Ethnicity did not predict performance in GP licensing of doctors entering GP training

We thank Drs Bhatti and Nayar for responding to our study.¹ They present no evidence to contradict our findings and, despite misunderstanding our analysis and interpretation, reach similar conclusions.

Our study challenges their assertion, that ethnic minority trainees, in particular UK-trained ethnic minority doctors in GP specialty training, fail MRCGP because of their ethnicity. We showed that this was not the case in our cohort.² Their focus on racial discrimination in the workplace and during training implies the non sequitur that differential attainment must be due to unfair discrimination by examiners and examinations, or educators in the case of workplace-based assessment. In doing so they denigrate the many ethnic minority doctors in specialty training who pass MRCGP, supported by educators.

Increasing numbers of ethnic minority and overseas-qualified doctors complete the MSRA, a computer-marked assessment of clinical knowledge and judgement, and enter specialty training for general practice. They claim that we ‘do not seem to have … taken into account … differential attainment in the MRSA exam’, but this is exactly what we have done.

The GMC report Tackling Disadvantage in Medical Education, which shows differential attainment in trainees in all specialties, by separately analysing characteristics such as ethnicity, gender, and disability,³ does not contradict our findings. We used multivariable models taking into account intersections between these attributes to elucidate independent predictors of performance in licensing assessments. Attempts to conflate differential attainment with racial discrimination in assessments, could itself stereotype doctors and will do little to improve their self-worth or educational outcomes.

Fair Training Pathways for All⁴ explores the importance of the educational environment, and we welcome educational initiatives to reduce differential attainment, but these do not undermine the reliability of the data or analysis. Increasing inclusivity of selection to GP training means that educational programmes need to be designed accordingly.

Our conclusions are similar, that ‘GP trainees should receive educational support appropriate to their needs, whatever their ethnic group or other demographic characteristics’, but we also refer to ‘doctors admitted to training with low selection scores who may need additional support to maximise their chances of successful licensing’.

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Short stature — what specific test should we request?

Thank you for this article,¹ but I was miffed to see under investigations that there are none specific for growth hormone or other specialised tests. Getting bloods tests for children can be upsetting, and should we not get all the initial tests done at one time? So, may I ask what blood tests do you request when you first see a short child and why can’t these be done pre-referral so that the whole process can be streamlined? I accept that there may be a huge variation in interpretation of results, and many may need specific times of day or circumstances for a useful result. Coupled with the editorial about inequalities and the huge problem of GP scarcity, does it not make sense to get the correct tests done early?

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