Learning from the handling of the referral of Dr Manjula Arora

The Singh and Forde review of the General Medical Council's handling of Dr Manjula Arora's referral made a number of recommendations for the General Medical Council, the wider NHS and other organisations. This article discusses how to move forward with the recommendations and deliver 21st-century regulation that is truly compassionate, fair and supportive.

Iqbal Singh[1]
Gary J Jevons[2]
Lakhveer Manku[3]
Philippa Stewart[1]
Viraj MR Konda[4]
Author details can be found at the end of this article
Correspondence to:
Iqbal Singh;
iqbalsingh21@aol.com

Introduction

In November 2022, the General Medical Council published the findings of the Singh and Forde (2022) review into the General Medical Council's handling of the case of Dr Manjula Arora. The review made 18 recommendations, focusing on four key areas:

1. Professional curiosity and local resolution first
2. Compassion
3. Support
4. Cultural competency and diversity intelligence.

Local resolution first

The review concluded that allegations regarding the laptop that Dr Arora had been promised should have been handled at the local level and should not have reached the General Medical Council. At this point, it should not have progressed through the fitness to practise processes, nor should it have reached the tribunal stage.

The General Medical Council receives over 8000 complaints every year. Regulators should not measure success by the number of complaints they receive or handle but how they create a culture of learning and sharing, embed a culture of professional curiosity in decision makers, and prevent mistakes from happening and concerns being raised. There should be a focus on early recognition of concerns with an opportunity for remediation. It is important that the General Medical Council promotes local resolution through its leaders and its outreach teams (General Medical Council, 2022a).

Good local resolution is relevant to all regulators and all professions. The NHS strategic plan *A fair experience for all* (NHS England and NHS Improvement, 2019) aims to decrease the rates of disciplinary action across the NHS workforce and recommends that the key to achieving this is by providing support, training and advice. The General Medical Council will need to work in partnership with the Nursing and Midwifery Council, NHS Resolution and the NHS as a whole, and provide training to those who are responsible for undertaking local investigations so that they feel competent and have the confidence to address any concerns, rather than immediately referring them to the regulator.

A number of studies have identified the negative impact that a referral to the General Medical Council can have on a doctor. The Medical Protection Society (2014) found that 72% of doctors reported a deterioration in their physical and mental health following a General Medical Council referral, while it was found that doctors under investigation report feeling 'trapped, humiliated and unjustly treated' (General Medical Council, 2022b) and that a General Medical Council investigation was an independent risk factor for suicide among doctors (General Medical Council, 2014a). Therefore, actions taken at the local level to resolve issues before a General Medical Council referral can be seen as a positive measure to support doctors.

In addition to managing concerns at the local level, further training regarding professionalism should be delivered to all healthcare professionals. Most concerns about a doctor's conduct and/or performance relate to issues of professionalism rather than the

How to cite this article:
Singh I, Jevons GJ, Manku L, Stewart P, Konda VMR. Learning from the handling of the Arora case. Br J Hosp Med. 2023. https://doi.org/10.12968/hmed.2022.0539

© 2023 MA Healthcare Ltd

delivery of clinical care; given the number of complaints the General Medical Council receives, this identifies a clear training need. This may be of particular benefit to those that have not worked in the NHS previously, such as international medical graduates, and should also form part of any doctor's continuing professional development. Given that the principles of professionalism are laid out within *Good Medical Practice* (General Medical Council, 2014b), the need for this training is clear.

Compassion

Compassion and the fundamental principles of dignity and respect are the bedrock on which the health and social care system should be built in the 21st century. Compassionate practices and leadership allow a culture whereby staff are free to speak up and raise any concerns that they may have without the fear of reprisal, resulting in a culture that moves away from a culture of blame. Doctors should treat all patients and colleagues with dignity, compassion and respect, and the same must be afforded to doctors when going through fitness to practise procedures, tribunal hearings and during cross examinations (Singh et al, 2022).

