Good medical practice 2024

A paradigm shift to anti-discrimination

Using Good medical practice as a lever for change

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I’m just overthinking, right?

- Reprimanded for staying late, male colleague praised as ‘conscientious’ for staying late
- This is NOT how we learn things here
- Never invited for group socials
- Leave refused

General Medical Council

Instructions

In one or two words, given Anika's experiences, what risks can you foresee?

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Fair to refer

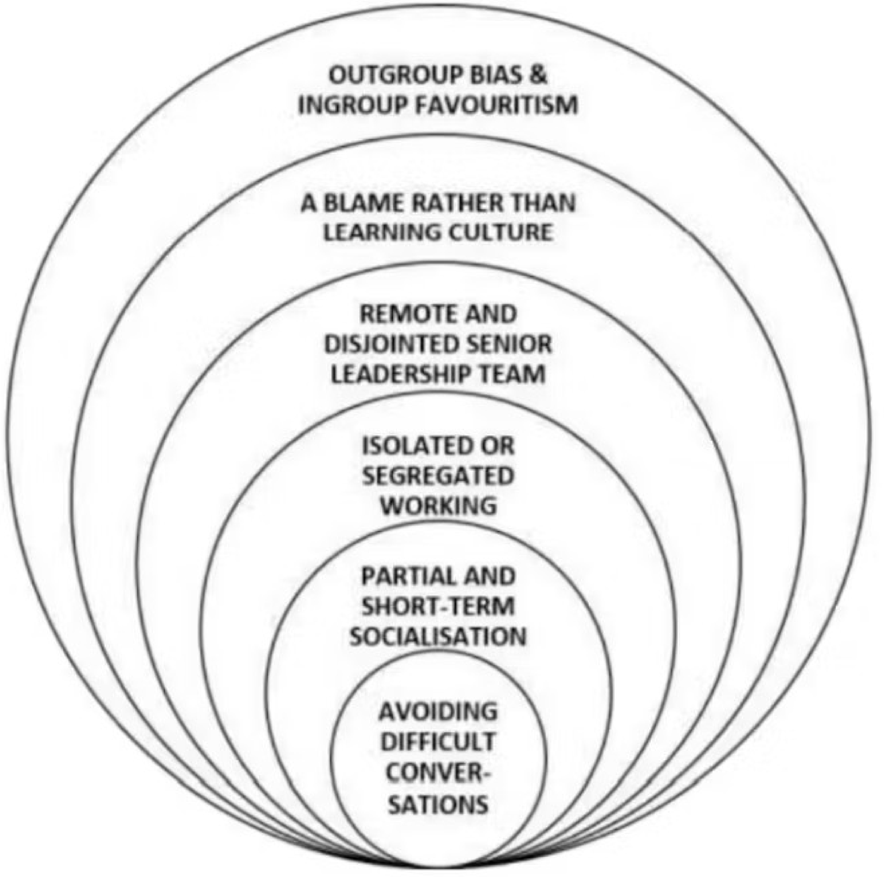

Figure 1: Risk factors

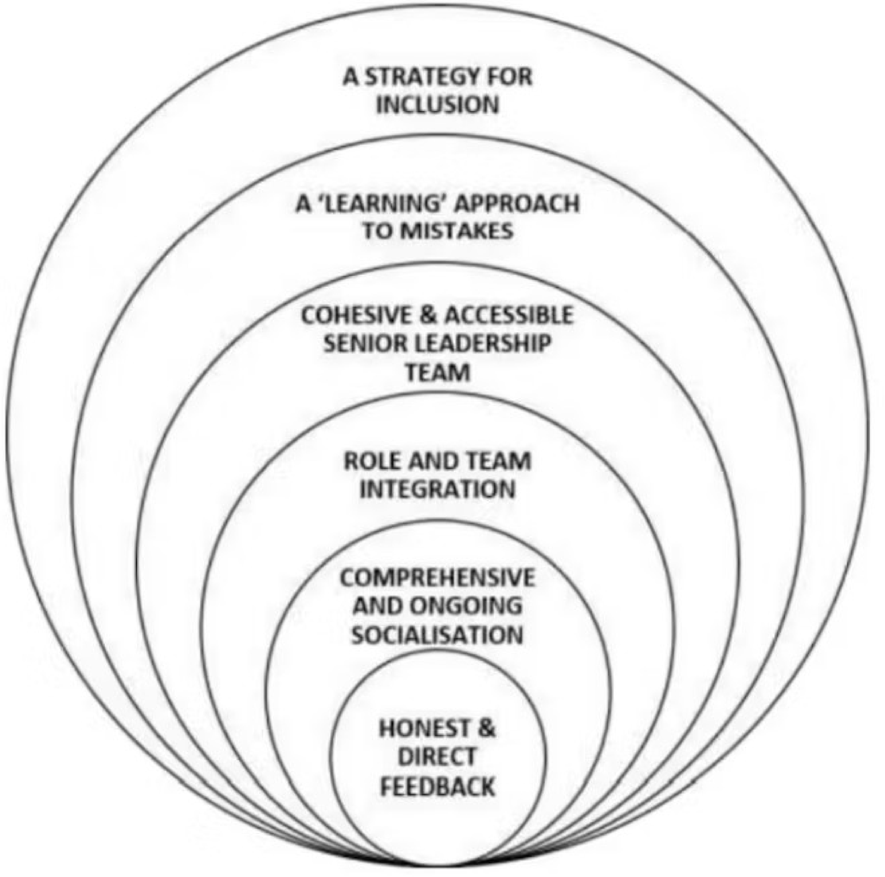

Figure 2: Protective/Neutralising factors

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Good medical practice 2024 is a lever for positive change

General Medical Council

The test of time...

