

## GMC response to DHSC call for evidence on the Women's Health Strategy

May 2021

**1** The GMC is an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

**2** We are pleased to have this opportunity to respond to your call for evidence on the women's health strategy and are keen to continue to work closely with the Government, devolved administrations and partner organisations across the UK to deliver wider health system goals.

We absolutely support the need for a greater focus on women's health and have focused our response on the following themes:

- Theme 1: Women's Voices
- Theme 2: Information and education on women's health
- Theme 5: Research, evidence and data.

**3** We support the Government's ambition to improve the safety and quality of care that women receive throughout their lives. Our recently published [Corporate Strategy for](#)

[2021-2025](#) contains two themes that resonate strongly with those identified in this call for evidence:

- **Enabling professionals to provide safe care** – We are committed to working with partners across the UK health services to improve working environments and cultures, making them supportive, inclusive and fair for medical professionals. We'll also continue working with patients and medical professionals to make sure our guidance remains relevant and effective, and represents individuals' diverse needs.
  - **Making every interaction matter** We'll make sure every person who interacts with us – through our processes or our communications – is met with empathy. This will include making sure all our interactions are inclusive and tailored to individual needs.
- 4** More broadly, we believe equality, diversity and inclusion (ED&I) are an integral part of our work as a regulator. This is why we've integrated our ED&I commitments into our strategy. These are driven by our ambition to make progress in tackling persistent issues related to inequality, and to achieve positive changes and outcomes for the diverse groups we work with and for.
- 5** We look forward to continuing to work closely with the Department of Health and Social Care to deliver regulatory reform that delivers more effective regulation for all patients.

## Theme 1: Women's voices

- 6** As highlighted in the reports of both the Paterson Inquiry and Independent Medicines and Medical Devices Safety Review, we are aware that instances of a failure to listen to women's voices are too prevalent in the healthcare system and there is a need for clear communication between doctors and patients when making decisions about treatment. The Independent Medicines and Medical Devices Safety Review highlighted unacceptable instances in which patients (disproportionately female) were harmed and then ignored by the healthcare system.
- 7** This has caused significant suffering and harm, and we're listening to recent reviews and the patient stories at their heart. These show the clear need for a system-wide approach to improve the safety and quality of care for women, and we're working with other regulators to achieve this through challenging problematic workplace cultures, encouraging transparency, and working collaboratively to protect patients.
- 8** We have started a collaborative project with the NMC and CQC focusing on maternity services in England because of the recurring concerns in this area of practice.. These have many causes and good medical practice is only one part of the solution. We are

collaborating with the NMC and the CQC so that there is good alignment between regulatory expectations of midwives, obstetricians and gynaecologists, and the maternity services and organisations they work in, and to improve data sharing between our organisations.

- 9** In November 2020, we held a roundtable event with key stakeholders to discuss how we can work together to address some of these concerns. Key areas for collaboration were identified which we are taking forward:
- To explore how we can use our collective data to identify concerns, provide actionable intelligence and support the wider safety system
  - To consider what support would be available to a service provider as part of a collaborative intervention when risks are identified.
- 10** We recently conducted a thematic review of reviews and inquiries, including those relating to maternity care, to identify recurring themes that may have contributed to the serious patient incidents across different UK reviews and inquiries. From this exercise it is evident that mothers' voices are not always at the centre of the decision-making process, particularly when things go wrong. In several reviews, parents expressed apprehension that their concerns wouldn't be heard or appropriately dealt with. One review proposed that neonatal outcomes could be improved if parental concerns were properly investigated, particularly maternal concerns around foetal movement.
- 11** Collectively, these inquiries and reviews have highlighted how outcomes can be improved where healthcare professionals proactively engage with and listen to women's maternal health concerns. In response, some inquiries have recommended patient and family complaints should be used more effectively as a measure and source of improvement. However, these issues continue to arise in the most recent investigations.
- 12** From a broader patient perspective, our updated [\*Decision making and consent guidance\*](#) contains a clear emphasis on the need for doctors to have early conversations about the available options, including the risks of harm and potential benefits of each. Our guidance is clear that patients may wish to record a consultation and, where this is the case, doctors should accommodate this. We will continue to promote this guidance across the health system and we are exploring ways to help doctors to follow it, working with employers and educators as well as individual doctors.
- 13** We have also revised our [\*Supporting information guidance\*](#) for appraisal and revalidation to increase awareness of relevant clinical guidelines, to further promote the delivery of safe and effective care.

