose their ethnic group.
***Estimates not shown because of small base sizes.

Appendix 1 Qualitative findings: key themes

General views of the GMC

The qualitative research indicated a high level of confidence in the GMC's regulation of the profession. Participants in stage 1 of the research cited the need for an independent regulator, and felt that the GMC ensured high standards of care and practice. Some doctors described the GMC as an example to other countries.

There was some dissatisfaction with the balance achieved by the GMC between the interests of doctors and patients; some participants felt that this balance had changed over time and that the GMC currently favoured patients rather than doctors. This was seen as being a response to pressure from the public, media and politicians. As a result there was some anxiety expressed that where the interests of patients and doctors were in conflict, that doctors might not receive the backing they deserved from the GMC.

Registration

The qualitative research indicated general satisfaction with the registration process, although it was felt to work differently depending on where doctors had qualified. For UK-qualified doctors the system was regarded to be fairly straightforward. There were perceived differences in the way doctors who had qualified outside the UK were treated, and these raised some concerns. A key difference was the lack of parity in the registration process between International Medical Graduates and doctors who qualified in the EEA.

For doctors qualified in the EEA, the process was considered to be relatively easy in comparison to the stringent requirements placed on doctors who had qualified elsewhere. The main difference was considered to be the lack of an English language test for EEA nationals. Differences were seen to be related to European Union requirements, rather than the reality of their clinical background. As a result, some doctors felt that doctors who had qualified in the EEA were subject to lower standards of clinical competence and English language proficiency than those who had qualified elsewhere. In particular, doctors who had originally qualified outside Europe felt that the registration process should be uniform for all non-UK qualified doctors, regardless of where they had qualified.

Revalidation

The qualitative research took place at about the same time as revalidation was introduced. Doctors welcomed it as a positive development, but expressed doubts about how it would work in practice, and whether it would be possible to apply fairly and consistently. The central role of the Responsible Officer was a particular area of concern, for a number of reasons. The reliance on an individual made it possible that standards would vary, and some doctors had experience of unfairness within their own workplaces which might persist in the attitudes of Responsible Officers. There was also concern that doctors in some specialist areas, or alternatively, from particular backgrounds, might be judged by inappropriate standards.

Fitness to Practise

Findings from the qualitative stage of the research suggested that the GMC was seen by doctors as playing an important role in safeguarding patient safety, maintaining confidence in doctors as a profession and taking action if a doctor's fitness to practise is impaired. The perception of the role of the GMC as an independent arbiter in concerns about doctors by the public, colleagues and employers was particularly valued. This view was held even where criticisms were made of the way the GMC currently conducts this role.

Some doctors were concerned about fairness in the fitness to practise process. They identified two ways in which they thought that BME doctors and non-UK qualified doctors might be more at risk of unfairness:

- BME doctors – whether qualified in the UK or elsewhere – were thought to be more likely to be the subject of a complaint because of prejudice against them based on race or ethnicity. This might be compounded for some non-UK qualified doctors because of subtle language difficulties and differences in the way doctors interact with patients and colleagues arising from differences in culture.
- Decisions made by assessors and MTPS panel members may be prejudiced, either inadvertently or deliberately.

Perceived poor or inconsistent practices within the fitness to practise process in the qualitative stages of the research included:

- The fitness to practise process was seen to be too slow, which might impact on doctors' health and ability to keep up to date with practice. Simply having a complaint made against them was perceived to be enough to stigmatise a doctor professionally.
- Insufficient advice given to doctors during the process about rights and where to get support and help.
- The perception that evidence in the doctor's favour was not always given equal weight or was not considered. This may lead doctors to feel that they are being discriminated against.
- Perceived inconsistency in the severity of outcomes across fitness to practise cases. This led to the perception among some that BME doctors and non-UK qualified doctors had been or would be likely to be unfairly treated.
- The composition fitness to practise panels. The GMC were recognised positively for the efforts made in making panels more transparent but there remained a perception that panels needed to have broader membership and greater diversity.
- Employers' decisions to refer complaints to the GMC rather than deal with these locally.

Appendix 2 Qualitative research methods

Recruitment

This study aimed to use seven focus groups with qualified doctors practising in different parts of the UK. Six areas were selected on the basis of pseudonymised information from the GMC's register showing place of qualification, ethnicities of doctors in the area and lengths of practise. Locations were selected according to this profiling of areas across England, Scotland and Wales. In these selected areas the GMC sent an invitation by letter or email inviting doctors in the defined location and meeting specific criteria to opt into the study via a secure website hosted by NatCen or by calling the researchers who entered their details for them into the database.