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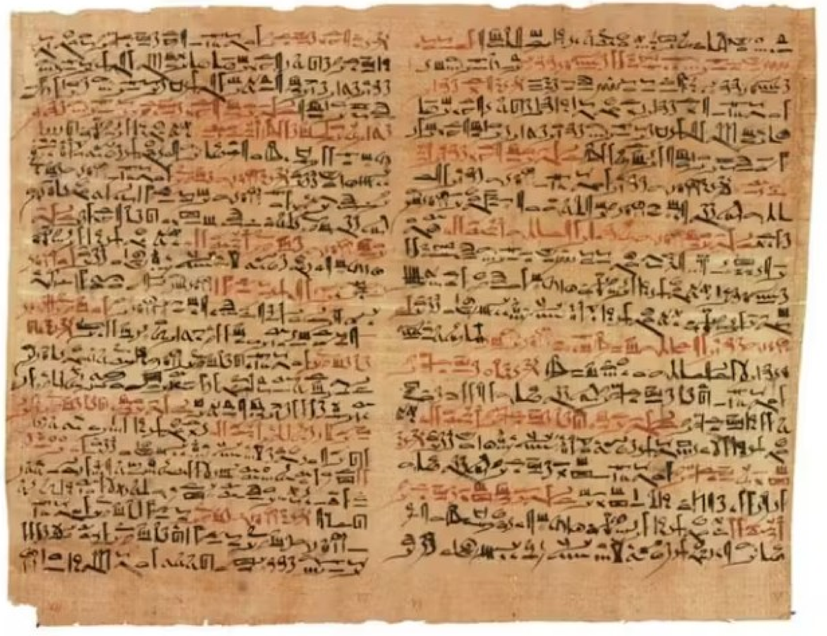

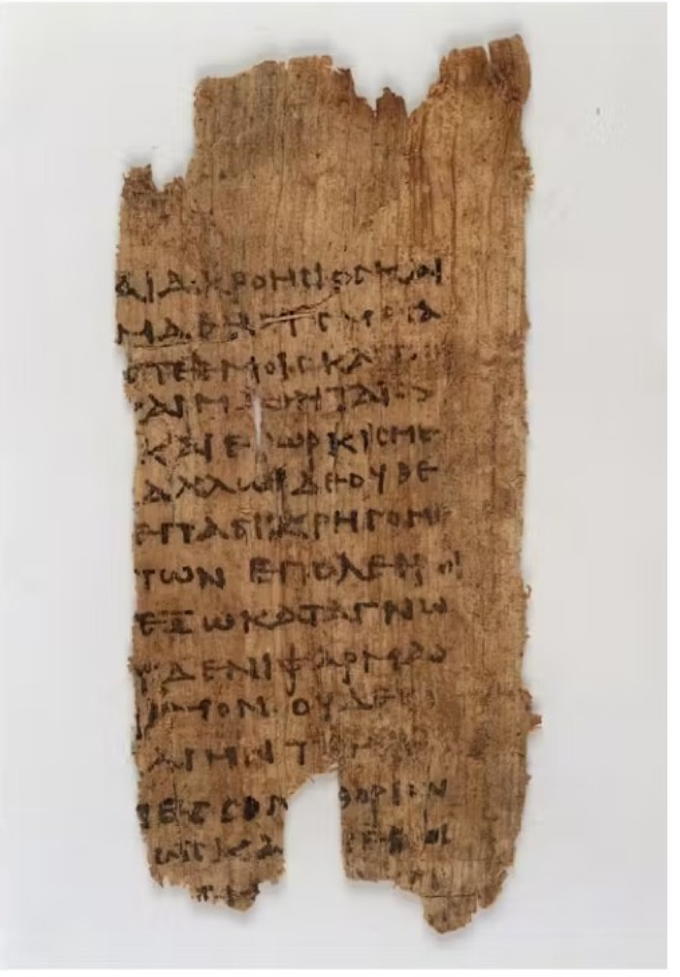

"Whatever, in connection with my professional service...which should not be spoken of abroad, I will not divulge..."