## Theme 2: Information and education on women's health

### Women's health in postgraduate education

- 14** Our [Generic professional capabilities \(GPC\)](#) describes the essential capabilities which underpin professional medical practice and are a fundamental part of all postgraduate training programmes. Professionalism plays an important role in GPCs and reflects data highlighted when we address Theme 5. Domain 1 sets out the professional values and behaviours we expect of all doctors. This includes:
- maintaining trust by showing respect, courtesy, honesty, compassion and empathy for others, including patients, carers, guardians and colleagues
  - listening to patients, carers and guardians, and accepting that they have insight into, preferences for and expertise about the patient's own condition and context
- 15** The framework was published in 2017, alongside [Excellence by design](#) which sets out the standards all postgraduate curricula in the UK must meet, and all postgraduate curricula will reflect GPCs by the end of 2021.
- 16** The framework sets out the core professional values, knowledge, skills and behaviours that all doctors should be aware of. By the end of specialty training, students are expected to be capable of applying and adapting to a range of clinical and non-clinical contexts.
- 17** Under domain 3 (professional knowledge) of GPC's we say, Doctors in training must be aware of their legal responsibilities and be able to apply in practice any legislative requirements relevant to their jurisdiction of practice, for example:
- female genital mutilation
  - equality and diversity, including legally protected characteristics.

### Outcomes for graduates

- 18** We published our new [Outcomes for graduates](#) in 2018 after extensive consultation with stakeholders in medical education and training. The outcomes set out what newly qualified doctors, from all medical schools who award UK primary medical qualifications, must know and be able to do.
- 19** After June 2020 (when we expect the majority of schools to have implemented the revised outcomes and practical skills and procedures), we will monitor the content and quality of all medical schools' curricula on an ongoing basis through our

education quality assurance processes. More information can be found on our [website](#).

- 20** Whilst our powers do not extend to directing the inclusion of specific content in undergraduate curricula, schools must demonstrate to us that they meet both the outcomes and our standards.
- 21** Although *Outcomes for Graduates* does not refer comprehensively to issues related to women, the general approach to learning to manage patients and apply knowledge will include women's health. The following issues specific to women are explicitly mentioned. Newly qualified doctors must be able to:

*(a) explain how normal human structure and function and physiological processes applies, including during pregnancy and childbirth.*

*(f) adhere to the professional responsibilities in relation to procedures such as female genital mutilation and cosmetic interventions.*

### **Women's health in postgraduate curricula**

- 22** We recognise that women's health touches on all areas of medicine. Gender related issues are often prevalent in General Practice and Obstetrics and Gynaecology, and are also present in many other specialities. Greater awareness of women's health issues is essential to making an accurate and timely diagnosis (or to give advice to women who are pregnant or planning a pregnancy). However, we haven't set outcomes for specific population groups which means that women's health is not always articulated separately in curricula and, often, doctors in training are only exposed to women's health issues opportunistically on placements. Where a patient first presents, i.e. a care setting, will generally impact on how they are treated. Through GPCs and other developing work, we're looking to do more to influence the support doctors' receive to help them to confidently manage the healthcare of different groups.

