Accountable to no one, upsetting everyone: the GMC must be reformed

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The General Medical Council, responsible for regulating doctors in the United Kingdom, has a stark choice to make: adapt or die. The review of the damming case of Manjula Arora, disciplined for one word she used when asking her employer for a laptop, has issued 18 recommendations for fundamental reform of the GMC. The review was requested by the GMC after a stinging backlash from the profession against the GMC’s cultural ignorance and absence of common sense.

Writing last week for The BMJ (doi:10.1136/bmj.02634), Iqbal Singh and Martin Forde, the review’s authors, emphasise cultural competence, compassion, and a commitment to change as key requirements if the GMC is to achieve what it professes to do: to protect patient safety and improve medical practice (www.gmc-uk.org/about).

Yet the GMC has been failing in its duty for 30 years (doi:10.1136/bmj.02674). It has promised reform time and again, most notably after the Shipman inquiry report in 2004, which focused in particular on “assessment of fitness to practise.”

A further review, in 2019, identified the importance of local resolution for minor infringements and called for more sensitivity in the investigation of doctors (www.gmc-uk.org/-/media/documents/fair-to-refer-report_pdf-79011677.pdf). When these lessons haven’t been learnt, why should the public and doctors now trust the GMC to learn lessons?

Aneez Esmail and Sam Everington, who identified racial bias in the GMC’s handling of cases as far back as 1993, argue for the GMC to be placed in special measures and for the creation of a new organisation for the simple reason that “the gulf between what the GMC says and what it must do to change is now so great” (doi:10.1136/bmj.02674).

The GMC has become an adversarial organisation, where lawyers and bureaucrats are pitted against doctors, where success is seen in conviction rates rather than better outcomes for patients, and where discrimination is so institutionalised that it is almost impossible to acknowledge. All this is delivered without compassion and with little common sense.

The state of the UK’s health service, rife with discrimination and professional stresses (doi:10.1136/bmj.02636, doi:10.1136/bmj.02572, doi:10.1136/bmj.02648, doi:10.1136/bmj.02666), is unlikely to bring relief to the GMC’s workload, hence the need for urgent and definitive action. But successive GMC leaders haven’t implemented the recommendations of reviews and inquiries and thus have failed to deliver that reform. The standard playbook of the GMC and other organisations is to express regret, vow to change, and, behind the public façade, continue with business as usual.

Well, this can’t be business as usual. The GMC has accepted the findings of the review, agreed that the Arora case should have been a never event, and has said it will now assume that bias exists (https://www.gponline.com/assume-bias-exists-seek-address-it-says-gmc-chief/article/1804173). Words, acknowledgments, and apologies are important but will mean nothing if they are not backed up by immediate action on the recommendations from the Arora review and the many reviews that preceded it. They will mean nothing if reform at the GMC is not also complemented by reform within the NHS.

The responsibility firmly on the shoulders of the GMC’s leaders is to immediately implement the recommendations of the Arora review. If they fail to do this, the GMC must be held accountable, even if it seems to be accountable to nobody. On this point, Martin McKee and Scott Greer explain why legislative change must be prioritised to now make the GMC accountable to parliament (doi:10.1136/bmj.02676).

But any legislative change cannot be used to delay the actions the GMC, or the NHS, must undertake. The health and science select committee’s involvement may be helpful here in providing some accountability where none exists.

This is the last chance saloon for the GMC, and though it may be currently unaccountable it must know that it is being heavily scrutinised.

3. Esmail A, Everington S. GMC has been failing doctors and patients for 30 years. BMJ 2022;379. doi: 10.1136/bmj.02674 pmid: 36351666
6. Iacobucci G. Ethnic minority doctors have lower chance of securing public health training posts, report finds. BMJ 2022;379. doi: 10.1136/bmj.c2627 pmid: 36324640
7. Mahase E. Government must negotiate now to avoid junior doctors picketing, leaders warn. BMJ 2022;379. doi: 10.1136/bmj.c2572 pmid: 36328370
8. Mahase E. Sarah Hallett and Mike Kemp. Doctors are “thwarted” by politicians’ mismanagement of the NHS, say junior leaders. BMJ 2022;379. doi: 10.1136/bmj.c2648 pmid: 36328368
10. Bostock N. We must assume bias exists, seek it out and address it, says GMC chief. GP. https://www.gponline.com/assume-bias-exists-seek-address-it-says-gmc-chief/article/1804173.
11. McKee M, Greer SL. Doctors are accountable to the GMC, but who is the GMC accountable to? BMJ 2022;379. doi: 10.1136/bmj.c2676 pmid: 36332921