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Doctors are being hamstrung by toxic cultures that damage them and the care they're able to provide

Compassionate, inclusive environments deliver better outcomes for patients

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The medical workforce is fantastically diverse, benefitting from professionals of all different backgrounds, ethnicities, and cultures. This is especially true in London, where I'm head of the General Medical Council's (GMC) regional outreach team.

This is a trend that's only set to increase. This is partly driven by the significant and growing contribution of international medical graduates (IMGs), whose numbers in the UK have increased by 40% over the last five years. This compares to only 10% for UK graduates, according to the GMC's *The state of medical education and practice in the UK* report.¹

But while diversity shines through in the health service, inclusion does not. All too often, doctors from Black and ethnic minority backgrounds have a poorer experience of medicine than their white colleagues, feeling less supported, less included, and less able to prosper.

This is unacceptable, from a moral standpoint, but also a patient one. Discrimination and disadvantage undermine a doctor's ability to provide high quality care. Being able to speak up, ask questions, and feel supported are crucial to a doctor's development and performance, as much as their raw skills and knowledge. We know that clinicians who work within compassionate, inclusive environments deliver better outcomes for their patients than those who work in hostile, siloed ones. But too many doctors are being hamstrung by toxic cultures that not only damage them, but the care they're able to provide.

That's why, as a patient safety body, we see promoting true equality, diversity, and inclusion as absolutely core to our role. And from conversations with colleagues across the health system, I know there is agreement, alongside real momentum for change.

The Medical Workforce Race Equality Standard (MWRES) *First Five* report lays out the key areas around which energies will be focused.² These programmes of work require the commitment and cooperation of all of us who make up the health system. No one organisation holds the solution: it is by working together and combining our efforts that we will shift the dial. All stakeholders, at all levels, have to play their part.

There is work to do across all aspects of the health ecosystem—from representation at Royal College level, to the diversity of senior appointments, and making sure SAS doctors have the support they need to thrive.

For us at the GMC, there are a couple of areas of particular focus.

Our 2019 *Fair to refer* report, showed that black and ethnic minority doctors are referred to us by their employers at twice the rate of their white colleagues.³ In 2021, we committed to eliminating this disproportionality by 2026. Work on this is already well underway. My outreach colleagues and I, for example, are working closely with responsible officers to consider the investigation processes that could lead to referrals to us, to ensure they're fair and free from bias, and doctors are well supported through these employer-led processes.

At a local level, we're also investing in induction for IMGs. We know that doctors arriving from overseas are more likely to be referred to us. We want to stop problems before they occur, which is why we created our free *Welcome to UK Practice* training. We've supported over 8,000 IMGs through the programme so far and are working to embed this in organisations across the country.

For us at the GMC, this comes down to the day-to-day working experiences of doctors and the care these experiences enable them to provide. Creating cultures where every doctor can thrive requires meaningful, sustained change in a system sometimes resistant to it. It requires us to be accountable, data driven, and tenacious. And it requires us to maintain our focus even in moments of deep challenge for the service. We're in this for the long haul, and know our partners are too.

The prize will not only be better supported doctors providing better care, but also a better rate of retention in a system that has never needed its workforce more. Fostering environments that bring the best out of every doctor is one of the most effective tools we have for keeping them in the system. If the ethical imperative weren't enough, the practical one surely is, because making equality, diversity, and inclusion the lived reality for all doctors is vital to the success of the workforce and the patients in its care.

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- 1 General Medical Council. *The state of medical education and practice in the UK report*. 2022. https://www.gmc-uk.org/-/media/documents/workforce-report-2022-full-report_pdf-94540077.pdf?ta=en&hash=9267A7B904842B44133BC982EEB3F5E8ED1A85F4
- 2 Medical Workforce Race Equality Standard. A commitment to collaborate. The first five. 2023. <https://www.england.nhs.uk/about/equality/equality-hub/workforce-equality-data-standards/equality-standard/>
- 3 General Medical Council. *Fair to refer report*. 2019. https://www.gmc-uk.org/-/media/documents/fair-to-refer-report_pdf-79011677.pdf