Prejudice against doctors and students from ethnic minorities

SIR,—As Dr Richard Smith states (7 February, p 328), doctors trained overseas have been disadvantaged in competing for jobs in the National Health Service. The study by Smith in 1980 proved this beyond any measure of doubt.[1] The profession's concern about the competence of many such doctors led to the recommendations of the Merrison Committee, in 1975, which required a substantial proportion of overseas doctors to take the Professional and Linguistic Assessment Board examination (PLAB), a test of professional competence at the level of senior house officer and of formal and colloquial English.

I and my colleagues undertook a career survey of overseas psychiatrists successful in the examination for membership of the Royal College of Psychiatrists.[2] The postal survey was funded by the Royal College of Psychiatrists (the views in the article are ours, not those of the royal college). We surveyed psychiatrists who had obtained their membership to determine whether overseas doctors fared less well than home graduates in achieving their career ambitions and tried to identify any factors that contributed to any difficulties that they encountered. Doctors who have passed the membership examination of the royal college are less likely to have been poorly trained or to be less competent and will have a fair command of English.

In January 1984 a postal questionnaire was sent to all graduates who had passed the college's examination in November 1981 or April 1982 (n=249). The questionnaire asked for a detailed curriculum vitae and information about the number of attempts at the membership examination, satisfaction regarding posts held, the number of applications made for posts, and reasons for failure in obtaining posts applied for. By the summer of 1984, 207 (83%) had returned the completed questionnaire. Of the respondents, 60% were British, 10% Irish, 17% Asian, 4% Australasian, and 7% African. Asian doctors formed the largest group of overseas graduates. A major finding of our survey was that four times as many overseas as United Kingdom graduates were still in registrar posts (27% overseas, 7% British) despite having obtained their membership examination at the same time ($p<0{\cdot}01$). In addition, three times as many Asian as British graduates had tried to change their posts unsuccessfully. Among those successful in obtaining senior registrar jobs the posts were evenly distributed between home graduates and Asians, though there were no Asians in lecturer posts. Analysis of senior registrar posts by specialty showed further interesting findings. Twice as many British graduates were successful in obtaining posts in general psychiatry, whereas a high proportion of Asians were concentrated in mental handicap (40% Asian compared with only 3% British graduates), a difference which was highly significant ($p<0{\cdot}001$).

Analysis of examination results confirmed a higher success rate among British and Irish graduates at the first attempt than among Asian graduates (79% *v* 40%). Overseas graduates were very reluctant to suggest that they had experienced racial discrimination. This reluctance may have been based on fear, as several of the respondents could not be reassured about the college sponsoring the research. A quarter of the Asian graduates who had gained membership, compared with 7% of the British graduates, two years later were still working as registrars, and many had not even been shortlisted (one overseas doctor had applied for 50 posts without being shortlisted).

Our study suggests, but does not conclusively prove, that racial discrimination may have occurred. At a practical level, to prove racial discrimination with irrefutable evidence is virtually impossible. Unless a member of an appointments committee risks complaining about a member or members who may have acted in a racially prejudiced manner in the committee's deliberations, such proof will be hard to come by. This, for obvious reasons, is something very few will venture.

Dr Smith's timely call to the profession to act is to be commended, and I hope that this advice is heeded. Non-selection of applicants from ethnic minorities on the part of some medical schools has privately been known to parents from ethnic minorities with children aspiring to study medicine. My daughter, who has now successfully applied to a medical school in London, was asked during an interview at one of the other medical schools to which she applied, "Will you be returning home after completing your training?" My baffled daughter replied that she was not necessarily seeking a career in Newcastle on completion of her training; it was only later that she realised what this was all about. As yet, she is not bitter, but, as a Geordie of Asian origin, I hope that she is never made to feel that she cannot be part of this society.

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1 Smith DJ. *Overseas doctors in the National Health Service*. London: Policy Studies Institute, 1980.
2 Bhate S, Sagovsky R, Cox JL. Career survey of overseas psychiatrists successful in the MRCPsych examination. *Bulletin of the Royal College of Psychiatrists* 1986;**10**:121-3.

