

Study raises questions over discrimination in GP exam

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Academic performance of ethnic minority <u>candidates</u> in the national MRCGP (Membership of the Royal College of General Practitioners) examinations between 2010 and 2012 was analysed in the study.

The researchers, based in The University's Institute of Population Health, say they cannot rule out "subjective bias owing to <u>racial</u> <u>discrimination</u>" in the exam and call for additional training for international medical graduates to help them adapt to the UK <u>health care system</u>.

The University of Manchester research is published on the same day as a *BMJ Careers* investigation which reveals that ethnic minority doctors are less successful in securing NHS hospital posts than white doctors.

In order to practise as an accredited general practitioner (family physician) in the UK, doctors must pass the MRCGP (Membership of the Royal College of General Practitioners) examination.



But concerns have been raised about the high failure rate of ethnic minority candidates. And it has been questioned whether the clinical skills assessment part of the exam discriminates against these individuals.

Professor Esmail, Professor of General Practice at The University of Manchester, said: "With continuing dependence on international medical graduates in meeting the workforce needs of many developed countries, including the UK, understanding the barriers that these doctors face in entering and completing specialist medical training is important."

The team at The University of Manchester, which also included Professor of Biostatistics Chris Roberts, analysed data for 5,095 candidates sitting the applied knowledge test and clinical skills assessment components of the national MRCGP examination between 2010 and 2012 – to determine the difference in failure rates by ethnic or national background.

A further analysis was carried out on 1,175 candidates not trained in the UK, who sat an English language capability test (IELTS) and the Professional and Linguistic Assessment Board (PLAB) examination, as required for full medical registration. The data was provided by the Royal College of General Practitioners and the General Medical Council.

After controlling for age, sex, and performance in the applied knowledge test, significant differences persisted between white UK graduates and other candidates. British black and minority ethnic graduates were more likely to fail the clinical skills assessment at their first attempt than their white UK colleagues (17% v 4.5%). Black and minority ethnic candidates who trained abroad were also more likely to fail the clinical skills assessment than their white UK colleagues (65% v 4.5%).



For candidates not trained in the UK, black or minority ethnic candidates were more likely to fail than white candidates, but this difference was no longer significant after controlling for scores in the applied knowledge test, IELTS, and PLAB examinations.

The authors say they "cannot exclude subjective bias owing to racial discrimination in the marking of the clinical skills assessment as a reason for these differential outcomes."

They say previous training experience and cultural factors could help explain these differences, but point out that they "cannot explain differences between white candidates and black and minority ethnic candidates who have trained in the UK, and who would have had similar training experiences and language proficiency."

Professor Esmail, who is also Associate Vice-President for Social Responsibility and Equality and Diversity at Manchester, added: "We believe that changes to the clinical skills assessment could improve the perception of the examination as being biased against black and minority ethnic candidates. For example, the diversity of the examiners could be more reflective of GPs in the UK and the actors who represent patients should be drawn from a more diverse group to reflect the reality of general practice in the NHS. Our report also recommends additional training for international medical graduates to better enable their adaption to the UK health care system."

An investigation by BMJ Careers has found that white doctors are almost three times more likely to land senior hospital jobs than ethnic minority doctors (13.8% v 4.8%). The figures, based on 2012 ethnicity data from 50 hospital trusts in England, show that Black or Black British applicants were the ethnic group least likely to secure hospital doctor jobs (2.7% success rate), followed by doctors of mixed ethnicity (3.5%), and Asian and Asian British doctors (5.7%).



BMJ Careers Editor, Tom Moberly said: "Interestingly, doctors who did not disclose their ethnicity during the application process had the highest success rate in landing jobs of any ethnic group (23%) - further muddying the waters around potential discrimination in the appointment of NHS doctors."

Provided by University of Manchester

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