Both the General Medical Council and Medical Practitioners Tribunal Service have made a commitment to these values when dealing with doctors who have been referred. However, it is not enough to simply make a commitment, this needs to be evident in the way they treat and communicate with doctors through their attitudes and behaviours once fitness to practise proceedings and hearings begin. Fitness to practise hearings are not criminal proceedings – the legal teams are there to establish whether or not a case is proven. Although the questioning can be robust, the legal teams should proceed with compassion and respect. Going through the tribunal process is stressful enough without the doctor feeling as though the whole process is devoid of any compassion, where they are shown little respect and are in danger of losing their dignity. Following the determination, whether or not a sanction is applied, most doctors will return to practice. If doctors have a negative experience and are shown little compassion and respect, there is a danger of their physical and mental wellbeing becoming compromised. This may impact on their ability to re-enter the workforce successfully, resulting in a long-term negative impact on both the doctor and their family.

Support

COVID-19 has had a devastating impact on all communities as well as being a generational challenge for the whole medical and healthcare workforce. The situation has been further compounded by workforce shortages and a huge backlog of work. As the nation recovers and the NHS resets, the considerable strain on the mental health and wellbeing of medical staff is beginning to show. At this time especially, there is a need for NHS providers, medical professional bodies, medical organisations, Royal colleges, education and training bodies and system regulators to recognise the importance of support and working collaboratively.

The formal review and appeals process takes a drastic toll on the healthcare of students and professionals. All NHS organisations need to provide support throughout the fitness to practise process and beyond. The need for mentoring, support, remediation and guidance may be even greater at the end of tribunal hearings and sanctions as during the process itself. Medical defence organisations should improve the support that they provide to doctors throughout the fitness to practise process by appointing regional and local representatives that are knowledgeable and understand local issues. Outside of normal working hours support needs to be made available through an out of hours service, with a choice of whether that support is accessed over the telephone, virtually or face to face. Doctors from minority ethnic backgrounds should be given the choice to have support from doctors from the same cultural background and whose first language is the same. This will help to reassure the doctor seeking support that those supporting them better understand the cultural and language nuances that may become lost during communication. In addition, responsible officers working with human resources and occupational health have a role in ensuring that local pastoral support is both available and easily accessible from the time that a doctor is first referred to the General Medical Council (NHS England, 2022).

© 2023 MA Healthcare Ltd

Cultural competency and diversity intelligence

The NHS has a hugely diverse workforce, with over 42% of doctors being of Black and minority ethnic origin (General Medical Council, 2022c). The General Medical Council (2022d) has a target to eliminate any racial disadvantage, discrimination or differential attainment in medical education and training. It is important that, despite setbacks like this case, the work continues and has the full support of stakeholders.

It is important that regulators and wider organisations promote a culture of safety where all doctors work in an environment that is socially, spiritually and emotionally safe for them. The General Medical Council and all organisations should have a definitive set of values and principles that outline what is appropriate and good practice in terms of their policies, structures, attitudes and behaviours. This will help make doctors feel more comfortable, respected, supported and valued.

The onus should be at both an individual and organisational level, whereby doctors should be encouraged to voice their views and concerns and these should be listened to, respected and addressed. Organisations should embed a culture that is reflective, where individuals within each organisation are asked to directly reflect on their own biases, attitudes and beliefs about others, especially from those who are considered to be different, whether that be in respect of ethnicity, culture, language or other characteristics. This will avoid stereotyping and prejudices and avoid the labelling of others who may be different from the majority and may be contributing to a culturally unsafe environment. Communication should be open and effective, where all parties are listened to and there is an exchange of ideas enabling positive engagement through the development of mutual trust.

Education and training, focusing on gaining knowledge, skills and attitudes around issues of cultural competency, will help ensure that there is greater understanding about differences in culture, traditions and language that may exist between doctors from diverse backgrounds and cultures.

A comprehensive induction programme is needed, including pastoral support for international medical graduates to help integrate them into the NHS and the wider local communities. The General Medical Council's 'Welcome to UK Practice' programme needs to be complemented by the NHS's comprehensive induction. The Global Training and Education Centre based in Wigan and the Centre of Remediation programme at the University of Bolton also help to provide induction and support, but comprehensive induction and support programmes like these should be available more widely across the country.

In addition, decision makers, assessors and examiners must address issues around cultural competence and cultural intelligence to ensure that they understand how different cultures may express things differently. The sanctions guidance should take account of the changing demographics and diversity of the medical workforce, and examiners, assessors and tribunal members should demonstrate understanding and sensitivity to the interpretation of the values cross-culturally, and of communication through the lens of cultural competence and diversity intelligence. Organisations that aspire to be leaders in diversity and those serving diverse populations or staff should improve data collection and be proactive in monitoring the decisions of individual decision makers and case examiners for any variations relating to ethnicity, so that outliers may be identified and issues addressed by training and education.