A seventh group was organised for members of BME and overseas qualified doctors' representative organisations since it was felt they would have important views that may otherwise be missed. These groups were contacted via representatives of the GMC's BME forum and by direct contact with a number of such groups. In both cases participants were selected to be as diverse as possible. For this group it was not possible to invite everyone who wished to take part as it was greatly over-subscribed.

Sample

The achieved sample involved four focus groups and six individual depth-interviews with a total of **27 participants**. Unsuccessful recruitment and low attendance was due to three factors – recruitment happening over the Christmas period, limits on the number of approaches made to opt-in sample members[10]; and significant snowfall in Scotland on the days groups were scheduled. Participants in Scotland were offered depth telephone interviews in place of groups. The criteria for participation in each group, broad location, issues arising in specific locations and number of participants are shown in Table 1 below.

Despite a more limited sample than planned, we achieved reasonable diversity in terms of place of qualification, length of practise, area of practise (e.g. GPs and specialists) and whether or not participants had direct experience of the GMC after registration. In terms of ethnicity, South Asian, Chinese and White doctors (both UK qualified and qualified in the European Economic Area) were included but doctors from Black African and Caribbean ethnicities were a significant missing group. Men were better represented than women, although female doctors took part.

[10] The GMC has been criticised by doctors for the volume of emails and communications it sends to doctors on the register. As a result, the GMC wanted to restrict communications with doctors to an initial approach and one reminder. For four of the groups a technical error meant the initial invitation had to be sent twice relatively close together rather than an initial email followed by a reminder nearer the time of the group. This is in contrast to the usual opt-in approach of multiple reminders.

Table 1 Achieved focus groups and depth interviews		
Criteria for selection	**Location, *and issues arising***	**Number of participants**
Doctors who were members of BME doctors' organisations (e.g. BAPIO, BIDA, etc.)	North West of England	7 as a focus group
UK qualified doctors from BME groups practising in the UK for up to 15 years	South London	6 as a focus group
White doctors qualified in the UK practising in the UK up to 15 years	North London, *due to low recruitment the group was extended to include white doctors practising more than 15 years and white doctors from the EEA*	4 as a focus group
UK qualified doctors from BME groups practising in the UK for 15 years or more	South Wales	1 as a depth interview
Non-UK qualified doctors practising in the UK for up to 15 years	Scotland *–2 doctors declined the offer of individual interview instead of the cancelled group*	1 as a depth interview
Non-UK qualified doctors practising in the UK for 15 years or more	North East of England	4 as a focus group
White doctors practising in the UK for 15 years or more	Scotland, *snow meant that participants were unsure whether they could attend the group an individual depth interviews were offered instead*	4 as individual depth interviews

Fieldwork

Fieldwork was conducted in December 2012 and January 2013. The groups were conducted using a topic guide agreed with the GMC and the GMC's BME Doctors Forum that was subsequently adapted to facilitate depth interviews too (see Appendix 5). The focus groups lasted 1.5 hours and the depth interview from 30 minutes to 1 hour. Participants were given a thank you payment of £50 and travel expenses if they wanted to claim them.

Analysis

Groups and depth interviews were digitally recorded with the permission of participants and transcribed verbatim. The data was managed using *Framework in NVivo*, an approach to data management and analysis developed by researchers at NatCen that allows researchers to map and explore data by case and thematically.

Appendix 3 The survey questionnaire

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<BarcodeLabel>

Serial <Serial number> <CL1>

P10039

Serial 001 – 006
CKL 007
Card (1) 008
Batch 009 - 013

Spare Columns
014 - 024

Views on fairness and the General Medical Council

Completing the questionnaire

The questions inside ask about a number of things relating to the General Medical Council. Most questions can be answered by ticking the box next to the answer which applies to you and following the arrows which tell you which question to answer next. If there are no arrows, simply carry on to the next question. Some questions ask you to write in your own answer.

EXAMPLE QUESTION

Q1 Did you have breakfast this morning?

Yes ☑ 1 ➔ **Q2**

No ☐ 2 ➔ **Q3 on Page 2**

When you have finished answering the questionnaire, please return it to us in the postage paid envelope provided.

THANK YOU FOR YOUR HELP

The General Medical Council

To start with we'd like to ask you a couple of questions about your confidence in the General Medical Council (GMC) in general.

Q1 In your experience, how confident are you in the way that doctors are regulated by the GMC?

