



Improving the Working Lives of BME Doctors

Review recommendations pave the way

In November 2022, the General Medical Council (GMC) published an independent review of its fitness to practice processes and the handling of the case of locum general practitioner Dr Manjula Arora. She was suspended for a period of one month in relation to a laptop request having been found to be 'dishonest in obtaining a laptop when in fact the Trust had recorded her interest in asking for a work laptop'. The consternation was instant and palpable.

The medical profession found it difficult to understand how a request for a laptop had passed through different stages of the fitness to practice process (FtP) resulting in a sanction of a suspension to her license to practice. The profession was left in a state of shock resulting in a loss of trust for the GMC. This also threatened to undermine support from Black and Minority Ethnic (BME) organisations and the medical profession for the GMC's plans to eradicate a legacy of racial discrimination.

The review made recommendations in four areas:

1. Professional curiosity and local resolution first.
2. The need for cultural competency and diversity intelligence.
3. Embedding compassion in all dealings by the GMC and Medical Practitioner Tribunal Service (MPTS).
4. Providing support for doctors before, during and after the complaints process.

Professor Iqbal Singh CBE FRCP

*Pro Vice-Chancellor (Medicine),
Chair, Institute of Medicine, and
Bolton Medical School (University of
Bolton); Member Honours
Committee Health; Queens Building
BL4 5AH*

Cite as; Singh, I. (2023)
Improving the working lives of
BME doctors – Review
recommendations pave the way.
Sushruta J Health Pol vol 15;
Issue 3:1-4
doi.org/10.38192/15.3.14

Article Information
Submission 23 Jul 23
Revised 16 Sep 23
Published 6 Oct 23

The review concluded that understanding cultural competence is essential for the delivery of 21st-century fair, compassionate, and proportionate medical regulation. For the first time ever, the review led to some ground-breaking actions. The GMC for the first time apologised to a doctor, a move never seen before and for the first time the GMC did not contest the appeal and allowed the sanctions to be set aside. The review concluded that it could not say that the doctor had not been treated differently because of her ethnicity and it recommended that instead of trying to reassure itself that there was no bias in the systems, the organisation should.

'recognise that no organisation can be genuinely free from bias. It is therefore vital that bias is proactively sought out rather than looking for reassurance that it doesn't exist.'

It also made recommendations around improvements to the GMC's approach to data collection and data monitoring and that they should embed cultural competence, diversity intelligence and compassion into all its processes. The GMC accepted all the recommendations and findings and Chief Executive Charlie Massey said,

"I welcome the report by Professor Singh and Martin Forde. Their examination of this case has been detailed, searching and constructive and I am grateful for their expertise and insight. The GMC accepts all these recommendations without reservation. There were decisions that we did not get right and for those I have apologised to Dr Arora. We share the aspirations of the review's co-chairs that modern regulation should contribute to a better health system which is compassionate, fair, and supportive and the recommendations in this review will help us to achieve these aims."

Medical leaders and the media hailed the review as ground-breaking and had the potential to change the working lives of a generation of BME doctors. The Arora laptop case must become a GMC never event warns the doctor leading the review "Understanding cultural competence is essential for the

delivery of compassionate, fair and proportionate regulations.

Local Resolution

Regulators should ensure that appropriate local resolution becomes the norm first and they should not measure their success by the number of complaints that they receive or handle but by how they create a culture of learning sharing and prevention and improve standards with opportunities for support and remediation.

Compassion

Compassion, dignity, and respect are the fundamental principles and the bedrock upon which healthcare and social care systems of the 21st century should be built. The GMC and the MPTS have made commitments to these values however, it is important that these are implemented throughout the stage of the regulatory process including at tribunals. Tribunals should not be adversarial, and doctors must be treated with dignity and respect as the damage caused by cross-examinations to the mental health and well-being of doctors can last well beyond the tribunal hearing.

The whole process is viewed as being a highly negative experience where doctors are shown little compassion and respect. The impact on their physical and mental health may have long-term consequences resulting in difficulties in their ability to re-enter the workforce successfully.

Support

Covid-19 had a devastating impact on all communities as well as a generational challenge for the whole of the medical and healthcare workforce. It had a huge disproportionate impact on BME doctors, many of whom lost their lives. We need to value their contributions and commitment. The current challenges of post-recovery and current circumstances make it even more important that support is right at the forefront of the work of the NHS and regulators. Going through an FtP hearing can be extremely traumatic even for doctors who might be totally cleared of any wrongdoing, with 70% of doctors reporting an effect on their mental

health and well-being in a Medical Protection Society (MPS) survey.¹

Language and culture

The medical workforce in the UK comprises large numbers of doctors who trained outside of the UK and English is not their first language. Therefore, even though they can communicate sufficiently well enough to be able to hold conversations and write in English there is still the likelihood of misunderstandings and miscommunication. The doctors' cultural background determines their attitudes and behaviours and influences their views and opinions, especially regarding what is considered acceptable and normal. In addition to culture, the language conventions might be very different. Language is part of a culture, and a person's culture is also part of the language they use to speak and express themselves. The two are inextricably linked especially the non-verbal means of communication.

