

Life & Times

Interview:

Sir Terence Stephenson; paediatrician and Chair of the GMC



Terence Stephenson is Nuffield Professor of Child Health at University College London and Chair of the General Medical Council (GMC). He has been Dean of Medicine at Nottingham University, President of the Royal College of Paediatrics and Child Health, and Chairman of the Academy of Medical Royal Colleges.

The GMC was established in 1858 to protect the public from Victorian quackery. As well as keeping and controlling the medical register, successive Medical Acts have broadened its remit to include medical education. It now uses the strapline 'working with doctors, working for patients'. The GMC is housed on the second floor of a modern, glassy building on the Euston Road. The waiting area does not have the institutional gravitas of the old premises in Hallam Street, but is not exactly anxiolytic.

This wasn't what you might have expected of an interview with a regulator. Stephenson is sharp, realistic, pragmatic, reflective, and above all sympathetic, often all in the same sentence. Perhaps this is influenced by his continuing clinical work, and the fact that he has twice been on the other side of a GMC complaint — from which he was exonerated. He is fond of epigrams, and particularly likes 'Not every doctor in difficulty is a difficult doctor' and 'The best way to keep patients safe is to keep doctors safe.'

He is good at seeing the problem behind the problem. Medical students are generally not feckless, but are operating under difficult conditions of ill health and personal challenges. All doctors are working under unprecedented systemic pressures — there is no slack in the system and, looking at OECD figures, the NHS is dangerously under-doctored, under-bedded, and underfunded. He understands how so-called 'integrated training' has led to a loss of freedom and autonomy, often accompanied by sloppy hospital administration and poor staff facilities. He has commissioned a report into the mental health and wellbeing of doctors, which will consider the prevalence of mental health problems among doctors, whether, as is often suggested, the root cause lies in the working environment, and what is likely to solve the problem.

Acutely aware of the shockwaves emanating from the case of Dr Bawa Garba, the GMC has commissioned a review, led by Clare Marx, immediate past-President of the Royal College of Surgeons, on the issues around how gross negligence manslaughter is applied to medical practice, in parallel with a report by Sir Norman Williams, on behalf of the Department of Health.

When Stephenson got the job as Chair, he wanted to introduce a national medical licensing qualification, to address the wide variation in assessment and outcomes among the UK medical schools, in which he has been successful: the first common knowledge test (MLA) will be rolled out in 2022. He wanted to improve access, through digital technology, to GMC guidance, another box ticked, and to streamline the cumbersome GMC fitness-to-practise processes. The lead time in the GMC machinery to the first stage in an inquiry has fallen from 6 months to 6 weeks. The number of 'single error events' considered by the organisation has fallen by over half.

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has pressed the GMC to create a single medical register, which would give GPs specialist status. This has been agreed, but requires an Act of Parliament, and parliamentary time is in short supply at present. The Wass report on undergraduate career choices suggests that the GMC might hold medical schools to account for not promoting general practice.¹ This is not easy to implement, but the aim that half of all graduates choose general practice remains, and is part of the consultation on the new GMC medical curriculum review, Outcomes for Graduates. Last year's GMC report *The state of medical education and practice in the UK*² not only identified the challenges facing the NHS and the medical workforce, which it described as being at an unprecedented 'crunch point', but also suggested some major new directions of work for the GMC, beyond its traditional remit.

To improve retention, the task of revalidation could be made more proportionate, and flexibility of movement between specialties greatly improved. It is good to see an element of gamekeeper, if not exactly turning poacher, at least setting a few less traps.

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DOI: <https://doi.org/10.3399/bjgp18X696017>

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