

## How science can help doctors satisfy the GMC

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*Doctors who fall foul of the GMC should use an evidence based approach to help demonstrate reflection and insight, says Narinder Kapur*

Every doctor's nightmare is to be investigated by the General Medical Council (GMC) — sanctions can range from a gentle warning to being struck off. When a doctor is found guilty of wrong doing they will often need to demonstrate insight, reflection, and learning.

Although remediation has to be tailor made to address the issues relating to the doctor in question, I set out here a generic evidence based approach based, in part, on the principles of behavioural science that I have found helpful in my own practice when working with doctors who must satisfy certain requirements.

### Insight and reflection

The requirement to gain insight and show reflection is not an easy one to satisfy. However, there are some key articles that offer guidance.[\[1\]](#) [\[2\]](#) [\[3\]](#) I ask doctors to read these and provide a commentary on the aspects that relate to their case. There are scales, such as the Beck Cognitive Insight Scale,[\[4\]](#) that can give a quantitative measure of insight—though these were developed for psychiatric disorders and ideally need to be adapted.

### Professionalism

There will invariably be aspects of professionalism that have been directly or indirectly raised. I ask doctors to read certain articles[\[5\]](#) [\[6\]](#) and show how components of clinical excellence and professionalism might bear on events in their own case.

### Patient safety

Since one of the remits of the GMC is to protect the public, patient safety issues are usually a feature of decisions relating to remediation. An article published in *The Psychologist* [\[7\]](#) covers a range of patient safety issues—such as those that arose at Mid Staffordshire hospital—and I ask doctors to reflect on any lessons that relate to their own case.

## Clinical knowledge, skills, and experience

Where it seems that competence is an issue, I ask doctors to gain specific knowledge, skills, and experience related to concerns that were raised. There are generic medical learning modules—such as those run by *The BMJ* and *NEJM*—and specialised learning modules run by bodies such as the Royal Colleges. When specific experience is required, this may require a mentor supported clinical attachment.

## Probity

When the issue is one of probity it adds a complexity that isn't usually present in other cases. It's important to see if the science of memory can address any issues, since unconscious distortions of memory may sometimes be mistaken for dishonesty. [\[8\]](#) [\[9\]](#)

There are useful articles on the issue of probity in doctors [\[10\]](#) and, when relevant, I ask doctors to read and reflect on these articles.

## Documentation of learning

All of the above requires commitment and dedication from both the doctor and, if involved, the mentor. In general, eight to 12 sessions should be enough to carry out the assignments. Commentaries will usually be a five to 10 line summary of the article followed by a 15 to 30 line reflection.

This forms part of the bundle that is presented as evidence of learning to the Medical Practitioners Tribunal Service and to the GMC.

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