Tick <u>one</u> box only

025

- Very confident ☐ 1
- Fairly confident ☐ 2
- Not very confident ☐ 3
- Not at all confident ☐ 4
- I don't know ☐ 8

Q2 In your experience, how confident are you in the way that the GMC protects the health and safety of the public?

Tick <u>one</u> box only

026

- Very confident ☐ 1
- Fairly confident ☐ 2
- Not very confident ☐ 3
- Not at all confident ☐ 4
- I don't know ☐ 8

Getting on the register

All doctors wishing to work in the UK as a doctor must register with the GMC. Some aspects of the process for joining the register are different for graduates from the UK and graduates from the rest of the world.

Q3 Which of the following statements best describes your view of the registration process for doctors?

Tick <u>one</u> box only

027

- The registration process is fair for all doctors ☐ 1
- The registration process is fair for the majority of doctors ☐ 2
- The registration process is fair for a minority of doctors ☐ 3
- The registration process is not fair for any doctor ☐ 4
- I don't know ☐ 8

Q4 Which, if any, of the following groups do you think should have an English language test as part of the registration process?

Tick all that apply

028 - 030

- Doctors who qualified in the UK ☐ 1
- Doctors who qualified in the European Economic Area or Switzerland ☐ 2
- Doctors who qualified outside the UK, European Economic Area and Switzerland ☐ 3
- No doctor should have to take a language test to get on the register ☐ 4

Q5 In your opinion, which of the following groups, if any, do you think are more likely to be treated unfairly when applying to join the register?

Tick all that apply

031 - 052

- **Men** ☐ 01
- **Women** ☐ 02
- **Older doctors** (aged 50 and over) ☐ 03
- **Younger doctors** (aged 49 and under) ☐ 04
- Doctors who **qualified in the UK** ☐ 05
- Doctors who **qualified outside of the U**K ☐ 06
- **White doctors** (including White British, Irish and any other White background) ☐ 07
- **Black or Black British doctors** (including Caribbean, African and any other Black background) ☐ 08
- **Asian or Asian British doctors** (including Indian, Pakistani, Bangladeshi , Chinese and any other Asian background) ☐ 09
- Doctors from a **mixed /multiple ethnic background** (including White and Black Caribbean, White and Black African, White and Asian or any other Mixed / Multiple ethnic background) ☐ 10
- Doctors from any **other ethnic background** (including Arab) ☐ 11
- **None of the above** groups ☐ 12

Spare Columns 053 - 074

Revalidation

Revalidation is the process that all doctors need to go through on a regular basis to demonstrate that their practice is up to date. Revalidation started on 3 December 2012 and some doctors have already been through the process in the first 6 months of 2013. The GMC expect to revalidate the majority of licensed doctors in the UK for the first time by March 2016.

Q6 How valuable do you think revalidation will be for the profession?

Tick <u>one</u> box only

075

- Of great value ☐ 1
- Of some value ☐ 2
- Of little value ☐ 3
- Of no value ☐ 4
- I don't know ☐ 8

Q7 How valuable do you think revalidation will be for you?

Tick <u>one</u> box only

076

- Of great value ☐ 1
- Of some value ☐ 2
- Of little value ☐ 3
- Of no value ☐ 4
- I don't know ☐ 8

Q8 How valuable do you think revalidation will be for ensuring patient safety?

Tick <u>one</u> box only

077

- Of great value ☐ 1
- Of some value ☐ 2
- Of little value ☐ 3
- Of no value ☐ 4
- I don't know ☐ 8

Q9 Which of the following statements best describes your view of revalidation for doctors?

Tick <u>one</u> box only

078

Revalidation is fair for all doctors	1	➔ **Q11**
Revalidation is fair for the majority of doctors	2	➔ **Q10**
Revalidation is fair for a minority of doctors	3	➔ **Q10**
Revalidation is not fair for any doctor	4	➔ **Q10**
I don't know	8	➔ **Q11**

Q10 What aspects of revalidation may cause unfair outcomes?

Tick <u>all</u> that apply

079 - 084

The appraisal framework	1
Gathering feedback from colleagues	2
Gathering feedback from patients	3
Input of the Responsible Officer	4
GMC final assessment	5
Something else	6
I don't know	8

Spare Columns 085 - 099

Q11 In your opinion, which of the following groups, if any, do you think are more likely to be treated unfairly during revalidation?

