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VIEWS AND REVIEWS

RESPONSE

GMC responds to concerns raised by Bawa-Garba case

If you think conditions are unsafe, document the situation, but don't walk away, **Charlie Massey** advises

Charlie Massey *chief executive and registrar*

General Medical Council, London, UK; email

No one can be left in any doubt that the case of Hadiza Bawa-Garba has raised genuine concerns in the medical profession. I know too that this case has set the General Medical Council back in our desire to support doctors as the best way to protect patients.

Crucially, however, it has focused an important debate on an objective on which we all agree: the need for an open and honest culture where doctors can learn from reflective practice to drive improvements in patient care.

Our regional teams have spoken to hundreds of doctors in the past few weeks. Although concerns remain, doctors we have spoken to now understand this case better, are less fearful as a result, and tell us that they feel more confident and willing to raise concerns. It is right that there is a balanced debate on the issue, based on facts.

We know any doctor can make a mistake or a series of mistakes. When those everyday mistakes happen we will always take system pressures into account, and those mistakes are by no means on the same level as gross negligence manslaughter.

There are some things the GMC will never be able to do, but there are things we can and will do to support you. We speak up about the pressure that doctors are under, and we challenge employers when we have evidence that training environments compromise patients' safety and the training itself by not meeting our standards. And we follow through when issues are not adequately dealt with, as we did with Health Education England in removing trainees from Canterbury's urgent care centre when we found that it was not a safe environment for patients or trainee doctors. We will continue to do this. We want to be able to act to support you—but as the independent regulator we can act only on evidence and data, whether that is local data from one site or national trends and concerns.

Working with BMA

If you think your working conditions are unsafe, document the issue and escalate it at the earliest opportunity, but don't walk away. One of the commitments we have made with the BMA is to confirm that if doctors follow this guidance it will very much weigh in their favour if the GMC subsequently receives complaints.

That joint work with the BMA includes a reaffirmation that we do not ask for doctors' reflective statements when we investigate concerns. Although some people have suggested differently, it is important that doctors be aware that Bawa-Garba's reflective notes from her portfolio were not used in her criminal trial and were used at the medical practitioners tribunal only when she chose to submit them. The Medical Practitioners Tribunal Service has provided some important clarifications on the use of those reflective notes and made clear the purpose and benefits of written reflection.

We will also work proactively with the BMA, the wider profession, the four UK governments, and national partners to improve consistency in the ways doctors can register their safety concerns about working in under-resourced environments. We are committed to working with the BMA and others on the standardisation of exception reporting across England.

BME doctors

Many have asked us about the disproportionate representation of black and minority ethnic doctors in fitness to practise investigations. This is an important issue we have been working on with the GMC's BME Forum, and others, for some time. We have been concerned about the over-representation of BME doctors in complaints made to us, and that is one of the reasons the GMC now has more staff on the ground to support local responsible officers in handling complaints. We also know that doctors who trained overseas are much more likely to be complained about when they start work in the NHS, which is why we are dramatically scaling up our free induction sessions for doctors new to UK practice. And we'll continue to ensure that our own processes are regularly and independently audited, to assure doctors that our rules and processes operate consistently and in a non-discriminatory way. But we recognise that there is more to do here.

Manslaughter legislation in medicine

Much of the comment on the Bawa-Garba case has focused on whether the original conviction of gross negligence manslaughter was appropriate, given the wider systemic issues. Although the courts have made it clear that the Medical Practitioners Tribunal Service cannot unpick court decisions,

we do recognise that there are deep and complex questions about the application of manslaughter legislation in medicine.

That is why we are committed to bringing together a wide range of voices, from across the UK, to examine this issue and ensure that the way criminal law operates can support the open and honest culture we all want. That work will include looking at the pathway leading from reporting to investigation and prosecution; distinguishing between errors and exceptionally bad failings; the role of expert witnesses; and the need for reliable data to support a genuine understanding of incidence and trends.

While we have made progress in improving doctors' working lives and training, we know there is still much more to do to make them feel supported, and many of these issues cannot be resolved quickly. However, I promise that we will keep listening and working to change those things that we can influence, to support you in providing safe care for patients.

For all *The BMJ*'s articles on the Bawa-Garba case go to bmj.com/bawa-garba.

Competing interest: I have been the chief executive and registrar of the GMC since November 2016.