

System failures and learning from the case of Dr Manjula Arora: 21st century regulation needs to be compassionate, caring and supportive

The recent judgement and suspension of Dr Manjula Arora has caused huge apprehension within the medical community and raised debate about whether the fitness to practise process is fit for purpose. This editorial focuses on the need for 21st century regulation to be proportionate, fair, supportive and compassionate.

Introduction

Dr Manjula Arora was working as a sessional independent contractor GP at Mastercall Healthcare, a company that provides a range of services to patients registered with GP practices. In 2019, Mastercall was in a contractual association with the North West Ambulance Service, providing a service that involved North West Ambulance Service paramedics referring patients awaiting ambulances to Mastercall clinicians. Mastercall reported Dr Arora to the General Medical Council for having asked for the Mastercall North West Ambulance Service clinical assessment service to be switched off because of the high volume of calls and for saying to the IT department that she had been promised a laptop.

The General Medical Council screeners and case managers referred the case to the Medical Practitioners Tribunal Service and it was heard in May 2022. The tribunal determined that there was no case to answer in relation to the allegation that Dr Arora had asked for the service to be switched off. However, on the second charge there was a lengthy hearing centring on whether Dr Arora had been dishonest in saying that she had been promised a laptop whereas the medical director of Mastercall had said that he had informed Dr Arora that he had noted her interest in receiving a laptop to work from. The tribunal's findings and determination decided that this action could be perceived as dishonest and suspended Dr Arora for 1 month (Medical Practitioners Tribunal Service, 2022). Dr Arora has since appealed and will be supported by the British Medical Association and many professional organisations.

This case has left the medical profession in a state of amazement, apprehension and sadness at the total lack of compassion shown by the General Medical Council's Queen's Council (QC) and the General Medical Council itself. Doctors have found it difficult to comprehend how, in a system with huge failings, an issue around a request for a laptop, which should surely have been handled locally, ended up progressing to a Medical Practitioners Tribunal Service decision to suspend a doctor for 1 month (Nagpaul, 2022). The conduct of the General Medical Council legal team and the QC raises serious questions about a culture that needs to ensure that doctors are treated with the same respect and dignity as they offer to their patients and needs to apply learning from the gross negligence manslaughter, mental health and wellbeing, Fair to Refer and other reviews (General Medical Council, 2019a, b).

Compassion

The fundamental principles of compassion, dignity and respect are the bedrock on which the health and social care system in the 21st century should be built. This is important not only for patients but for the thousands of staff it employs. Compassionate practices and leadership help to forge positive relationships built on trust and mutual respect. This allows a culture where staff feel empowered to raise any concerns that they may have and moves away from a culture of blame.

Compassion must be delivered throughout the management and leadership structures of the NHS. This should be reflected in all workforce practices, processes, policies and disciplinary procedures. Regulation in the 21st century needs compassion embedded in all of its structures.

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How to cite this article:

Singh I, Ahmed R, Stewart P, Singh SE. System failures and learning from the case of Dr Manjula Arora: 21st century regulation needs to be compassionate, caring and supportive. *Br J Hosp Med.* 2022. <https://doi.org/10.12968/hmed.2022.0288>

Honesty and integrity

On the surface, it seems simple to say that lying is bad. It is what we are taught as children and what many of us teach our own children. However, as the defence for Dr Arora said, 'dishonesty is not an all or nothing matter'. Most would agree lies can be placed on a scale of severity, but when does a lie cross the line between acceptable and unacceptable? It is hard to believe that the dishonesty, or perhaps more accurately misunderstanding, displayed by Dr Arora crosses this fictitious line. Yet the position of the line is hugely subjective, making a standardised approach challenging. It is dependent upon the person's own environment, beliefs and culture, as well as being shaped by the norms of those around them. Another consideration must be the intended or real gain from the act of dishonesty. In this case, Dr Arora was hoping to get a laptop to help her with her work and improve patient care, a seemingly honourable objective.

The public holds doctors to particularly high standards when it comes to dishonesty, but are doctors not human beings like everyone else? We all strive to uphold the principles of the General Medical Council's (2014) 'Good Medical Practice' which is instilled in us all, early in our careers. We aim to maintain open and honest relationships with our patients in order to preserve trust and allow us to provide care to the best of our abilities. However, we would all be lying to ourselves if we said we do this without ever telling mistruths. Therefore, is it not feasible, with the bar set so low, that all clinicians could find themselves in Dr Arora's shoes (Salisbury, 2022)?

So how does honesty relate to integrity? The terms are far from synonymous. Integrity is more than just being honest and encompasses an adherence to professional ethical standards, as well as moral soundness. Integrity is a vital quality for all healthcare professionals. A single act of dishonesty without premeditation or malicious intent surely does not compromise a doctor's integrity as a whole, although repeated acts of dishonesty may call this into question. Can one tell a white lie without endangering one's moral principles?

Proportionate regulation

For Dr Arora, this was a single occasion with no history of similar events. Doctors rely upon the General Medical Council to provide a balanced assessment of cases referred, and act in the public interest to maintain patient safety.

