

Implications for the GMC from the fellowship: Regulating Doctors: between performance and practice. *Professor Mary Dixon-Woods.*

Rationale

When a high profile scandal hits, it is often claimed that the regulatory regime has failed and a better framework is needed. Questions such as what makes for good regulation, what “goodness” should mean, how it might be assessed, and what role regulation might play are questions that remain challenging. Over the last decade, regulation to improve care quality and increase public trust in healthcare provision has typically involved increasing oversight over of health organisations and health professions. In the case of doctors, a system of governance that had historically relied heavily on informal social controls was challenged, and the regulator, the General Medical Council (GMC), was radically reformed.

This fellowship aimed to offer a social science explanation for the recent reforms to the profession, including the end of the self-regulatory model; to examine the relationship between trust in doctors and regulation; and to explore the options for regulating doctors to

ensure better care for patients. It sought to recognise the organisational context within which medical work takes place; to identify the regulatory forces of various kinds operating on doctors; and to assess the risk that new regulatory measures to detect and deal with problem doctors may encounter serious difficulties or provoke unintended consequences.

Methodology

The project involved a combination of critical analysis of documents and interviews with key participants. More specifically it included:

- Analysis of policy documents and inquiry reports.
- A literature review on public trust in the medical profession.
- A number of interviews with stakeholders (including patients, doctors, scholars and regulators).

Implications/conclusions drawn for the GMC

Key findings and conclusions: Many reforms of medical regulatory have sought to restore public trust, but there is relatively little evidence of a crisis of public trust in doctors. Rather, there has been a crisis of legitimacy for the profession. The GMC has an important role to play in securing legitimacy for the future.

- The relationship between public trust and regulation is tenuous at best.
- Many of the recent reforms should in principle help restore legitimacy for the profession. But the reforms, and the reasons why they occurred, seem to be poorly understood both by doctors and lay people.
- Self-regulatory models are prone to crises of legitimacy because a) under self-regulation, it is difficult to reliably control the actions of all members and b) they are chronically prone to criticisms that self-regulation is a privilege that serves the interests of professionals rather than clients. More could be done to convince doctors that old-fashioned self-regulation is not a sustainable model in a modern democracy.
- The role of the GMC as a regulatory agency is now markedly different from its previous one. It is now especially focused on promoting individual doctors' good character, conduct and competence. A challenge for the GMC is that some poor conduct and performance arises because of individual failings, but some is structured by organisational, cultural, and institutional influences. There is a need for more clarity about how to negotiate the narrow channel between these.
- Doctors are now subject to multiple different regulatory forces from different sources. There is a need to ensure that regulatory activities are well coordinated to avoid conflicts, tensions and dilemmas.