Tick all that apply

100 - 121

Men	01 ☐
Women	02 ☐
Older doctors (aged 50 and over)	03 ☐
Younger doctors (aged 49 and under)	04 ☐
Doctors who **qualified in the UK**	05 ☐
Doctors who **qualified outside of the U**K	06 ☐
White doctors (including White British, Irish and any other White background)	07 ☐
Black or Black British doctors (including Caribbean, African and any other Black background)	08 ☐
Asian or Asian British doctors (including Indian, Pakistani, Bangladeshi , Chinese and any other Asian background)	09 ☐
Doctors from a **mixed /multiple ethnic background** (including White and Black Caribbean, White and Black African, White and Asian or any other Mixed / Multiple ethnic background)	10 ☐
Doctors from any **other ethnic background** (including Arab)	11 ☐
None of the above groups	14 ☐

Spare Columns 122 - 129

Q12 Have you been through, or are your currently going through, revalidation?

Tick one box only

130

No, not yet been through revalidation	1 ☐	➔ **Q13**
Yes, have been through revalidation	2 ☐	➔ **Q15**
Yes, currently going through revalidation	3 ☐	➔ **Q15**

Q13 If you **have not been through revalidation**, do you think that you will be treated fairly during revalidation?

131

Yes ☐ 1 → **Q17**

No ☐ 2 → **Q14**

I don't know ☐ 8 → **Q17**

Q14 Why not?

132

→ **Q17**

Spare Columns 133 - 199

Q15 If you **have been or are currently going through revalidation**, do you think that you were/are being treated fairly during revalidation?

200

Yes ☐ 1 → **Q17**

No ☐ 2 → **Q16**

I don't know ☐ 8 → **Q17**

Q16 Why not?

201

Spare Columns 202 - 299

Concerns about doctors

This section of questions is about how the GMC deals with concerns raised about a doctor's fitness to practise. The questions are separated into two sections; the way that the GMC **investigates concerns**, and the **outcomes and decisions** that are made following their investigation.

Q17 Which of the following statements best describes your view of how the GMC **investigates concerns** about doctors?

Tick one box only

300

The GMC investigates concerns fairly for all doctors ☐ 1

The GMC investigates concerns fairly for the majority of doctors ☐ 2

The GMC investigates concerns fairly for a minority of doctors ☐ 3

The GMC does not investigate concerns fairly for any doctor ☐ 4

I don't know ☐ 8

Q18 If a concern was raised about you, do you think that you would be **treated fairly** by the GMC throughout the investigation process?

301

Yes ☐ 1 ➔ **Q20**

No ☐ 2 ➔ **Q19**

I don't know ☐ 8 ➔ **Q20**

Q19 Why not?

302

Spare Columns 303 - 349

Q20 In your opinion, **should** the GMC treat all concerns raised about doctors in the same way, regardless of who makes them?

350

Yes ☐ 1 ➔ **Q22**

No ☐ 2 ➔ **Q21**

I don't know ☐ 8 ➔ **Q22**

Q21 Why not?

351

Spare Columns 352 - 399

Q22 In your opinion, which of the following groups, if any, do you think are more likely to be treated unfairly in the **investigation process** if a concern was raised about them?

Tick all that apply

400 - 421

- **Men** ☐ 01
- **Women** ☐ 02
- **Older doctors** (aged 50 and over) ☐ 03
- **Younger doctors** (aged 49 and under) ☐ 04
- Doctors who **qualified in the UK** ☐ 05
- Doctors who **qualified outside of the UK** ☐ 06
- **White doctors** (including White British, Irish and any other White background) ☐ 07
- **Black or Black British doctors** (including Caribbean, African and any other Black background) ☐ 08
- **Asian or Asian British doctors** (including Indian, Pakistani, Bangladeshi , Chinese and any other Asian background) ☐ 09
- Doctors from a **mixed /multiple ethnic background** (including White and Black Caribbean, White and Black African, White and Asian or any other Mixed / Multiple ethnic background) ☐ 10
- Doctors from any **other ethnic background** (including Arab) ☐ 11
- **None of the above** groups ☐ 14

The next few questions are about **the outcomes** following the investigation that takes place when a concern is raised about a doctor. Outcomes include the final decisions made following an investigation and any sanctions that are applied.

Q23 Which of the following statements best describes your view of the **outcomes** of Fitness to Practise proceedings?

Tick one box only

422

- Outcomes are fair for all doctors ☐ 1
- Outcomes are fair for the majority of doctors ☐ 2
- Outcomes are fair for a minority of doctors ☐ 3
- Outcomes are not fair for any doctor ☐ 4
- I don't know ☐ 8

Q24 In your opinion, would you say that the **outcomes** of Fitness to Practise proceedings are **based on all of the relevant evidence**…

423

…..all of the time	☐	1
…..most of the time	☐	2
…..some of the time	☐	3
…..or none of the time?	☐	4
I don't know	☐	8

Q25 If a concern was raised **about you** to the GMC, do you think it would be more or less likely to be upheld than similar concerns raised about other doctors?