SIR,—I disagree with the statement by Drs Peter Richards and I C McManus (28 February, p 575) that a lack of community service and few interests can adequately and entirely explain the reduced likelihood of acceptance of applicants with non-European names to St Mary's Hospital Medical School, London. It should be noted that their analysis of individuals with non-European names was a retrospective one in response to my previous letter.[1]

They questioned the validity of their own data, which was based on surnames, not ethnic group, and provided no information on how interviewers assessed non-academic suitability. Their previous letter also stated that it was not possible to distinguish whether the difference in non-academic suitability was because of "judgements [that] were a global response to the applicant's background, rather than to the candidate as an individual. . . . Further research is required."[2]

Interests have always been difficult to evaluate reliably from a University Central Council on Admissions (UCCA) application form. Contribution to the community depends very much on which community you ask about. Students from ethnic minorities preserve a sense of identity by being active members of both the community at large and their own ethnic group. Most schools, however, have little knowledge or experience of students' contributions to their own ethnic group, which is reflected on the UCCA application form.

Many of us have found that teachers advise us to state only those interests and activities that reflect integration into the community as a whole, at both the curricular and extracurricular level. Such reluctance to disclose particular aspects of cultural community service may have something to do with the finding by Drs Richards and McManus that those with fewer cultural interests (whatever that means) were far less likely to be offered admission to St Mary's.[3]

The fact remains that no further accurately documented and analysed information has been published about the number of ethnic minority students gaining admission. There has been a notable silence from other medical schools and London University, and UCCA has recently refused to collect admissions data relating to ethnic minority students.[4]

I find it astonishing that Drs Richards and McManus continue to suggest that the principles of natural justice should apply when so many questions remain unanswered about the fairness of the selection process. Schools cannot simply claim equality of opportunity; they must be seen to practise it in the eyes of both the law and the community at large. The onus for this is on the schools themselves; at present, much circumstantial evidence suggests that there remains very serious cause for concern.

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1 Shaunak S. Admission to medical school. *Br Med J* 1984;**289**: 1535-6.
2 McManus IC, Richards P. Admission to medical school. *Br Med J* 1985;**290**:319-20.
3 McManus IC, Richards P. Audit of admission to medical school. I. Acceptances and rejects. *Br Med J* 1984;**289**:1201-4.
4 Veitch A. Medical schools to face discrimination enquiry. *Guardian* 1987 Jan 30:4.

Prejudice against women doctors

SIR,—Dr Richard Smith is to be congratulated on raising the issue of racial prejudice in the medical profession and urging the collection of data on ethnic/racial origin of applicants to medical schools and doctors to NHS appointments.

There are equally cogent reasons for applying the same monitoring procedure to the gender of doctors applying for NHS appointments. The downgrading of women applicants to St George's Hospital Medical School, though less dramatic than that of non-whites, deserves more attention than the incidental mention it gets in the leading article. Now that almost half of all students admitted to medical school are women there is the complacent assumption that sex discrimination in medicine is a thing of the past. Alas, equal opportunity of entry to medicine has not automatically led to equal opportunity in career progression after qualification, as can be seen by examining DHSS data on the distribution of women in hospital medicine, community practice, and primary health care.

Despite the declared equal opportunities policy of the DHSS, our members continue to be asked discriminatory questions about their marital and reproductive intentions at job interviews. I have recently had to write on behalf of my members to two London district health authorities to point out application and appointment procedures that overtly contravene the Equal Opportunities Commission code of practice. I urge the BMA, via its local representatives and its contacts with the DHSS, to ensure that the stated equal opportunities policies of both the DHSS and the BMA are actually being implemented by selection panels at all levels within the NHS and other medical organisations.

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Early emergency care

SIR,—Drs Peter Baskett and Rodger Sleet expressed many of the arguments put forward by proponents of extended ambulance training (21 February, p 508). These are often, however, based on emotion rather than objective scientific assessment.

In designing and carrying out our study we had no preconceived ideas of the role or benefits of advanced training. To be valid the study had to be performed in an area where no extended training existed. Previous studies have failed to