British Association of Physicians of Indian Origin

13th May 2020

Mr. Charlie Massey,
Chief Executive Officer,
General Medical Council,
Regent's Place,
350 Euston Road,
London, NW1 3JN

Dear Charlie,

Suicide of Consultant Anaesthetist Dr Sridharan Suresh – call for action

Thank you for your letter of April 17, 2020.

We thank you for your words of sympathy for the loss suffered by Dr Suresh's widow, and we also appreciate the willingness of the GMC to learn lessons from this case. While we welcome the efforts made by the GMC to bring about improvements in relevant procedures, we would like to make a number of points which we hope you and your colleagues may find helpful.

1. You state, 'We always undertake a case review to ensure we learn lessons...'. This is an internal review. At the last GMC BME Advisory Group meeting, it was noted that there is a strong argument for such reviews to be independent, external reviews. Thus, they should follow NHS England 2015 Guidance for major adverse events involving patients, and have a Level 3 independent, external inquiry. Major incidents affecting staff wellbeing should be accorded the same importance as major incidents affecting patient wellbeing.

2. You unfortunately did not appear to respond to our request for 'a more robust procedure of professional accountability to these doctors' license to practice as managers'. As you may know, this is a matter which has impacted badly on the career and well-being of a number of our colleagues. While we acknowledge the challenges that medical managers are faced with, nonetheless there is often a perception of poor or no accountability for some; the GMC has a responsibility for the behaviour of doctors who take on management roles, and thus has a duty to strengthen their regulation.

GMC should now accept that it needs to scrutinise them more diligently and impose significant sanctions if they play a key role in serious management failures (e.g. unfair dismissal of a whistleblower).

3. You state that the new pathfinder email 'provides the doctor with a phone number of an individual they can speak to'. This is a step in the right direction provided that it is a named individual, preferably a local ELA. Also, it is very easy for people to not read emails because they have been misdirected into their spam box or they have been inundated with emails. An absence of a response say within a week must be followed up by direct contact by the ELA, preferably by a phone call.

4. You state that the GMC will ask the police if they consider the doctor to be vulnerable. The police do not appear to have the motivation, skills or experience to make that judgment. Furthermore, going by the recommendation made by Professor Appleby, every doctor in these circumstances should be considered as being vulnerable and so it would be appropriate for the GMC to point that out to the police so that they can act with due caution. Whilst we accept the premise that the GMC operates on the principle of 'assumed innocence', and that this must also be the case with the police, in the case of Dr Sridharan our FOI leads us to believe that right at the outset the police had assumed guilt of the individual (see attachment).

5. You state that the GMC does 'not have responsibility for the police and cannot set guidelines for their staff'. That does not mean that the GMC cannot enter into meaningful discussions with the police to help them draw up fair and sensitive procedures for handling doctors' cases, interviewing doctors, etc. and also help the police in also drawing up criteria for making referrals to the GMC. The GMC may also wish to offer their services for relevant aspects of police training.

6. You state that the GMC is carrying out a pilot 'so that we can rely on evidence gathered locally by employers'. Sometimes employers' evidence can be flawed, and so the GMC needs to include staff and related individuals for gathering evidence, not just employers.

7. The GMC may wish, in developing future policies, to liaise more closely with bodies such as the Practitioner Performance Advice Service (formerly NCAS) and the Practitioner Health Programme.

In relation to the template that you refer to, which was circulated with the BME Forum minutes, our main criticism would be that while this would be a helpful letter with some excellent recommendations, nevertheless it follows the principles contained within the GMC's guidance 'Leadership and Management for all doctors -2012' which in our view is outdated. You will recall that we have advocated that this should be updated and better regulation be put in place for all medical managers.

We are, of course, pleased that the GMC is taking soundings from bodies such as ours so that the process of fairness and transparency can be further refined. As the saying goes, this is a marathon and not a sprint!

With best wishes,

Yours sincerely,

Ramesh Mehta
President
Attach

JS Bamrah
Chairman