Paracelsus: on the qualifications of a good surgeon

A clear conscience

Desire to learn and gather experience

Greater interest in being useful to patients than to himself

He must not act without judgement

He must not accept belief without understanding

He must not boast of knowing anything without experience

Paracelsus: on the qualifications of a good surgeon

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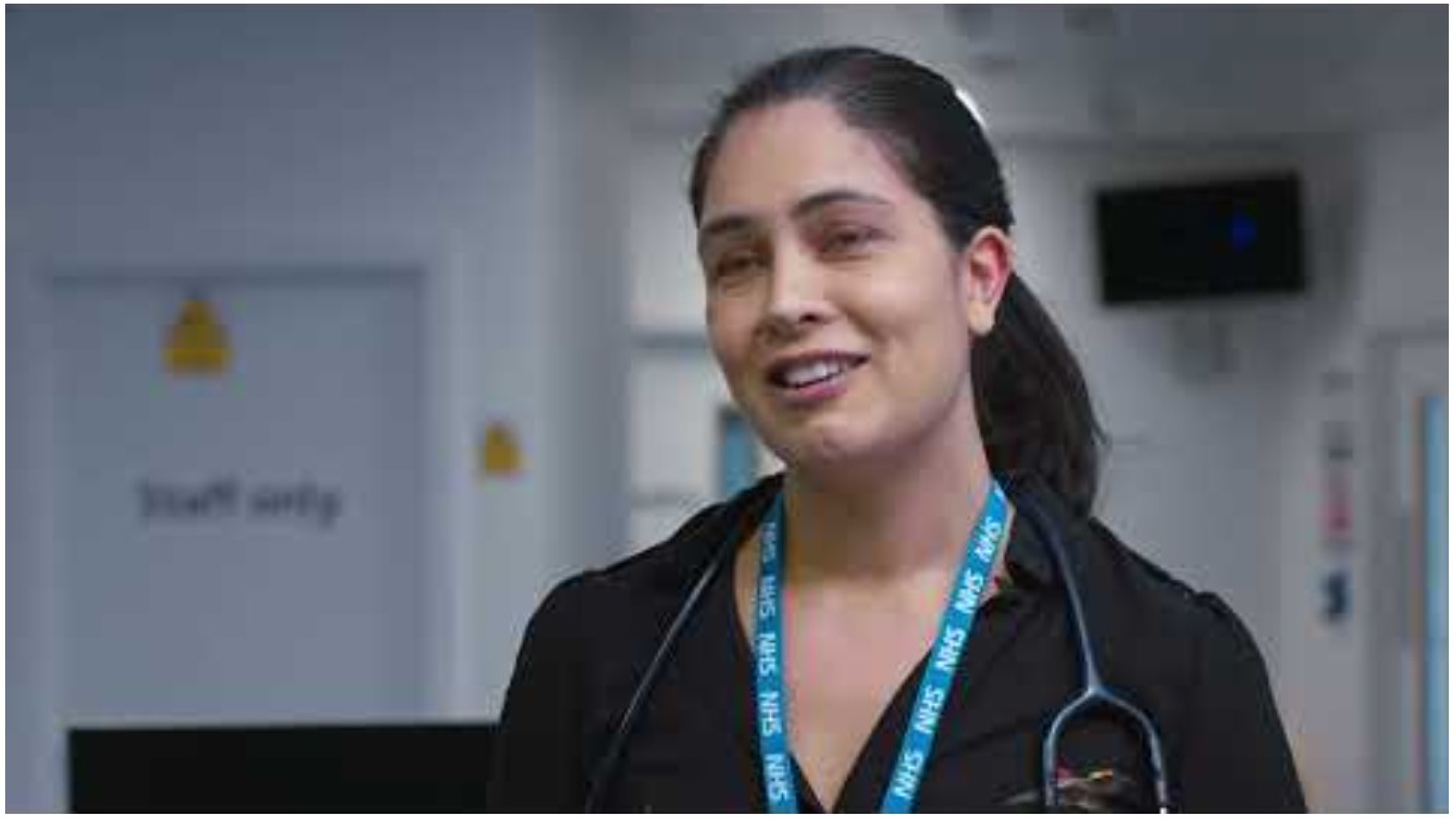
He must not boast of knowing anything without experience

He must not be married to a bigot

He should not be a runaway monk

He should not practise self abuse

He must not have a red beard


Staff only
NHS

Would the overt racsim be treated seriously at your workplace?
0
Yes
0
No

Would the racist microaggression be treated seriously at your workplace?
0
Yes
0
No

Bystanders? Or upstanders?

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Everyone should act…

For example you could:

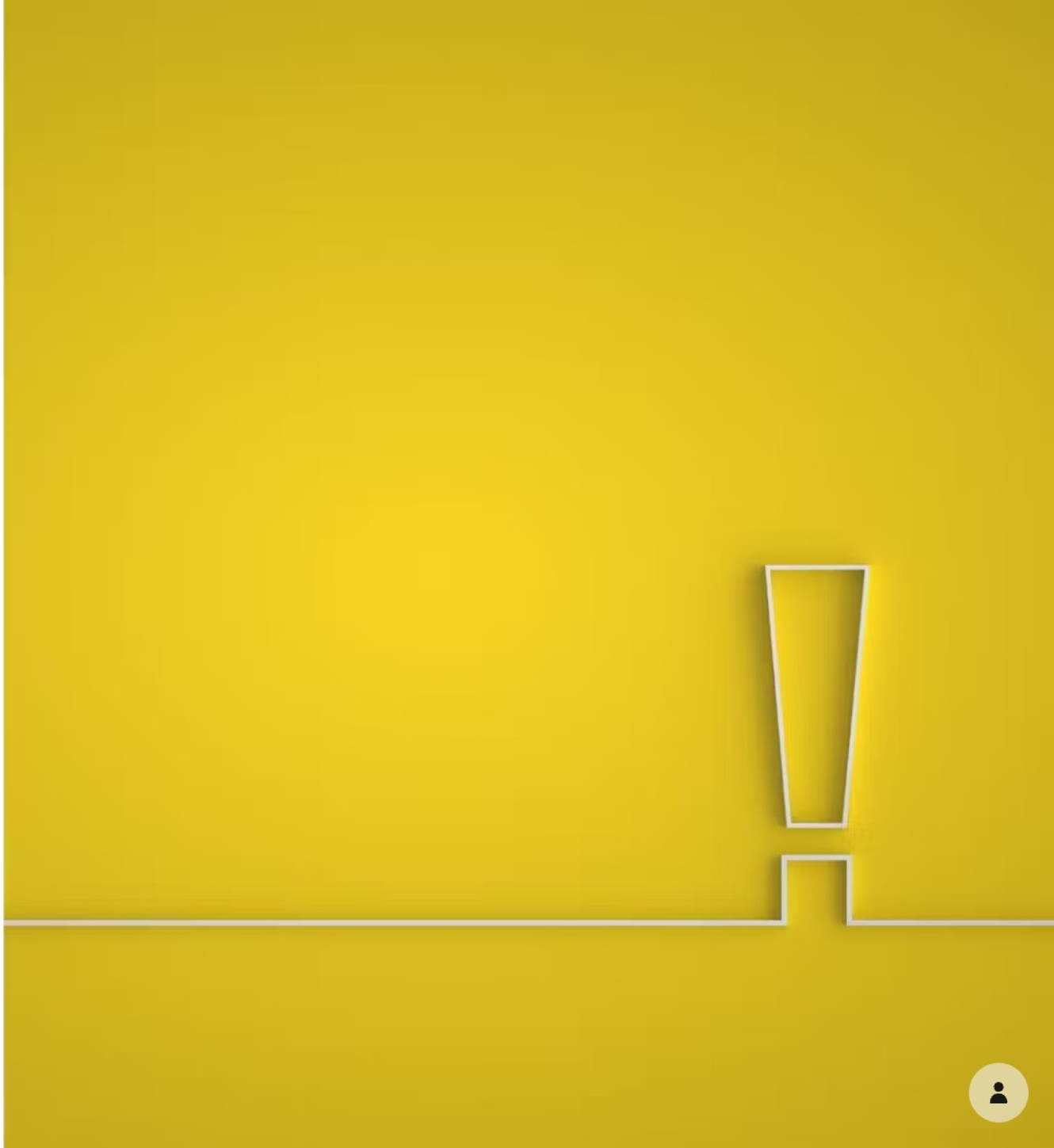
- offer support
- challenge the behaviour
- consider reporting

Leaders must act….

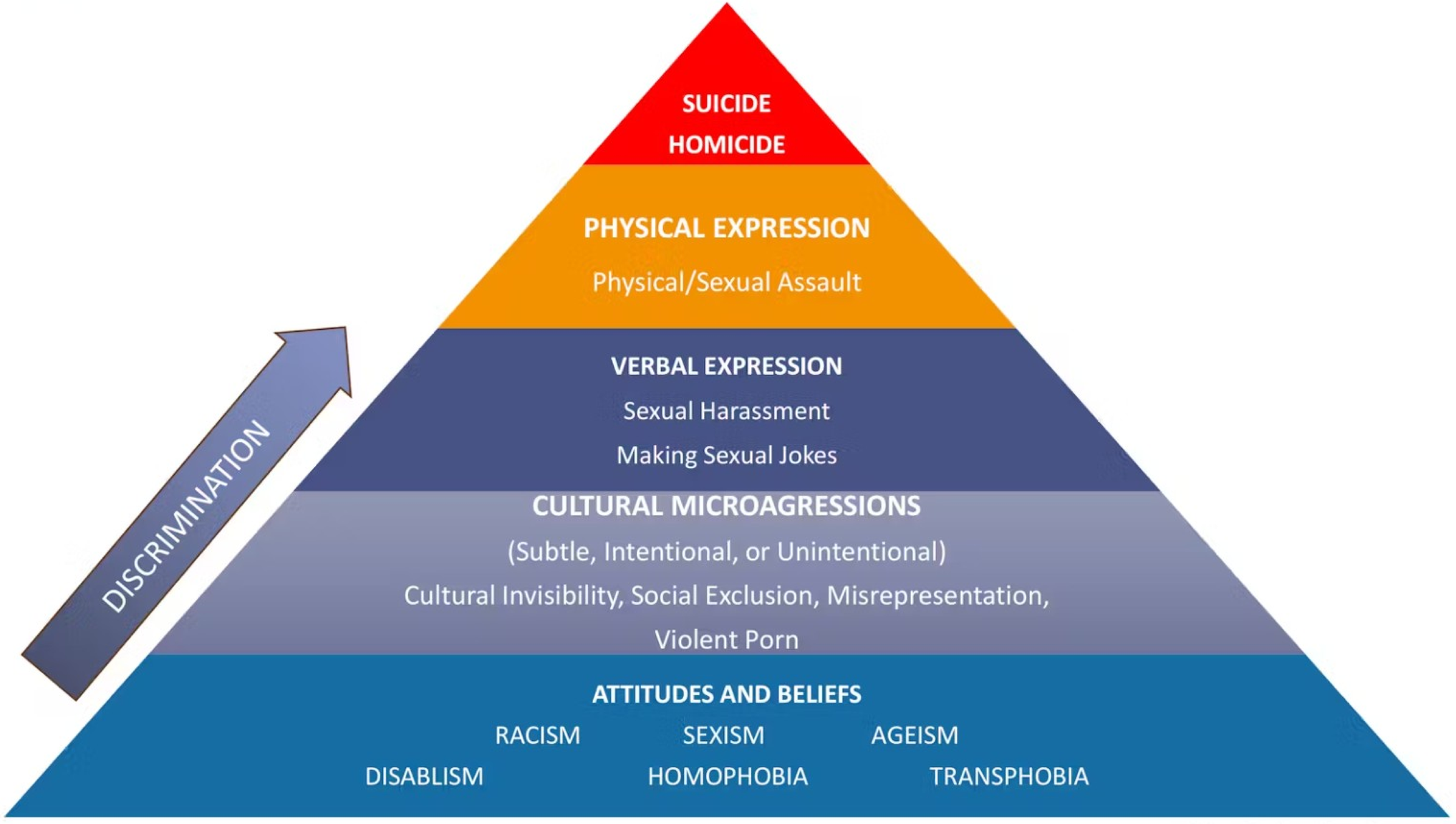
- address behaviours
- support people
- deal with concerns promptly, escalating if necessary