- 23** Some examples of topics currently covered in postgraduate curricula include:

<b>General Practice</b>
<ul style="list-style-type: none"><li>Reproductive health and maternity</li><li>Gynaecology and breast</li></ul>
<b>Obstetrics &amp; Gynaecology</b>
<ul style="list-style-type: none"><li>Recognising, assessing and managing emergencies in gynaecology and early pregnancy and obstetrics</li></ul>

<ul style="list-style-type: none"> <li>▪ Recognising, assessing and managing non-emergency gynaecology and early pregnancy care, and obstetrics care.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Championing healthcare needs of people from all groups within society.</li> </ul>
<ul style="list-style-type: none"> <li>▪ Playing an active role in implementing public health priorities for women and works within local, national and international structures to promote health and prevent disease.</li> </ul>
<b>Community Sexual &amp; Reproductive Health</b>
<ul style="list-style-type: none"> <li>▪ Pregnancy planning, abortion care and general gynaecology</li> </ul>
<ul style="list-style-type: none"> <li>▪ Ultrasound scanning</li> </ul>
<ul style="list-style-type: none"> <li>▪ Menopause and PMS</li> </ul>

## Medical Licensing Assessment

- 24** We have developed the Medical Licensing Assessment (MLA), which is a new way of assessing final year students. The MLA will be based on a comprehensive content map which sets out the range of skills and knowledge that students will be required to have and could be tested on. The [content map is available](#) on our website. It includes wide-ranging clinical presentations and conditions that relate to women’s health, including an ‘Obstetrics and gynaecology’ section on pp.33-4.
- 25** The MLA will show, for the first time, that graduates from each UK medical school have demonstrated they can meet a common and consistent threshold for safe practice. All students graduating from UK medical schools from the academic year 2024/25 will be required to pass the new assessment, which will also replace our current test for international medical graduates in early 2024.

## Credentialing related to women’s health

- 26** We are introducing a framework for GMC credentials. GMC credentials will be focused in discrete areas of practice where consistent clinical standards recognised across the UK are necessary to support better and safer patient care. GMC credentials will be considered for approval:
- in unregulated areas of practice where there may be significant patient safety risk
  - where the capacity to train doctors is insufficient to meet patient or service needs.

- 27** We are aware through different conversations with various colleges/faculties that there are a number of areas related to women's health that would potentially benefit from credentialing.
- 28** Currently, we are working with the Royal College of Surgeons (RCS) to develop a GMC credential in cosmetic surgery as part of the early adopter's phase. One of the ten available areas proposed for credentialing in cosmetic surgery would include cosmetic breast surgery.
- 29** The Royal College of Physicians have developed their own [credential in obstetric medicine](#). It has been designed for post-CCT (or equivalent) physicians with an interest in obstetric medicine.

### **Medical Schools Council inclusivity guidance**

- 30** We are endorsing and have played a role in developing guidance currently being produced by the Medical Schools Council about inclusive medicine and making sure that medical schools and training environments are inclusive for students of all backgrounds. The guidance will also cover inclusion in selection to medical school and inclusive curricula, ensuring that medical school curricula teaches and prepares medical students to care for all patients from all backgrounds. We will use this guidance as a reference point for our quality assurance work when we talk to medical schools about how they meet our standards in [Promoting excellence](#) relating to fairness. The guidance is currently being drafted and will be published in the next couple of months.

## **Theme 5: Research, evidence and data**

- 31** We know that there are differences in concerns raised with the GMC about a doctor's fitness to practise when gender is taken into account. From an analysis of complaints we received between 2017 and 2019 we found:
- Women were more than twice as likely to complain about male doctors **not listening to them** compared to men complaining about female doctors. (4.3% of female complaints about male doctors - 145 out of 3,365 complaints vs 1.7% of male complaints about female doctors - 24 out of 1,381 complaints.)
  - Women were almost twice as likely to complain that male doctors have **failed to provide appropriate information** than the other way round. (7.8% - 261 out of 3,365 complaints vs 4.0% 55 out of 1,381 complaints)

- Along the same lines, women were twice as likely to complain about **indecent behaviour** (3.8% - 129 out of 3,365 complaints vs 1.9% - 26 out of 1,381 complaints); more than twice as likely to complain about **issues of consent** (5% - 168 out of 3,365 complaints vs 2.3% - 32 out of 1,381 complaints); and just under twice as likely to complain about **substandard treatment** in general (16.4% - 551 out of 3,365 complaints vs 9.1% - 125 out of 1,381 complaints).

**32** This data highlights the need to address a clear disparity in the patient experience of men and women.

**33** We would, of course, be glad to provide you with any additional information you may require.