The sanction imposed should be the least restrictive option, and balance both Dr Arora's interests and those of the general public. This sanction seems to be out of balance. A month away from work is likely to be detrimental to Dr Arora's mental health and finances, not to mention de-skilling her. Furthermore, removing a competent GP from the front line at a time of considerable pressure can only compromise patient safety and therefore cannot be in the public's best interest (Abbasi, 2022).

Support, remediation and mentoring

General Medical Council investigations may be lengthy and, regardless of the outcome, can be very traumatic for individuals. The impact of every investigation can have huge repercussions. In his report on doctors who have died while under investigation or during a period of monitoring (General Medical Council, 2022a), Professor Louis Appleby concluded that doctors under investigation can feel trapped, humiliated and unjustly treated. This independent review identified 28 cases of suicide among doctors undergoing investigation by the General Medical Council between 1 January 2018 and 31 December 2020.

A Medical Protection Society (2014) survey of doctors who had been investigated highlighted that 72% of respondents felt that the General Medical Council investigation had a detrimental impact on their mental and physical health. The General Medical Council has commissioned the doctor support service but there needs to be more avenues of support available across the whole of the country.

Improving health and wellbeing and making the NHS the best place to work is one of the key components of the NHS People Plan (<https://www.england.nhs.uk/ournhspeople/>). COVID-19 has had a huge impact, not just on communities but on the healthcare workforce. NHS staff have provided exceptional service but the strain on their physical and mental

health is beginning to show. As the nation recovers and the NHS resets, it is important that doctors are supported and treated with dignity and respect.

In terms of remediation and return to safe practice, organisations are able to identify what is needed, but there is a huge gap in the actual provision and no formal mechanism for addressing any performance or issues around professionalism. The Centre for Remediation and Support at Bolton University is one example of a mechanism to address performance issues that needs to be replicated across the country and supported by all. Developing a system of mentorship is needed, especially for first years, international medical graduates and all doctors in the transitional phase of training careers.

General Medical Council response

Charlie Massey, the Chief Executive of the General Medical Council, has said that the General Medical Council is listening and will carry out a review to understand whether there are lessons to be learned from this to apply to future cases. It needs to cover the whole pathway from the referral to decision making by the tribunals. The review should be independent and it is important that it is chaired by a senior black and minority ethnic clinician. The General Medical Council has committed to abolish discrimination in fitness to practise reference within 5 years and abolish differentials in educational attainment within 7 years (General Medical Council, 2022b). This is one of their strategic objectives and it is important that unfortunate cases like this do not railroad the work on addressing these inequalities.

This strategic objective is welcome and should be supported by all stakeholders. It is vital that this work is not derailed and that milestones are monitored. Yearly progress reports should be shared in the General Medical Council annual review and with stakeholders.

Fitness to practise and black and minority ethnic doctors

The NHS has a huge black and minority ethnic workforce – over 42% of doctors working in the NHS are of black and minority ethnic origin. The issue of racial inequalities and discrimination has been a concern for over three decades, with numerous initiatives by the NHS (Singh et al, 2018). There is increasing recognition and widespread acceptance of the differential treatment of black and minority ethnic doctors and medical students at all levels, and there is a commitment and action plan introduced to abolish this discrimination.

The Fair to Refer review (General Medical Council, 2019b) and analysis of all the data shows that it is not patients but organisations and institutions who complain about black and minority ethnic doctors. The NHS Race and Health Observatory Report (Kapadia et al, 2022) recommended that, instead of denying and defending, organisations should take actions to remove these inequalities. Improvements in outcomes and addressing issues of racial bias have been seen by using anonymised case details (Torjesen, 2022). Many professional organisations have asked for the use of independent scrutiny panels at local levels.

Conclusions

The case of Dr Manjula Arora brings into sharp focus the importance of fair, proportionate and robust disciplinary procedures for all clinicians, whatever their background or ethnicity. It also reminds clinicians to reflect on their own interpretation of the terms honesty and integrity, as well as how they might depict these principles in our day-to-day clinical practice. We hope that the learning from this case will help result in positive changes across the whole pathway and move the General Medical Council step closer to its strategic aim to eliminate discrimination in fitness to practise referrals. Finally, this case reminds us all of the overwhelming need for care and compassion to be embedded in regulation.

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Key points

- The review of Dr Arora's case by the General Medical Council should include the role of the employment liaison adviser, the screeners, the case managers, fitness to practise hearing panellists and the conduct of its legal team at Medical Practitioners Tribunal Service hearings.
- There is an urgent need to ensure that training around issues of compassion is provided for all General Medical Council and Medical Practitioners Tribunal Service staff, along with a culture change that embodies compassion.
- The General Medical Council should make a clear statement that doctors should be provided with IT and other resources, should be free to raise concerns when resources are not provided and that the General Medical Council will support them.
- Until such time that training on compassion is provided, the General Medical Council should ensure that the legal team and those instructing them are not involved with cases.
- The General Medical Council should reinforce its commitment to abolish unfairness and publish milestones on its targets every year.
- A review is needed to redefine and clarify the term honesty in relation to a charge of fitness to practise impairment and bringing the profession into disrepute.

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