Early warning signs

- Not all sexual harassment escalates, but nearly all escalated sexual misconduct has antecedents
- GMP sets expectations for colleagues to tackle these early warning signs
- Leaders must act



Why? Pyramid of Discrimination and Violence



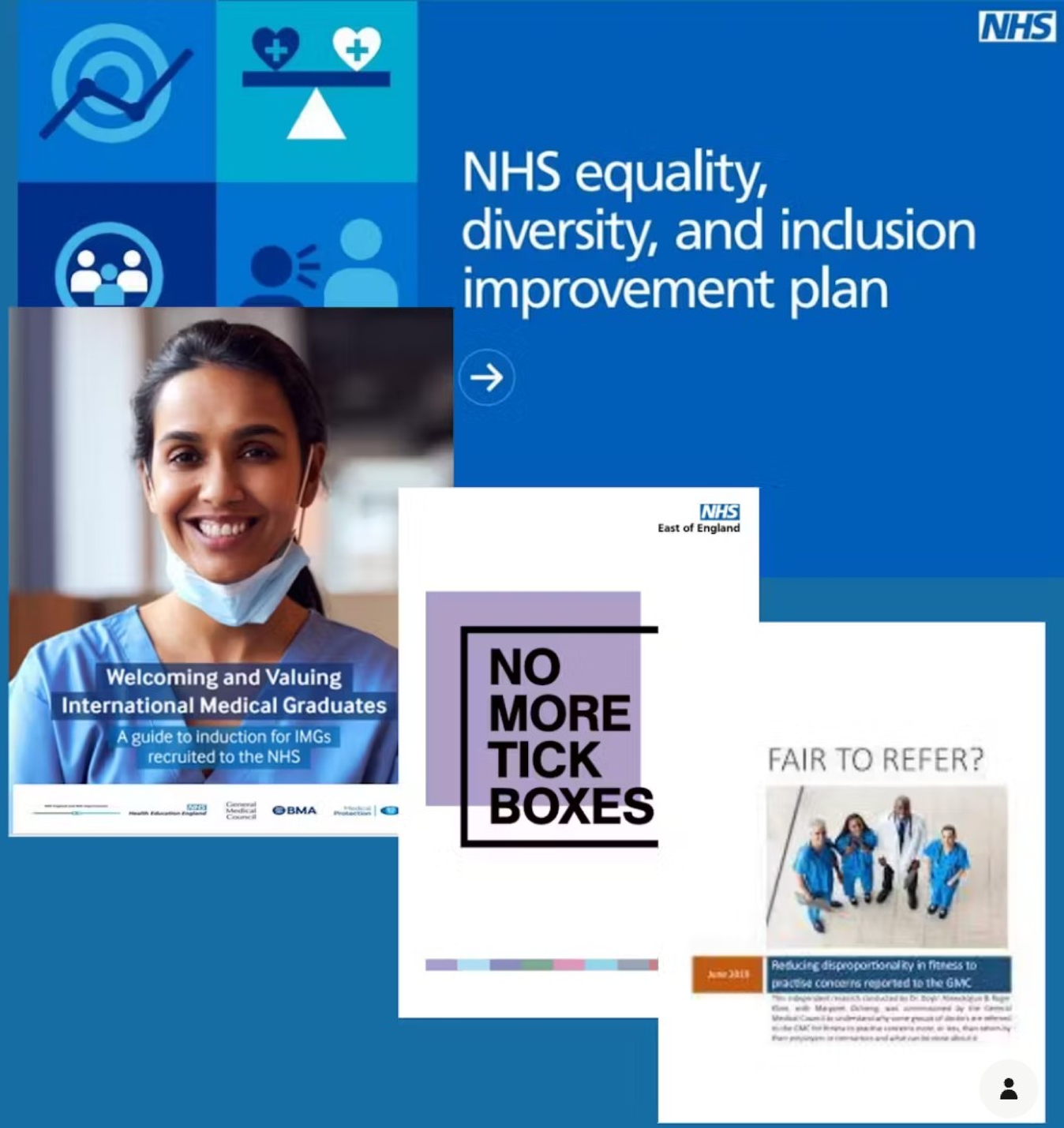
McMahon & Banyard, 2012 DOI: 10.1177/1524838011426015

How do we counter bias and microaggressions?