424

Much more likely	☐	1
More likely	☐	2
Just as likely	☐	3
Less likely	☐	4
Much less likely	☐	5
I don't know	☐	8

Q26 If a concern was upheld **about you**, do you think you would be more likely to receive harsher sanctions than other doctors would receive for a similar concern?

425

Yes	☐	1
No	☐	2
I don't know	☐	8

Q27 In your opinion, which of the following groups, if any, do you think are more likely to receive an unfair **outcome** if a concern was raised about them.

Tick all that apply

426 - 447

Men	01 ☐
Women	02 ☐
Older doctors (aged 50 and over)	03 ☐
Younger doctors (aged 49 and under)	04 ☐
Doctors who **qualified in the UK**	05 ☐
Doctors who **qualified outside of the UK**	06 ☐
White doctors (including White British, Irish and any other White background)	07 ☐
Black or Black British doctors (including Caribbean, African and any other Black background)	08 ☐
Asian or Asian British doctors (including Indian, Pakistani, Bangladeshi , Chinese and any other Asian background)	09 ☐
Doctors from a **mixed /multiple ethnic background** (including White and Black Caribbean, White and Black African, White and Asian or any other Mixed / Multiple ethnic background)	10 ☐
Doctors from any **other ethnic background** (including Arab)	11 ☐
None of the above groups	14 ☐

Q28 Which of the following statements best describes your view of the **changes to** Fitness to Practise proceedings in the last 5 years?

Tick one box only

448

Fitness to Practise proceedings are **more fair now** than they were 5 years ago	1 ☐
Fitness to Practise proceedings are **as fair now** as they were 5 years ago	2 ☐
Fitness to Practise proceedings are **less fair now** than they were 5 years ago	3 ☐
I don't know	8 ☐

Spare Columns 449 - 459

Information about you

To help us understand the views of different groups of doctors, please answer the following questions. This information will help us to better interpret the information you and other doctors give us.

Q29 What is your ethnic group?

Please choose <u>one</u> option that best describes your ethnic group or background.

460 - 461

White

- English/Welsh/Scottish/Northern Irish/British ☐ 01
- Irish ☐ 02
- Gypsy or Irish Traveller ☐ 03
- Any other White background ☐ 04

Mixed / Multiple ethnic groups

- White and Black Caribbean ☐ 05
- White and Black African ☐ 06
- White and Asian ☐ 07
- Any other Mixed / Multiple ethnic background ☐ 08

Asian / Asian British

- Indian ☐ 09
- Pakistani ☐ 10
- Bangladeshi ☐ 11
- Chinese ☐ 12
- Any other Asian background ☐ 13

Black / African / Caribbean / Black British

- African ☐ 14
- Caribbean ☐ 15
- Any other Black / African / Caribbean / Black British background ☐ 16

Other ethnic group:

- Arab ☐ 17
- Any other ethnic group ☐ 18

Q30 Which age group do you belong to?

Tick <u>one</u> box only

462

29 and under	1
30-39 years	2
40-49 years	3
50-59 years	4
60-69 years	5
70+ years	6

Q31 Where did you gain your Primary Medical Qualification?

Tick <u>one</u> box only

463

United Kingdom (UK)	1
The European Economic Area (EEA) or Switzerland	2
Another country outside of the UK, EEA and Switzerland	3

Q32 Please read the following statements and tick which best applies to your experience of the Fitness to Practice (FtP) process.

Tick <u>one</u> box only

464

I have **direct experience** of the FtP process. For example: as a complainant or directly subject to an investigation or to a FtP hearing; given evidence for another doctor who was being investigated; supported colleagues through the process.	1
I have **indirect experience or some knowledge** of the FtP process. For example: knowledge of colleagues who had received a complaint against them but no direct involvement; read reports or summaries of FtP cases on the GMC website, or in medical publications or the media.	2
I have **no experience or detailed knowledge** of the FtP process. For example: have heard of the FtP process but do not know about how the process works or the different stages involved; no knowledge of how many FtP cases there are annually.	3
I have **never heard of the FtP process**	4

Spare Columns 465 - 469

For office use only

470

☐ 1

☐ 2

☐ 8

471

Spare Columns 472 - 550

This is the end of the questionnaire. Thank you for completing this.

