"Bad things that happen to good(ish) surgeons"
#ACPGBI2023 Manchester

Following on from the engaging talk at #ACPGBI2023 by Samantha Watson on "Bad things that happen to good(ish) surgeons" there were numerous queries and questions which came through for more in depth advice and information. Whilst it is not possible to provide advice for specific individuals, there were many common themes for which Ms Watson has kindly answered in more detail.

Topics addressed include: How does the GMC assess public confidence in a doctor? How and why is doctors self-referral (for seeking help with mental illness or addiction) in the same bracket (graph) of complaints?

What steps are the GMC taking in response to perceived racial inequality in MPTS actions/responses to incidents?

For the answers to these questions and more, please see below:

How does the GMC assess public confidence in a doctor?

- One of the GMC's core statutory aims is to promote and maintain public confidence in the medical profession as a whole, rather than to test the public's confidence in individual doctors. We do this by setting the standards doctors need to follow throughout their careers and, where necessary, taking action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Recently a cardiothoracic surgeon was suspended for six months because he was caught using his wife's train pass. Is it still fair to expect doctors to behave as saints while they are paid the same rate as fast food staff?

- *The G*MC understands that there is a strong depth of feeling amongst many in the profession regarding this case. This doctor in this case pleaded guilty to one offence of entering a compulsory ticket area in February 2022

without having with him a valid ticket, and 54 other offences of using a pass he was not entitled to were taken into account.
- An independent medical tribunal found the doctor's fitness to practise impaired, owing to his criminal conviction. The GMC submitted for a sanction of suspension, and the doctor's representative agreed that suspension was the most appropriate and proportionate sanction to impose in this case. The tribunal went on to note that there was no question of risk to patients in this case, but that the doctor's conduct in terms of his conviction and events that led to it have brought the medical profession into disrepute.
- All doctors who are registered with the GMC are expected to follow the standards set out in the guidance, including (but not limited to) Good medical practice. Paragraph 65 states 'You must make sure that your conduct justifies your patients' trust in you and the public's trust in the profession.'

How and why is doctors self-referral (for seeking help with mental illness or addiction) in the same bracket (graph) of complaints?

- The graph in question demonstrated a breakdown of the sources of each of the 7661 referrals which came into the GMC regarding doctors in 2021. Of these, 476 were doctor self-referrals. Perceived impairment due to mental illness and/or addiction is just one possible reason a doctor may refer themselves to the GMC. Other common reasons include police action, or disciplinary action by a doctor's employer.

The GMC was found to be racist in the way it deals with doctors. What is the GMC doing to gain the confidence and trust of non-white doctors? And;

What steps are the GMC taking in response to perceived racial inequality in MPTS actions/responses to incidents?

- The GMC have set ambitious targets as a regulator to tackle areas of inequality affecting doctors. These are:
    - The disproportionate pattern of fitness to practise complaints we receive from employers, in relation to a doctor's ethnicity and place of qualification. We want to eliminate this by 2026.
    - Discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training. We want to eliminate this by 2031.

- Regarding the GMC's own processes, we regularly check that we're working in a fair and consistent way, and that we're mitigating all potential

biases.To do this, we commission independent reviews of our guidance and how we apply it. This involves asking our staff, doctors, patients and organisations who support them about their experiences of our processes. In response to our latest review, in 2023 we will:

  - change our approach to auditing the fairness of our work. We'll run audits in a more regular and consistent way across the organisation. And we'll ask for more feedback on our work from people who experience our processes.
  - embed a single set of decision-making principles across all our different functions'
  - tailor our equality, diversity and inclusion (ED&I) training for staff in different teams, so it's more specific to issues they might face in their job.
  - publish more detailed data in our annual fitness to practise statistics report. We want to make it easier for everyone we work with to see the impact of the changes we're making.

- We're also taking forward recommendations from other reviews on fairness, including learning points from fitness to practise cases. This work will make sure all our staff, at every level and across every function, are actively seeking out potential biases and addressing them head on.

  - Read the findings from our review into the fairness of our processes
  - Read an external review of how we audit the fairness of our work

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Please note: this information is correct at the time of publication. For the most up to date information, please contact gmc@gmc-uk.org, or visit the website at www.gmc-uk.org