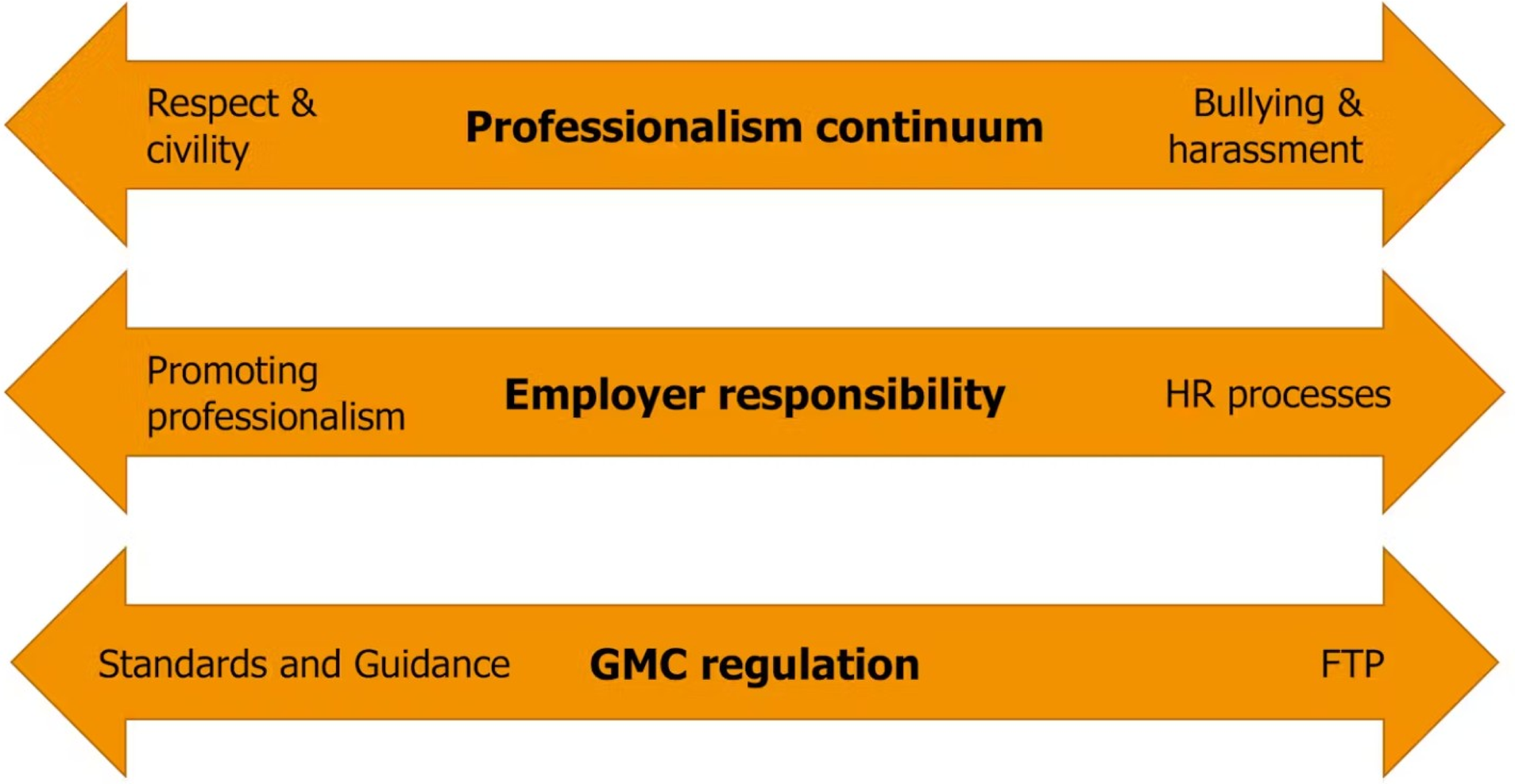
- Can you think of microvalidations you can use?
- What phrases are you comfortable using when calling out or calling in?
- What else can help?

Guidelines, standards, policies, toolkits

- Present bias
- Funding
- Accountability



The implementation gap



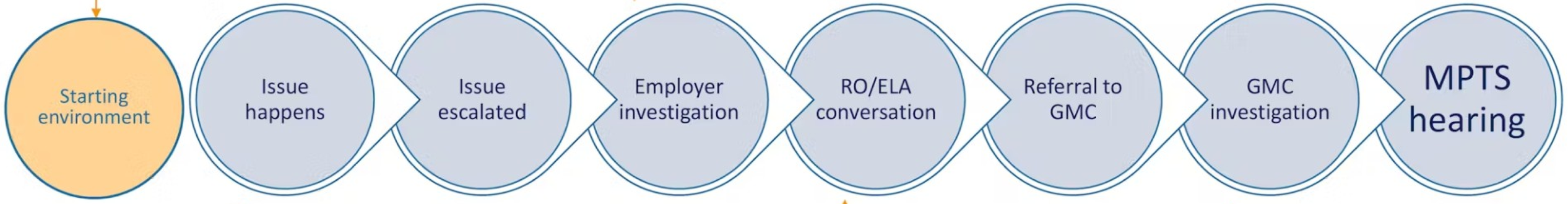
A linear depiction of a non-linear process…

