

## Our data supporting the Medical Workforce Race Equality Standard in England

### Introduction

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

We're pleased to contribute to this critical work. This paper sets out the 2019 data we're providing for the 2020 MWRES, in three areas:

- Revalidation recommendations
- Postgraduate training
- Fitness to practise complaints

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

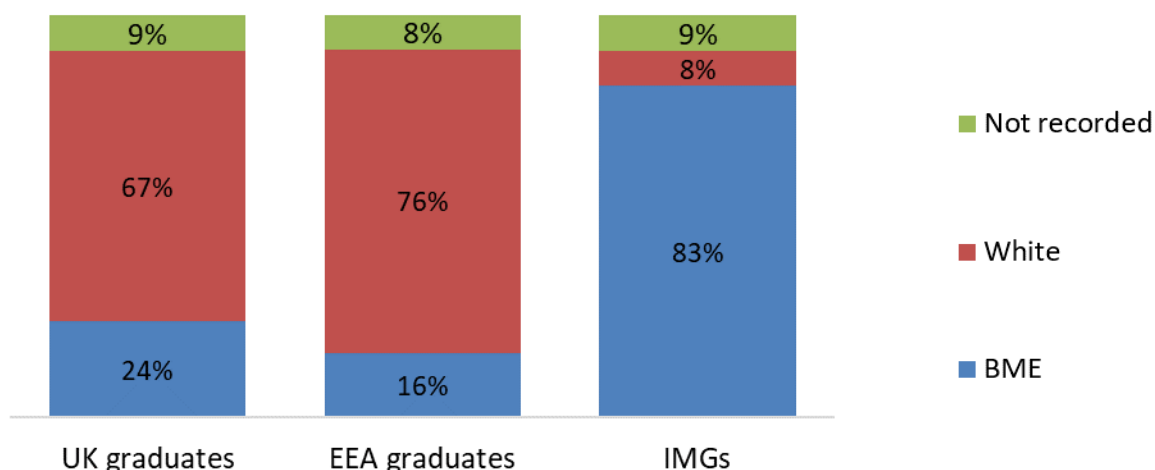
We are keen to offer our data to organisations to support these discussions. Further data breakdowns can be found in our [GMC Data Explorer](#) tool, or in [our data tables from our reports on \*The state of medical education and practise in the UK\*](#).

### Differences by primary medical qualification

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

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

**Figure 1:** Licensed doctors shown by PMQ region and ethnicity, 2020



In line with NHS England's plan for progressing the MWRES, this publication includes only data from 2019 reported at an England-wide level. Subsequent editions of this report will be published with more detailed breakdowns of the data, including for regions of England, and for designated body types such as NHS acute trusts or locum agencies.

## Revalidation recommendations

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

Every licensed doctor who practises medicine must revalidate. Revalidation supports doctors to develop their practice, drives improvements in clinical governance and gives patients confidence that doctors are up to date. For the majority, a designated body and the associated responsible officer (RO) are responsible for submitting a recommendation to us. It is important to note that the purpose of a recommendation to defer, is to provide flexibility where a doctor is sufficiently meeting the requirements for their revalidation, but where their RO needs more time before they can make a recommendation to revalidate.

A deferral can be submitted with one of two reasons:

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

Between 1 April 2019 to 31 March 2020, we approved 7,777 recommendations to defer for the UK overall and around 95% of these (7,364) were for insufficient evidence.

In 2019 we began to ask for additional reasons for recommendations to defer for insufficient evidence. These are:

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

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

We hold these additional reasons for 6,483 (88%) of the recommendations to defer for insufficient evidence, approved between 1 April 2019 to 31 March 2020 (figure 2). Of these most had one additional reason provided. The most common reason given was appraisal activity, followed by patient feedback and colleague feedback.

**Figure 2:** Number of additional reasons given as part of recommendations to defer due to insufficient evidence, 01 April 2019 to 31 March 2020

| Number of additional reasons | Number of recommendations to defer due to insufficient evidence |
|------------------------------|-----------------------------------------------------------------|
| 0                            | 881                                                             |
| 1                            | 3,666                                                           |
| 2                            | 1,529                                                           |
| 3                            | 812                                                             |
| 4                            | 235                                                             |
| 5                            | 129                                                             |
| 6                            | 29                                                              |
| 7                            | 57                                                              |
| 8                            | 26                                                              |
| <b>Grand Total</b>           | <b>7,364</b>                                                    |

