



General Medical Council – A Responsive Regulator

Initiatives for delivering high quality care in a safe and supportive environment

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In launching the NHS Long Term Plan, Simon Stevens noted that almost everything in the plan is already being implemented successfully somewhere in the NHS. That's a good place to start, but how do we make sure that the best innovations and support reach those parts of our health system in greatest need?

It's a question we've applied much time and energy to at the GMC. In parallel with other NHS healthcare professionals, doctors have experienced significant turbulence as the effects of a system under pressure and unaddressed concerns beg questions about how staff are supported to deliver the care expected of them.

The GMC is not remote from those concerns. We've played a part in some of them, and I'm determined we will have a role in addressing them. Our entire strategy is geared towards giving more doctors the support needed to avoid harm, rather than acting after harm has come to them or patients. Recent events have only reaffirmed that the direction we have taken and intend to build on is the right one.

This year we've delivered towards commitments made in 2018 to improve the environment in which doctors work and address the impact of system pressures on medical practice. For example, we have published joint guidance with partners on reflective practice ¹ and have surveyed (Specialty Associate Specialist) SAS and locally employed doctors ² to find out more about the issues which matter to them.

But our work has also shone a light on workplaces and cultures in which doctors work. As we have done that, we have sought to highlight examples of good practice, so we can replicate and build from them. Earlier this year Leslie Hamilton's working group published its review ³ into how the law is applied to medical manslaughter. We share this report's desire for a just culture in healthcare and acknowledge we have a crucial role in making that happen.

In June, Dr Doyin Atewologun and Roger Kline's research ⁴ into referrals of Black and Minority Ethnic (BAME) doctors to the GMC revealed that disproportionate levels may be driven by a



range of factors including poor induction and support, and isolating working patterns. Conversely, these factors also protect other doctors, creating 'insider' and 'outsider' groups. We have also published a workforce report 5 highlighting that UK healthcare is more reliant than ever on overseas doctors. In 2019, for the first time, more non-UK graduates joined the medical register than British-trained doctors. However, workload pressures and workplace cultures mean that the NHS does not always offer enough support. Those doctors are making a huge personal and professional commitment to our health service by coming to the UK, and that's why we now offer our free 'Welcome to UK Practice' course 6 for all doctors joining the register. But we need to work with employers too to improve the consistency and quality of the support these doctors deserve. And we continue to lobby government to make changes to the law so that these and other doctors can more easily demonstrate that they satisfy our requirements for getting on to the General Practice or specialist register.

Finally, Professor Michael West has undertaken a UK-wide review of the factors which impact on the wellbeing of medical students and doctors 7 . All of these reports contain overlapping themes which need co-ordinated action. In the coming months we'll continue discussions with senior leaders across the UK about how we work together to implement recommendations as swiftly as possible. Crucially, many of the answers already exist in parts of our health system. Bringing those answers together and helping to spread good practice is one part of our commitment to supporting doctors. Those intentions don't exist in isolation from the realities of day to day life in the health service; we, along with others, also have a role to play in helping the NHS to be a more flexible place in which to train and work, and where all doctors have access to development opportunities.

The next few years will see the GMC take on responsibility for regulating physician associates and anaesthesia associates; roles which, if developed with care, can alleviate some of the pressure doctors are experiencing. Medical, digital and technological innovation will mean that clinical staff will need to work in new ways, with patients and with each other. We'll be there, making sure that our standards and guidance keep pace to support doctors in a changing healthcare landscape.

Regardless of the changes which take place in the health system in the next ten years, our commitment to you remains the same. We'll continue to support you in delivering good care to your patients by building on the work we've started to engender a culture of fairness, mutual support and strong clinical leadership.

References

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