Implement *Good medical practice*
Protective factors:
Welcoming and valuing IMGs
Learning interventions
Active bystander; microaggressions
Induction, case studies, grand rounds
Stop weaponisation of GMC

Principles of a Good Investigation
Engaging with stakeholders e.g. NHS Resolution
RO Training – new focus on EDI

Witness Support
Updated RO guidance &referral form

Training for Panellists
Support for unrepresented doctors



Leadership and teamwork
Professional Behaviours and Patient Safety prog.

Raising and Acting on concerns

Training for GMC staff on EDI and bias
Training for ELAs on impartial investigations

Learning from Dr Arora review

The right interventions at the right time

121% rise in international graduates vs. 2% rise in UK graduates (2017-2021)

In 2023, over two thirds of joiners (68%) were IMGs

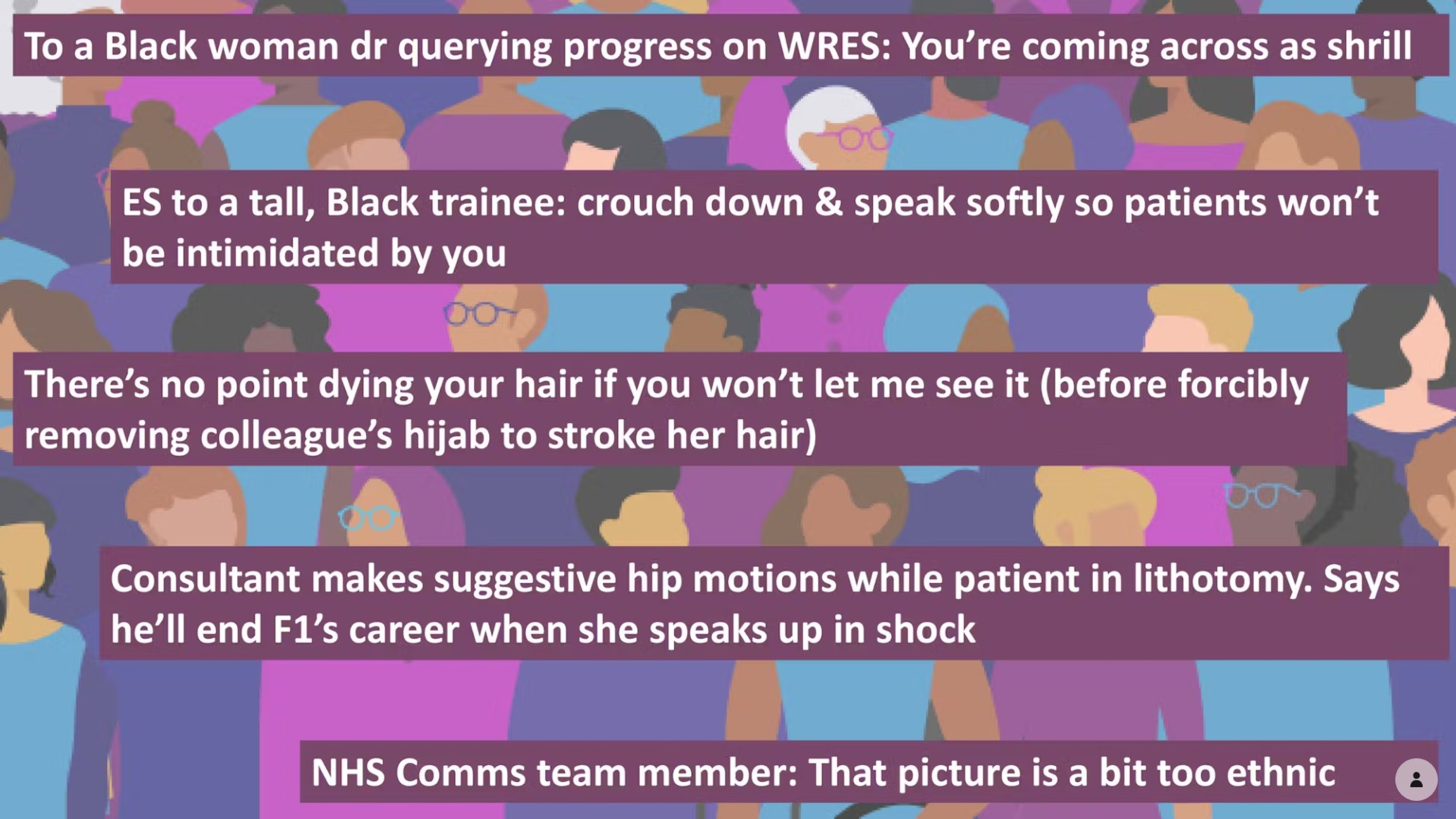
By 2030 SAS and LED will be the majority

Specialty exam pass rates:

