Medical regulation must be compassionate, supportive, and fair—how can we make this a reality?

Iqbal Singh professor and chair

Like doctors across the country, I felt a profound disquiet over the case of Manjula Arora, a locum GP suspended over a claim she had been promised a laptop. Once again, the General Medical Council’s (GMC) processes have become clouded into question, and we have had cause to wonder if our regulator has lost its focus and is on the right path.

I have been promoting equality and inclusion in medicine for decades, and as chair of the Independent Black and Minority Ethnic Doctors’ Forum hosted by the GMC. I am well aware of the inequalities that exist, many of which have been highlighted in The BMJ. I know that to improve the working lives of everyone in the NHS we have to engage with the issues and find permanent solutions. As medical leaders we have to lead the change we want to see. That’s why, when the GMC asked me to co-chair the review into Manjula Arora’s case, I was pleased to accept, while being fully aware of the responsibility and expectations. In conversations with senior health, medical, and professional leaders, there was a strong desire to ensure that cases like these become never events in the future.

The review put forward a series of recommendations, ranging from improving consistency in how cases are managed, to promoting a culture of local resolution and local first to ensure much needed compassion and support for doctors going through fitness to practise processes. Crucially for the GMC, they include improving levels of cultural competency, and developing a better understanding of the profession it regulates.

Since publication of the review, colleagues have asked me how I can have faith that the GMC will act on these recommendations. Aneez Esmail and Sam Everington recently wrote in The BMJ that they feel there has been insufficient action since they first wrote about the GMC’s failings 30 years ago.1 Kamran Abbasi wrote that it cannot be business as usual and the GMC has a duty to implement the recommendations of the review I co-chaired with Martin Forde.2 If the sheer weight of reports, reviews, and inquiries was a measure of progress, race inequalities would have been consigned to the history books long ago. Historically there has been a mismatch between intentions and outcomes and the lived experience of people from ethnic minority backgrounds. Scepticism that the regulator has the ability, or the will to change is understandable.

The reason for my optimism is that I believe that we are now in a different environment and that the GMC is a different organisation today than what it was a few years ago. Covid-19 has exposed huge structural and racial inequalities. Along with social media and movements like Black Lives Matter, it has led to a more widespread willingness and understanding that these inequalities need to be tackled. It has also made clear that justice will not be served until those unaffected by racial inequalities are as outraged as those who are. Race inequality in health and in the NHS is a reflection of wider society. Organisations aspiring to be leaders in diversity and serving diverse populations need to provide solutions to this challenge.

The GMC has put in place initiatives such as its regional outreach programme and “Welcome to UK medicine induction training.” There is a desire within the GMC to be a positive force for improvement. The decision not to contest the appeal in Arora’s case and instead issuing an apology to Arora are significant. The targets the GMC has set itself around eliminating disproportionate referrals and differential attainment in education also suggest a shift in approach. These issues are long standing and deep seated. The GMC’s commitment to resolving them shows an ambition to go beyond its usual parameters and push for meaningful change in the system at large.

That isn’t to say there have not been serious missteps—Arora’s case is a particularly grave one. But the investment in preventing problems before they occur suggests the direction of travel is the right one.

As one of the largest healthcare regulators, the GMC has a responsibility to be at the vanguard of change. It needs to deliver and its progress needs to be monitored and evaluated with continuous learning. I am hopeful that with progress, leadership and the right attitude, it can be the vehicle for regulation that is compassionate, supportive, and fair for all.

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1 Esmail A, Everington S. GMC has been failing doctors and patients for 30 years. BMJ 2022;379: doi: 10.1136/bmj.o2674. pmid: 36351666