Please post this back to us in the postage paid envelope provided. Remember to remove and retain your letter from the front.

Appendix 4 Quantitative survey: Sampling and weighting

Sample design

The sample of doctors was drawn from the GMC's register. All doctors with a UK address and a license to practise on the register were eligible for selection; 206,691 doctors in total[11]. BME doctors were oversampled in order to ensure that enough responses were obtained to allow for meaningful analysis. The register was split into six strata based on ethnicity and place of qualification. Within each of strata the list was then sorted by numbers of years licensed (more or less than 15 years) and region. 6,781 doctors were then selected at random across the six strata. The numbers selected per stratum are given in Table 1.

Table 2 Sampling strata and selection weights

Sampling strata	Ethnicity	Place of qualification	Selected sample	Sampling frame
1	BME	UK	1,389	21,936
2	White	UK	1,389	86,782
3	Unknown[12]	UK	791	31,761
4	BME	Non-UK	1,389	38,255
5	White	Non-UK	1,389	15,480
6	Unknown	Non-UK	434	12,477
Total			**6,781**	**206,691**

The GMC added contact details to the list of selected doctors. A small number of doctors (139) were dropped due to incomplete address/name information meaning questionnaires were sent to 6,642 doctors.

Weighting

The first step was to generate a set of selection weights. These weights were generated as the inverse of the selection probabilities and adjust the profile of the issued sample to make it representative of the population of doctors on the GMC register with a UK address and a license to practise.

The second stage was to make an adjustment for non-response. A logistic regression model was used to model non-response behaviour. The outcome was whether or not the individual responded to the survey. The predictor variables were the doctor characteristics taken from the sampling frame. Only characteristics significantly related to response were kept in the final model. These were: sampling strata, length

[11] Some standard exclusion criteria were also applied including doctors who had applied for voluntary erasure and doctors who were on the temporary register.

[12] Doctors' provision of their ethnicity is voluntary and so a certain proportion of registrants have not provided this information.

of time since registration, whether they were involved in revalidation, whether they had an active fitness to practise (FtP) case and Region.

The model was used to generate a predicted probability of response. This is the probability that a doctor with those specific characteristics would complete the questionnaire. Doctors with characteristics associated with non-response were under-represented in the sample and therefore receive a low predicted probability. These predicted probabilities were then used to generate a set of non-response weights; participants with a low predicted probability got a larger weight, increasing their representation in the sample.

The final weight was the product of the selection weight and the non-response weight. It adjusts the sample to correct for bias due to unequal selection probabilities and non-response to the survey. Table 2 shows the profile of the final sample weighted by the non-response weight against the issued sample and the population.

Table 2 Profile of the population, issued sample and responding sample

	Population: eligible cases from the GP register (%)	**Issued sample weighted by selection weight (%)**	**Issued sample not weighted (%)**	**Responding sample weighted by final weight (%)**
Sampling strata				
BME (UK)	11	11	20	11
White (UK)	42	42	20	42
Unknown (UK)	15	15	12	15
BME (Non-UK)	19	19	20	19
White (Non-UK)	7	7	20	7
Unknown (Non-UK)	6	6	6	6
Ethnic Origin				
Missing	18	18	15	18
Asian or Asian British	21	21	28	20
Black or Black British	3	3	4	3
Mixed	2	2	3	2
Not stated	3	3	3	4
Other Ethnic Groups	4	4	6	4
White	49	49	41	49
Place of qualification				
Not UK	32	32	47	32
UK	68	68	53	68

Table 2 Profile of the population, issued sample and responding sample				
Time since registration				
Less than 15 yrs	59	59	65	59
15 yrs or more	41	41	35	41

Table 2 (continued)				
Sex				
Male	54	54	56	54
Female	46	46	44	46
On specialist register				
No	74	74	73	73
Yes	26	26	27	27
On GP register				
No	72	72	76	72
Yes	28	28	24	28
Involved in Revalidation				
No	97	97	98	97
Yes	3	3	2	3
Active FtP Case				
No	99	99	99	99
Yes	1	1	1	1
Active FtP Sanction				
No	99	99	99	99
Yes	1	1	1	1

Table 2 (continued)				
Region				
North East	4	4	4	4
North West	11	11	11	11
Yorkshire and The Humber	8	8	7	8
East Midlands	6	6	6	6
West Midlands	8	8	8	8
East of England	8	8	8	8
London	18	19	23	18
South East	13	13	12	13
South West	8	8	6	8
IOM and Channel Islands	0	0	0	0
Northern Ireland	3	3	2	3
Scotland	9	9	7	9
Wales	4	4	4	4
Base (unweighted)	**206,691**	**6,781**	**6,781**	**3,476**