**Figure 3:** Proportion of recommendations to revalidate and defer, England, 2019

|         |         | Proportion of doctors given a revalidation recommendation by a designated body in England |                                | Total number of recommendations |
|---------|---------|-------------------------------------------------------------------------------------------|--------------------------------|---------------------------------|
|         |         | including at least one 'revalidate'                                                       | including at least one 'defer' |                                 |
| UK PMQ  | BME     | 92.8%                                                                                     | 12.7%                          | 6,971                           |
|         | White   | 94.3%                                                                                     | 10.2%                          | 21,057                          |
|         | Unknown | 92.5%                                                                                     | 11.7%                          | 2,940                           |
| EEA PMQ | BME     | 88.7%                                                                                     | 17.8%                          | 524                             |
|         | White   | 89.7%                                                                                     | 15.4%                          | 3,160                           |
|         | Unknown | 88.8%                                                                                     | 16.9%                          | 374                             |
| IMG PMQ | BME     | 92.5%                                                                                     | 11.4%                          | 10,483                          |
|         | White   | 91.8%                                                                                     | 12.2%                          | 1,275                           |
|         | Unknown | 88.9%                                                                                     | 14.8%                          | 1,151                           |

### Box 1: A note on revalidation data

Data presented here are correct as of 13 July 2020 and display recommendations approved between 1 January 2019 to 31 December 2019. The data shows doctors who received at least one recommendation to defer (or revalidate) as a percentage of the number of doctors given at least one recommendation in this date range.

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

## Postgraduate training data

We have an established programme dedicated to [tackling differential attainment](#) (DA) in medical education. Variation in attainment can be observed across groups when split by a number of protected characteristics, including age, gender and race. This programme explores the root causes and potential opportunities to address DA in medical education, raises awareness of DA amongst trainees and educators, and works to build confidence in the profession to have difficult conversations about DA.

### Specialty exam pass rates

The GMC works with the Medical Royal Colleges to report annually on outcomes of specialty exams. This includes exams that contribute towards a doctor becoming eligible to apply for inclusion on the GMC's specialist or GP registers, or allow a trainee to progress to the next stage of training. These [progression reports](#) are published on our website.

In Figure 4 we display the pass rates for specialty exams taken by doctors in training in England between 1 August 2018 and 31 July 2019. We group trainee cohorts by ethnicity and the region in which a trainee was awarded their PMQ. Doctors count as 'in training' only where they are in an approved training programme.

While data in Figure 4 is descriptive it does not control for or indicate other factors that can be associated with differences in pass rates (e.g. age, gender, previous educational attainment).

**Figure 4:** Specialty Examination attempts and pass rates for doctors in a relevant training programme, England, 2019

| Region of PMQ | Trainee Ethnicity | Pass rate for all attempts | Total number of attempts |
|---------------|-------------------|----------------------------|--------------------------|
| UK PMQ        | BME               | 69.4%                      | 6,358                    |
|               | White             | 80.9%                      | 9,900                    |
|               | Unknown           | 74.8%                      | 643                      |
| EEA PMQ       | BME               | 43.6%                      | 305                      |
|               | White             | 56.1%                      | 798                      |
|               | Unknown           | 42.3%                      | 52                       |
| IMG           | BME               | 46.7%                      | 3,921                    |
|               | White             | 52.9%                      | 238                      |
|               | Unknown           | 43.8%                      | 208                      |

**Box 2:** A note on Specialty Exam data

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

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

The date range 1 August 2018 and 31 July 2019 represents the 2018/19 academic year, which is the latest date range available to report on at the time of publication.

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

Ethnicity data is submitted to the GMC voluntarily and so a proportion of results are attributed to 'unknown' ethnicity doctors in training.

## Annual Review of Competency Progression

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

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

At the end of an ARCP process, each trainee is awarded an outcome, as explained in [A reference guide for postgraduate foundation and specialty training in the UK, known as the Gold guide](#). There are several types of outcomes that indicate a trainee has not achieved satisfactory progress. Here, we have collated these outcomes and reported them collectively as 'unsatisfactory'.

In figure 5, we display the total number of ARCPs in which doctors in training (including Foundation doctors) participated, and the proportion of ARCPs that resulted in unsatisfactory outcomes for trainees in England. We group trainees into cohorts by ethnicity and the region in which a trainee was awarded their PMQ. This data is displayed for the latest year available, which is 1 August 2018 to 31 July 2019. We have excluded "unsatisfactory outcomes" in these data that relate to exam failure only. This helps separate measures of success in exams and success in achieving other curriculum requirements.

While the data in figure 5 is descriptive, it doesn't indicate other factors that can be associated with unsatisfactory outcomes such as previous educational attainment, gender and age.