- UK White grads = 79%
- UK Black grads = 62%
- Hindu, Sikh, no religion grads = 70%
- Asian Muslim = 66%

Minoritised ethnic doctors 1.7 x as likely to be referred by employers

IMGs 2 x as likely to be referred by employers


To a Black woman dr querying progress on WRES: You're coming across as shrill
ES to a tall, Black trainee: crouch down & speak softly so patients won't be intimidated by you
There's no point dying your hair if you won't let me see it (before forcibly removing colleague's hijab to stroke her hair)
Consultant makes suggestive hip motions while patient in lithotomy. Says he'll end F1's career when she speaks up in shock
NHS Comms team member: That picture is a bit too ethnic

CIVILITY SAVES LIVES

I am the recipient

80% lose time worrying about rudeness

78% reduce their commitment to work

63% lose time avoiding the offender

48% reduce their time at work

38% reduce the quality of their work

25% take it out on customers/patients

12% leave

I am the staff on-looking

20% decrease in my performance

50% reduction in willingness to help others

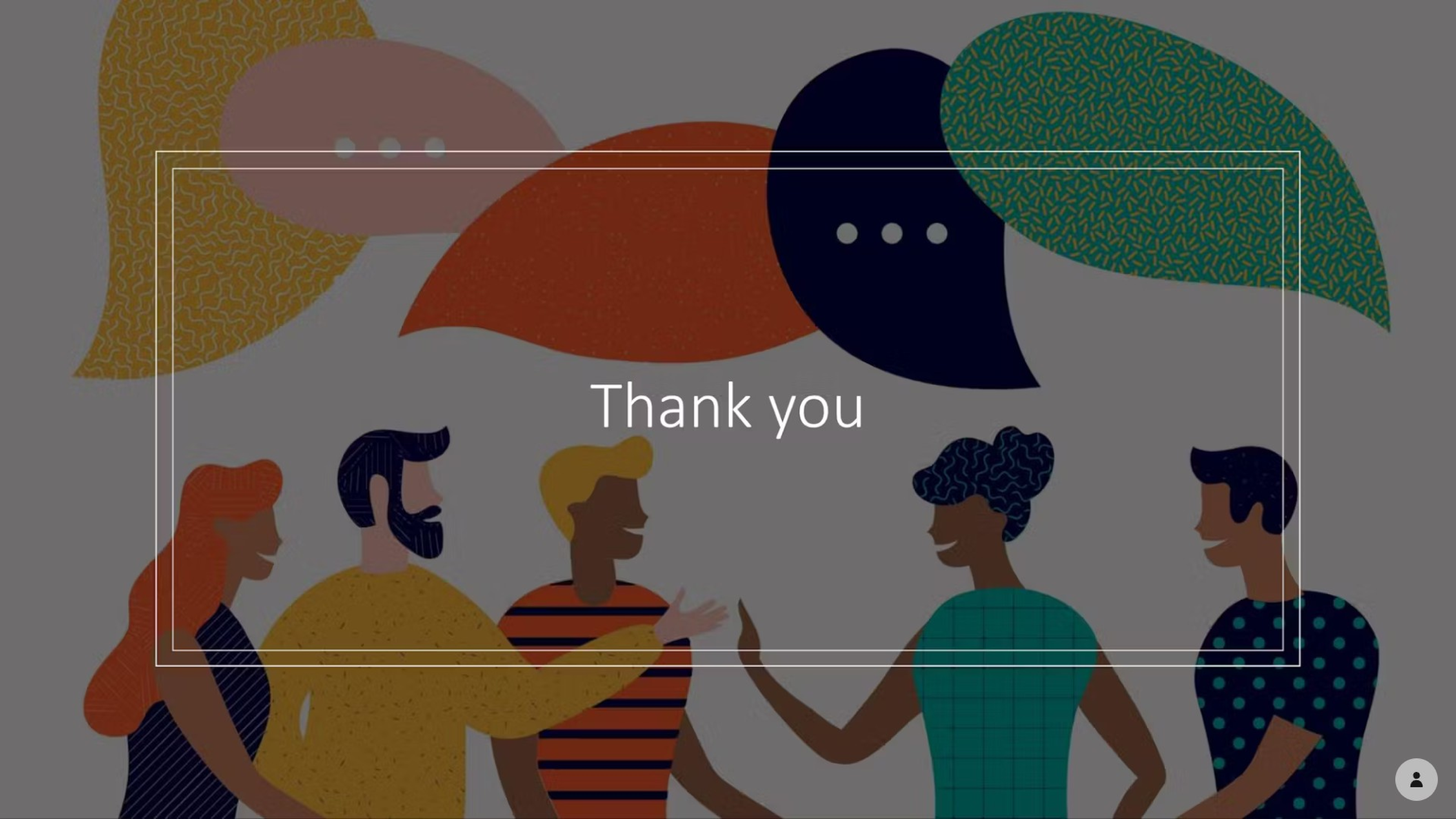
I am the patient/relative

75% less enthusiasm for the organisation

66% feel anxious dealing with the staff

We must work together to make this stop

- New professional standards which are explicit about discrimination will help
- Lever for change - but implementation is key – we MUST collaborate to drive change
- **Good news is that golden circle interventions work**
- We have myriad anti-discrimination resources and interventions – use us in Outreach!


Thank you