Medical Xpress

Students who have difficulties at medical school more likely to face

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Doctors who are male, from lower income groups and have experienced academic difficulties at medical school are more likely to find themselves in front of the General Medical Council (GMC) for professional misconduct, according to research published in the British Medical Journal today.

The authors, Janet Yates and David James from the University of Nottingham Medical School, emphasise that this is a small study and that "the findings are preliminary and should be interpreted with caution."

While only a relatively small number of doctors are found guilty of serious complaints, a number of high profile cases have led to significant media coverage and public concern about doctors who fail to maintain adequate professional standards. It is important, says the study, that research into this area is ongoing in order "to protect the integrity of the professional and maintain the public confidence."

The authors compared the applications and medical school progress of 59 GMC misconduct cases with 236 individuals who had not been referred to the GMC. The personal details of all participants were fully anonymised before their student progress files were sent to the authors for analysis. The majority of individuals (69%) had completed their medical courses between 1968 and 1987.

The results show that GMC misconduct cases were more likely to be male and from lower social class groups and they were more likely to

have failed exams, repeated parts of their courses or had a lower overall performance than their peers. The misconduct cases were also possibly less likely to have achieved Consultant status or to be on the GP Register.

The authors argue that "this small preliminary study provides the first evidence in the UK that male students and those who perform poorly in the early years of the course … might be at slightly increased risk of subsequent professional misconduct. Lower social class background (as estimated from the father's occupation at course entry) was also an independent risk factor in this retrospective study."

The authors say that the "lower social class background is a sensitive finding" and one that they cannot explain. However, they stress that they are not suggesting "that such students should be viewed differently to any others because we have demonstrated only a relative risk, and the absolute risk for an individual from any background is small." The majority of individuals potentially at risk will not actually have any problems.

They maintain that the data must be viewed in context, saying: "86% of the doctors in our study graduated at least 20 years ago when life at medical school and in the profession may have been different. Also social class is both notoriously difficult to define and subject to frequent re-evaluation."

The authors conclude that poorly performing students should receive additional support and mentoring and that more detailed research in this area needs to be carried out.

In an accompanying editorial, Alison Reid from the New South Wales Medical Board in Australia, says that Yates' research is important as "it is derived from the United Kingdom's system of medical training and

regulation, which is also well recognised in Commonwealth and ex-Commonwealth countries."

Reid argues that "attempts to identify medical students who are at risk of subsequent professional misconduct should be encouraged because this offers the opportunity for support and remediation if possible, or if not, redirection of the student into a more suitable area of study. This is not just a matter of public protection; students deserve support and assistance and must have realistic career expectations."

Provided by British Medical Journal

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