**Figure 5:** Number of ARCPs and proportions of those resulting in unsatisfactory outcomes (excluding exam failure only) for doctors in training, England, 2019

| Region of PMQ | Trainee Ethnicity | Proportion of ARCPs with an "Unsatisfactory" outcome (excluding exam failure only) | Total number of ARCPs |
|---------------|-------------------|------------------------------------------------------------------------------------|-----------------------|
| UK PMQ        | BME               | 4.34%                                                                              | 17,824                |
|               | White             | 3.30%                                                                              | 31,249                |
|               | Unknown           | 6.21%                                                                              | 2,060                 |
| EEA PMQ       | BME               | 7.30%                                                                              | 781                   |
|               | White             | 5.77%                                                                              | 1,853                 |
|               | Unknown           | 7.50%                                                                              | 120                   |
| IMG           | BME               | 8.34%                                                                              | 7,906                 |
|               | White             | 6.85%                                                                              | 496                   |
|               | Unknown           | 13.73%                                                                             | 488                   |

**Box 3: A note on ARCP data**

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

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

We have excluded unsatisfactory outcomes relating to exam failure only to help show success in achieving other curriculum requirements.

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

**Bullying and harassment data**

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

This survey is a rich source of data and insight, and in figure 5 we report our data on the question 'Have you been the victim of, or witnessed, any bullying or harassment in this post?'.

**Figure 6:** Trainee experiences of bullying and harassment in post, England, 2019

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

|         |         | % of respondents who said they had experienced, or witnessed, bullying or harassment in post | Number of trainees who responded to this question |
|---------|---------|----------------------------------------------------------------------------------------------|---------------------------------------------------|
| UK PMQ  | BME     | 8.4%                                                                                         | 12,593                                            |
|         | White   | 5.7%                                                                                         | 22,198                                            |
|         | Unknown | 8.7%                                                                                         | 1,346                                             |
| EEA PMQ | BME     | 9.0%                                                                                         | 567                                               |
|         | White   | 6.9%                                                                                         | 1,249                                             |
|         | Unknown | 13.0%                                                                                        | 77                                                |

|     |         |      |       |
|-----|---------|------|-------|
| IMG | BME     | 7.9% | 5,567 |
|     | White   | 9.4% | 310   |
|     | Unknown | 9.2% | 306   |

#### Box 4: A note on NTS data

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

An annual census of trainees confirms training location, training status and other relevant details. When the NTS opens, we collect feedback from trainees until it closes around March or May each year. Trainees are asked to relate comments to their current post, enabling us to provide a snapshot of experiences at that point in time.

Survey response rates are usually over 95% across the UK.

## Fitness to practice complaints referred by source

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

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

This is particularly important as complaints from employers are more likely to reach our threshold for a full investigation and, ultimately, more likely to result in a sanction being applied, than complaints from other sources. We commissioned Dr Doyin Atewologun and Roger Kline to carry out research to help us better understand how referrals to us are made. Their findings, set out in *Fair to refer?* set out recommendations for organisations across the UK's healthcare system to help reduce disparities.

**Figure 7:** Number and proportion of doctors with complaints referred to us by source of complaint and ethnicity, England, 2019

|         | Proportion of doctors complained about / referred |           |       |       | Total number of doctors complained about / referred |           |       |       |
|---------|---------------------------------------------------|-----------|-------|-------|-----------------------------------------------------|-----------|-------|-------|
|         | Public                                            | Employers | Other | Total | Public                                              | Employers | Other | Total |
| BME     | 0.48%                                             | 0.07%     | 0.26% | 0.80% | 473                                                 | 71        | 255   | 799   |
| White   | 0.53%                                             | 0.03%     | 0.24% | 0.80% | 651                                                 | 43        | 300   | 994   |
| Unknown | 0.40%                                             | 0.04%     | 0.19% | 0.64% | 81                                                  | 9         | 38    | 128   |



**Figure 8:** Number and proportion of doctors with complaints referred to us by source of complaint and PMQ region, England, 2019

|         | Proportion of doctors complained about / referred |           |       |       | Total number of doctors complained about / referred |           |       |       |
|---------|---------------------------------------------------|-----------|-------|-------|-----------------------------------------------------|-----------|-------|-------|
|         | Public                                            | Employers | Other | Total | Public                                              | Employers | Other | Total |
| UK PMQ  | 0.45%                                             | 0.02%     | 0.23% | 0.71% | 701                                                 | 39        | 363   | 1,103 |
| EEA PMQ | 0.69%                                             | 0.09%     | 0.24% | 1.02% | 141                                                 | 18        | 48    | 207   |
| IMG     | 0.54%                                             | 0.10%     | 0.27% | 0.91% | 363                                                 | 66        | 182   | 611   |

**Box 5:** A note on fitness to practice complaint referral data

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

Doctors are counted only once in these tables, but some doctors may have received more than one complaint in the 2019 calendar year.

We received all the complaints included here between 1 January 2019 and 31 December 2019.

Further breakdowns of this data can be found in our [GMC Data Explorer](#) or [our fitness to practice data tables](#).