VIEWS AND REVIEWS

WOUNDED HEALER

Clare Gerada: We need to stop being frightened of the bogeyman

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For years I've been caring for doctors with mental illness. This has involved numerous interactions with the General Medical Council (GMC). Years ago, together with others, I raised concerns about the impact of GMC investigations on doctors' mental health, including links to suicide. On a personal level even I was frightened entering the GMC's London headquarters on Euston Road (which I had to do fairly often)—but this didn't compare to the fear my patients felt when the white envelope marked "confidential" landed on their doorstep or when they had to attend meetings or hearings at the GMC.

How things have changed. The GMC has, over the past half decade, undergone significant transformation in how it interacts with and deals with its registrants. It has changed how it communicates and has amended its processes to include provisional inquiries and the ability to pause investigations if necessary. The emphasis on "local first" (local resolution to support efficient handling of cases) reduces the impact on doctors and achieves more timely resolution of complaints for patients.¹ The GMC's encouragement of using employment liaison officers and its training of staff, including how to connect with registrants and to recognise those who are distressed, has improved communication. The ethos is no longer simply "protecting patients": instead, it is "supporting doctors to protect patients"—a massive shift of emphasis.

The GMC has also produced a suite of papers and independent reports through its *Supporting a Profession Under Pressure* initiative.² These publications are of an incredibly high standard, containing data and analysis that would put most academic publications to shame. It is committed to implementing the recommendations of these independent reviews.

Doctors still fear the regulator, and this is understandable. But, as it changes, maybe we should as well. We must start challenging our deeply held views and look at the facts. For example, disclosing a doctor's health problem will not lead to a GMC sanction if the doctor is receiving the necessary treatment and is managing any risks to patients. Even if a health case does get referred to the regulator the chance of a doctor receiving a serious sanction is immensely small. Over a five year period around 400 doctors were investigated for issues relating to substance misuse, resulting in three erasures and 20 suspensions. These would almost certainly include issues other than health (especially conduct), and the GMC will never erase doctors solely for matters relating to their health.

It's been nearly 20 years since Janet Smith chaired the Shipman inquiry. Her recommendations changed our relationship with the GMC and essentially drove a wedge between us. But this is now changing, and I welcome it. By working together with the GMC, we can improve the lives of our doctors and, in turn, improve the care these doctors deliver to their patients.

Competing interests: See www.bmj.com/about-bmj/freelance-contributors.

Provenance and peer review: Commissioned; not externally peer reviewed.

- 1 Rowland A. Local First programme: scoping and initiation. General Medical Council. 26 Mar 2018. https://www.gmc-uk.org/-/media/documents/08---local-first_pdf-74066879.pdf.
- 2 General Medical Council. Supporting a profession under pressure. <https://www.gmc-uk.org/about/how-we-work/corporate-strategy-plans-and-impact/supporting-a-profession-under-pressure>.

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