Conclusions

Since the review was published there has been widespread support for and welcome of the recommendations and a feeling that implementing these has the potential to change the face of medical regulation. However, there is understandable scepticism about whether these recommendations will be implemented in full. The General Medical Council has accepted and committed to implementing them and it is important that this is monitored and evaluated and regular progress communicated to stakeholders.

The review recognises that the General Medical Council cannot achieve these goals in isolation, but needs support and partnership to help highlight what needs to be done.

There has been a long wait for the UK government to legislate reform of health professional regulators. The authors believe that local regulation will help to make regulation more timely and avoid the stress of having to go through tribunals.

© 2023 MA Healthcare Ltd

Key points

- The General Medical Council has accepted and agreed to implement all recommendations of the Singh and Forde review. The implementation should be monitored, evaluated and communicated to all stakeholders.
- The NHS should develop a culture of local resolution first, with those involved trained in professionalism and handling concerns.
- Comprehensive induction for international medical graduates should include patient safety and professionalism, and help to integrate them into the NHS and communities.
- Organisations serving diverse workforces and stakeholders should proactively seek out and address bias and have appropriate expert advice for decision makers on cultural competence and diversity intelligence.
- Compassion, dignity and respect are pivotal values of health, NHS and regulators, and should be embedded into all pathways of the General Medical Council and Medical Practitioners Tribunal Service.

Author details

[1]Centre of Excellence for Safety in Older People, University of Bolton, Farnworth, Bolton, UK

[2]Department of Medicine for Older People, East Lancashire NHS Foundation Trust, Blackburn, UK

[3]Department of Elderly Medicine, Fairfield General Hospital, Bury, Lancashire, UK

[4]University of Central Lancashire, Preston, UK

References

General Medical Council. Doctors who commit suicide while under GMC fitness to practise investigation. 2014a. https://www.gmc-uk.org/-/media/documents/internal-review-into-suicide-in-ftpprocesses (accessed 15 December 2022)

General Medical Council. Principles of good medical practice. 2014b. https://www.gmc-uk.org/-/media/documents/good-medical-practice---english-20200128_pdf-51527435.pdf (accessed 15 December 2022)

General Medical Council. Outreach. 2022a. https://www.gmc-uk.org/about/how-we-work/outreach (accessed 15 December 2022)

General Medical Council. Supporting vulnerable doctors. Report on doctors who have died while under investigation or during a period of monitoring. 2022b. https://www.gmc-uk.org/-/media/documents/doctors-who-have-died-while-under-investigation-or-during-a-period-of-monitoring-2018-2020--89398370.pdf (accessed 22 December 2022)

General Medical Council. The state of medical education and practice in the UK: the workforce report 2022c. https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk/workforce-report-2022 (accessed 15 December 2022)

General Medical Council. Equality, diversity and inclusion targets: areas of progress and priorities for 2022. 2022d. https://www.gmc-uk.org/-/media/documents/equality--diversity-and-inclusion-targets---areas-of-progress-and-priorities-for-2022-plus--89452828.pdf (accessed 22 December 2022)

Medical Protection Society. GMC investigations impact on the health of 72% of doctors. 2014. https://www.medicalprotection.org/uk/articles/mps-survey-gmc-investigations-impact-on-the-health-of-72-of-doctors (accessed 15 December 2022)

NHS England. Responsible officer FAQs. 2022. https://www.england.nhs.uk/professional-standards/medical-revalidation/ro/ro-faqs/ (accessed 15 December 2022)

NHS England, NHS Improvement. A fair experience for all: closing the ethnicity gap in rates of disciplinary action across the NHS workforce. 2019. https://www.england.nhs.uk/wp-content/uploads/2019/07/closing-the-ethnicity-gap.pdf (accessed 21 December 2022)

Singh I, Forde M. The GMC's handling of the case of Dr Manjula Arora. An independent learning review. 2022. https://www.gmc-uk.org/-/media/documents/the-gmc-s-handling-of-the-case-of-dr-manjula-arora-an-independent-learning-review-professor-94950326.pdf (accessed 15 December 2022)

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 (Lond). 2022;83(7):1–4. https://doi.org/10.12968/hmed.2022.0288

© 2023 MA Healthcare Ltd