Appendix 5 The qualitative topic guide

NatCen
Social Research that works for society

P10039 – FAIRNESS AND THE GENERAL MEDICAL COUNCIL
Perceptions of the GMC across ethnicity groups

FINAL VERSION: doctors topic guide v3

The study

This element of the research has the following **aims:**

Understand the perceptions of the GMC among BME doctors in terms of:

- The fairness, objectivity and transparency of the GMC
- The confidence they have in the GMC's methods of regulating doctors
- The extent to which the GMC is trusted to discharge their core activities
- Perceptions of whether the GMC treats BME doctors differently to others and what informs these perceptions
- Suggestions for challenging and improving any negative views about the fairness,

Aims of the group discussion:

- Map the understanding of the GMC's role
- Explore views of trust and confidence in how the GMC discharges it duties
- Explore whether doctors perceive any differences in the GMC's treatment of different groups of doctors: who is treated differently, how differences manifest
- Explore what is perceived to drive differences in treatment of different groups and view on these difference
- Understand the implications of theses perceptions on overall views of the GMC
- Generate suggestions for challenging negative views about fairness, objectivity and transparency

Guidance for interpretation and use of the topic guide:

The following guide does not contain pre-set questions but rather lists the key themes and sub-themes to be explored in the group. It does not include follow-up questions like 'why', 'when', 'how', etc. as participants' contributions will be fully explored throughout in order to understand how and why views and experiences have arisen. The order in which issues are addressed and the amount of time spent on different themes will vary between groups in response to the discussion generated in each group– the approximate length provided for each section can be used as a guide.

INTRODUCTION (5 minutes)

- Introduce researcher(s) and NatCen
- Explain that carrying out research on behalf of GMC but are fully independent from it

- Explain research:
- The GMC's wants to be a fair regulator, and for its stakeholders to recognize its efforts in this area.
- A key priority for the GMC is to be proactive in understanding any differences in the outcomes for certain groups from its activities. By law the regulator has 4 functions: setting the standards for the profession, registering doctors, dealing with concerns and complaints, and regulating medical education and training.
- Focus groups are a forerunner to a robust survey on these issues. Focus groups have 2 key roles:
    - Map the range of views and experiences in order to develop survey questions
    - Generate potential strategies for challenging the negative perceptions held about GMC's treatment of specific groups.
- Explain the discussion will last 1.5 hours. The discussion will focus on:
    - Understanding the awareness and perceptions of
        - The GMC's role
        - Whether it is fair in how it carries out its core duties
        - Whether and why this differs across different groups of doctors
        - Whether differences should occur for different groups and on what basis
        - Is there any more the GMC can do to make sure it is being fair to all doctors?
- Explain recording, data storage and confidentiality
- Explain reporting process and that individuals will not be identified in the report or the location of the group
- Ground rules for taking part
    - No right or wrong answers – wish to hear from everyone and are not seeking consensus. Having a different view from another colleague in the room is helpful and we're not asking you to achieve consensus or convince anyone else of your views on anything.
    - Participation is voluntary - can choose not to discuss any issue.
    - Participants should speak one at a time. This can feel unnatural but is crucial for recording purposes and we will jump in to manage this where needed
    - Would like an open discussion and debate – feel free to add your comments but respect each others views and speak one at a time.
- Check if any questions before we start (remind them they can have a break or stop at any time)
- Ask for permission to start recording and that you will ask for their verbal consent to take part in the interview once you have turned the recording on. Please go through each point on the consent form as part of a general discussion. Highlight the disclosure policy.

START RECORDING

- Ask the group for consent

1. Participant introduction (5-10 minutes)

Aim: to obtain information about the participants, introduce participants to one another and allow them to feel at ease in the group situation.

- Participant backgrounds – *very brief round robin, ask each participant to give details of:*
  - Name
  - Current role (where working, what area of medicine, job title)
  - Where qualified and how long practising in the UK
  - If practised elsewhere: how long practised there prior to coming to UK

2. General understanding and perceptions of the GMC (15 minutes)

Aim: to understand how doctors perceive the GMC, their different roles and functions. (Differences raised by different groups will be explored analytically) MODERATOR NOTE: explain that we'll start by talking about the GMC generally before going on to discuss each of its functions in more detail.

