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GMC has been failing doctors and patients for 30 years

The Manjula Arora case shows that it is not fit for purpose and should be placed in special measures

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The General Medical Council has made dealing with criticism into a performative masterclass. It has honed several strategies: deny that there is a problem, cite the lack of evidence, commission research that often produces predictable answers to banal questions, and produce an endless series of reports so that it can wring its hands in false contrition and promise that change will come.

Perceived racial bias

The GMC's internal report into the case of Manjula Arora is damning.^{1,2} The only thing that the GMC will seize on is that the authors of the report could not find evidence of direct racial bias. But, tellingly, they did not exclude this possibility.

Problems with racial bias in the way the GMC deals with cases were first raised by us nearly 30 years ago, in 1993.³ The GMC subsequently commissioned research by the Policy Studies Institute, which identified major flaws in the way that the GMC made decisions related to what was then defined as serious professional misconduct.⁴ These reports set out the need for the GMC to produce agreed standards, criteria, and thresholds by which decision makers could determine whether a set of facts amounted to serious professional misconduct and thus avoid the problems of perceived racial bias.

The Shipman inquiry report published in 2004 included a detailed and forensic examination of all the processes of the GMC, together with clear recommendations on how the GMC could develop standards against which it could assess "impairment of fitness to practise."⁵ Nearly 20 years later, the GMC is still grappling with the same issues—the failure to define standards, criteria, and thresholds. It's almost as if the desire to learn is lacking—the Arora report talks about the absence of a culture of curiosity, the lack of consistency in the GMC's decision making, the failure to question its own decisions, and case examiners failing to seek legal advice, which resulted in a wrong legal test being applied. This single case review gave rise to 18 recommendations, suggesting that the problems are systemic. As well as failing, the GMC is also dysfunctional, used to blaming politicians and the legislature for its inability to make changes because of constraints in the Medical Act 1983.

Even the recommendations of the report that the GMC commissioned in 2019—that local resolution should be the default starting point of minor infringements—could have prevented escalation of Arora's case.⁶ To make matters worse, the GMC lawyers used an adversarial approach in the tribunal service, so much so that the authors of the Arora report make a plea to the GMC to show compassion

and respect. These are some of the foundational principles of medical professionalism.

Some doctors have described to us how the barristers instructed by the GMC are often perceived as trophy hunters. This lack of compassion and respect also resulted in 29 doctors taking their own lives while under investigation by the GMC during 2018 to 2020.⁷ Appleby's report for the GMC in 2019 called for more sensitivity in the investigation of doctors, yet judging by the Arora report, the GMC is still failing in the standards it has set itself.⁸ This is a problem for both patients and doctors. In a series of reports on women's health, for example, the GMC has failed to implement some of the recommendations relevant to its processes.⁹

Lack of public scrutiny

If the GMC was subject to public scrutiny in the same way that the Care Quality Commission assesses healthcare organisations and general practices, it would be rated as inadequate and subject to special measures.

The GMC has now become an organisation that serves only itself and perpetuates the myth that it acts on behalf of patients and doctors. Doctors are willing to pay a substantial sum of money through annual registration fees because they see the importance of a regulatory body that protects the interests of patients and ensures that when things go wrong there is scrutiny of the doctors who might be involved. The GMC has been given the opportunity to reform for over 30 years by a range of organisations, in addition to undergoing a full and thorough public inquiry. The gulf between what the GMC says and what it must do to change is now so great that the only solution is for it to be placed in special measures so that a new organisation can be created that can truly represent the needs of patients and doctors.

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