

The General Medical Council and the Jack Adcock case: a reply

I read the Lancet Editorial about the General Medical Council's (GMC's) handling of the Jack Adcock case with interest (April 14, p 1456).¹ Having met with hundreds of doctors over the past few months, it is clear that the Jack Adcock case has been a lightning rod for a range of issues facing the profession. The GMC's part in that case, after coroner and criminal court proceedings, was not taken lightly. As an independent regulator we are frequently called upon to make decisions that are not popular with doctors, and sometimes patients. But this case only confirms the importance of continuing on the path we have already set ourselves.

Our strategy aims to provide even more support locally for doctors, employers, and educators to create working and training environments where professionalism can flourish—a focused drive to reduce harm to doctors and patients and ensure that we learn the lessons from mistakes. Our clear goal is to move away from spending the majority of time and resources on investigating the fitness to practice of doctors and instead focus the bulk of our efforts and resources on supporting doctors in their day-to-day professional practice to try and avert the risk of harm before it happens.

The way we work should be subject to scrutiny and improvement. Later this year we will publish updated guidance on reflective practice, and explore team-based reflection. We have commissioned in-depth research into the over-representation of black, minority, and ethnic doctors in fitness to practise procedures. And we have committed to examining how human factors training can be built into our procedures.

The results of that work will directly shape a more proactive and evidence-based approach to regulation. But the GMC is just one player in the issues that doctors are concerned about; the law as it stands, how we resource the NHS, and how the system supports those holding it together are all at the heart of these challenges.

The Lancet's readers understandably want evidence, not warm words. We are more focused than ever on our role in keeping patients safe by keeping doctors safe, and I ask the profession to judge us on our future actions.

I am the Chair of the GMC and a practising NHS clinician. My university is reimbursed for my time spent as Chair of the GMC, but I do not receive any money personally.

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¹ The Lancet. The General Medical Council has lost its way. Lancet 2018; 391: 1456.