- Understanding of functions of the GMC

  SEEK SPONTANEOUS RESPONSE AND EXAMINE WHICH OF THE FOLLOWING FUNCTIONS ARE MORE OR LESS PROMINENT AND WHY

  - Controlling entry to the register for all doctors who want to practise in the UK, including doctors who qualified overseas.
  - Protecting public safety
  - Dealing with complaints and concerns through fitness to practise procedures
  - Regulating medical education and training
  - Setting the standards for practising in the UK, issuing guidance
  - Providing ongoing assurance that doctors are up to date through revalidation

- Views on the GMC's performance in their functions
  - Strengths
  - Areas where improvement could be made

- Extent to which they carry out their role
  - Transparently
  - Objectively and fairly (viz. without bias)
  - Whether there are differences in how different groups of doctors are treated –

        - which groups
        - could differences in treatment be explained/ justified?
- Perceptions of the impact of the GMC on the profession
    - To what extent it helps the profession
    - Consequences of not having the GMC
- Key challenges facing the GMC
    - Extent to which it is equipped to meet challenges

3. Registration and revalidation (20 minutes)

Aim: To map understanding of the role of registration and views on any differences in registrations practice for different groups of doctors.

- Understanding of the GMC's role in registering doctors (*moderator to briefly outline role if it is not understood)*

SEEK SPONTANEOUS RESPONSE. USE THE PROMPTS BELOW TO STIMULATE DISCUSSION IF NECESSARY

- Extent to which the GMC treats all doctors who want to be registered fairly
    - where qualified, length of practice, seniority, ethnicity etc
- Extent to which the GMC treats all doctors who want to be certified fairly
    - where qualified, length of practice, seniority, ethnicity etc
- Extent to which the GMC carries out role fairly for all doctors
    - *If differences perceived;* which groups are treated differently and why
    - Extent to which differences are justified (e.g. where qualified, length of practice, seniority etc.)
- Transparency with which the GMC carries out its role in registering doctors
- *If appropriate*: Changes needed to see the GMC as fair and transparent in registration
- Knowledge and views on revalidation (from late 2012)
    - Demonstrating up to date and fit to practice
    - Anticipated impact for different groups of doctors
        - Positives/ negatives
        - Views about fair application of revalidation through responsible officers

- Justification for differences in impact across different groups, if any

4. Fitness to practise (25 minutes)

Aim: understanding and views of GMC's role when a doctor's fitness to practise is in doubt.

Facilitator note: Give brief overview of GMC's role when a doctors fitness to practise is in doubt. Explain separation of Medical Practitioners Tribunal Service (MPTS) from the GMC.

- Confidence that the GMC is fair in how it investigates complaints.
- Confidence that the GMC is fair in how it makes decisions about a doctor's fitness to practise.
- What leads to confidence/ lack of confidence
    - Perceptions of putting doctors OR patients first
    - Too much/ too little regulation
    - Personal experience/ experience of colleagues
    - Media coverage
    - Information/ communication by GMC
    - Degree of independence of the GMC
    - Trust/ lack of trust in the GMC
- Is the GMC fair in how it investigates complaints about all doctors, eg BME, White, overseas qualified….
- Meaning of fairness in investigations
    - Whether any groups <u>should</u> be treated differently, which groups, on what basis (e.g. where qualified, length of practise in UK, seniority)
- Trust in the fairness of the GMC if they undertook investigation of participants
- Certain groups of doctors are overrepresented in the GMC's fitness to practise procedures. What are their views on the reasons for this.

SEEK A SPONTANEOUS RESPONSE. ONLY ADDRESS THE PROMPTS BELOW IF RAISED

- Views on criteria for assessing FTP – fair, culturally biased etc
- Prejudice/ racism (by public, medical profession, GMC)
- Representation of BME doctors in the GMC/ level of diversity
- Reliance on overseas qualified doctors in the UK
- Language proficiency

    - Cultural differences in attitudes to patients
    - Lack of training in UK professional and ethical standards for overseas qualified doctors
- Changes needed for the GMC to be seen as fair

5. Conclusion (10 minutes)

Aim: to summarise key issues that have come up, identify the most important issues to come out of the discussion and to give participants the opportunity to raise anything that has not been covered and to wind down

- Single message that they would send to the GMC about the fairness of how it discharges its functions
    - What needs to change (if anything)
    - Who needs to be involved in any changes (viz. which stakeholders)
- Most important change the GMC could make to improve perceptions of fairness
- Anything to add
- Most important point to come out of group discussion (return to round robin introduction process)