Doctors are referred to the GMC either for concerns about their clinical performance their attitudes or behaviours, or issues around communication. Sanctions in the case of impairment consider such things as expressions of apology and remorse, demonstrating insight, and showing evidence of remediation. Doctors from minority ethnic backgrounds tend to get higher sanctions as panels infer that they might not have shown insight or expressed an apology, when in fact we are clear that the expression has different meanings in different cultures. At the heart of improving regulation, in a case with no issues of clinical performance or patient safety, all examiners, assessors, and decision-makers should have some degree of cultural awareness and sensitivity and have access to experts and advice on cultural competence and diversity intelligence. The sanctions guidance and sanctions themselves need to recognise and take a greater account of the changing demographics of the medical workforce and show sensitivity to the interpretation of values, cross cultures, and communication through the lens of cultural competence and diversity intelligence.

Therefore, training around issues of cultural competence, cultural sensitivity, and diversity

intelligence should be embedded into all aspects of the fitness to practice processes. Whether that be in the initial stages at the local level, in both NHS and Provider Trusts or after referral to the GMC, it must then continue throughout the whole of the fitness to practise pathway. A panel comprising experts whose expertise is in cultural competence should be available to provide oversight and guidance for those individuals who might be deemed as having charges that are centred around issues of culture or language.

Conclusion

Since the review was published there has been widespread support for and welcome of the recommendations and a feeling that implementing these has the potential to change the face of medical regulation. However, there is understandable scepticism about whether these recommendations will be implemented in full. The GMC has accepted and committed to implement them and it is important that this is monitored and evaluated with regular progress communicated to stakeholders. We recognise that the GMC is making some positive contributions towards improving race equality. The review recognises that the GMC cannot achieve these goals in isolation but needs support and partnership to help highlight what needs to be done. There has been a long wait for the UK government to produce legislative reform of health professional regulators. The authors believe that local regulation will help to make regulation more timely and avoid the stress of having to go through the tribunal process. Until then the GMC and the wider health service must engender a culture of curiosity in how it fulfils its statutory duties and treats those doctors who come into its orbit and for now use its influence to follow through on these commitments.

Key Recommendations

- The General Medical Council has accepted and agreed to implement all recommendations of the Singh and Forde review. The implementation should be monitored, evaluated and communicated to all stakeholders.

■ The NHS should develop a culture of local resolution first, with those involved trained in professionalism and handling concerns.

■ Comprehensive induction for international medical graduates should include patient safety and professionalism and help to integrate them into the NHS and communities.

■ Organisations serving diverse workforces and stakeholders should proactively seek out and address bias and have appropriate expert advice for decision-makers on cultural competence and diversity intelligence.

■ Compassion, dignity, and respect are pivotal values of health, NHS and regulators, and should be embedded into all pathways of the General Medical Council and Medical Practitioners Tribunal Service

Further reading

1. MPS survey: GMC investigations impact on the health of 72% of doctors. *Articles* <https://www.medicalprotection.org/uk/articles>.
2. General Medical Council. Independent review of gross negligence manslaughter and culpable homicide. June, 2019. https://www.gmc-uk.org/-/media/documents/independent-review-of-gross-negligence-manslaughter-and-culpable-homicide---final-report_pd-78716610.pdf (accessed Feb 28, 2023).
3. Singh SE, Parajuli M, Ahmed R, Singh I. Lessons from Bawa-Garba and moving forward. *Br J Hosp Med (Lond)* 2018; **79**: 484–85.
4. Sellu D. When will the GMC admit that its processes might be racially biased? *BMJ* 2021; **374**: n2149.
5. Singh I, Forde M. The GMC's handling of the case of Dr Manjula Arora. An independent learning review. November, 2022. <https://www.gmc-uk.org/-/media/documents/the-gmc-s-handling-of-the-case-of-dr-manjula-arora-an-independent-learning-review-professor-94950326.pdf> (accessed Nov 2, 2022).
6. Salisbury H. Helen Salisbury: we are all Manjula Arora. *BMJ* 2022; **377**: o1353.
7. Nagpaul C. An independent, root and branch review and reform of GMC processes is needed to ensure fairness in medical regulation. *BMJ* 2022; **377**: o1346.
8. Abbasi K. The GMC has lost the profession's trust and respect. *BMJ* 2022; **377**: o1374.
9. General Medical Council. Our targets to address areas of inequality. 2022. <https://www.gmc-uk.org/about/how-we-work/equality-diversity-and-inclusion/our-targets-to-address-areas-of-inequality> (accessed Feb 28, 2023).
10. General Medical Council. The GMC's fitness to practise procedures. April, 2014. https://www.gmc-uk.org/media/documents/DC4541_The_GMC_s_Fitness_to_Practise_procedures.pdf_25416512.pdf (accessed Feb 28, 2023).
11. General Medical Council. Supporting vulnerable doctors. Report on doctors who have died while under investigation or during a period of monitoring. 2020. <https://www.gmc-uk.org/-/media/documents/doctors-who-have-died-while-under-investigation-or-during-a-period-of-monitoring-2018-2020--89398370.pdf> (accessed Feb 28, 2023).
12. Medical Protection Society. MPS: GMC investigations impact on the health of 72% of doctors. Oct 20, 2014. <https://mpscdnuks.azureedge.net/resources/docs/mp/default-document-library/impact-of-gmc-investigations.pdf> (accessed Feb 28, 2023).
13. Singh I. Understanding of cultural competence is essential for the delivery of compassionate, fair, and proportionate medical regulations. *Lancet* Aug 5 2023, vol 402 pp 434-435. Published online March 31 2023 [https://doi.org/10.1016/s0140-6736\(23\)00524-x](https://doi.org/10.1016/s0140-6736(23)00524-x)