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Doctors express “grave concerns” at GMC action after GP is suspended over laptop claim

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A GP has been suspended for a month after it was ruled that she had exaggerated what she had been told by a senior doctor when making a request for a laptop and that this amounted to dishonesty.¹

The incidents took place in late 2019 and 2020 while Manjula Arora was working for Mastercall, which provided a clinical assessment service for the North West Ambulance Service. It led to a nine day medical practitioners tribunal hearing that ended on 12 May 2022.

Arora had emailed her medical director (referred to as Dr B) to ask about getting a new laptop for work and had been told that, while no laptops were currently available, “I will note your interest when the next roll out happens.” Arora later told the IT department over the phone that she had been “promised” a laptop by Dr B.

Arora’s Medical Defence Union representative Alan Jenkins argued that “no one could read the telephone call, in its entirety, as an attempt to mislead.” Additionally, it was noted that Arora had told the IT staff that they could speak to Dr B directly about the laptop request.

But Carl Hargan, representative for the General Medical Council—which chose to pursue this case—said that the wording of Dr B’s email was “entirely unambiguous” and that Arora’s words in the phone call to IT were “clear.” Hargan argued that Arora had “brought the medical profession into disrepute.”

The tribunal concluded that although “Arora had not set out to be dishonest, and that she had not set out to mislead [IT] . . . she had exaggerated the position in her use of one inappropriate word.” As such, in the specific use of “promised,” she had been dishonest.

In the same hearing Arora was cleared of a second charge of having referrals from the North West Ambulance Service call centre suspended without authority.

Backlash from doctors

The case has sparked anger among doctors, many of whom believe that Arora has been “suspended for semantics” and that the disciplinary process is biased against doctors who trained overseas doctors.

In a joint letter (24 May) to the Professional Standards Authority, which oversees the regulation and registration of healthcare professionals, the Doctors Association UK and the British Association of Physicians of Indian Origin expressed “grave concerns” over the case, which they argued should have been “locally resolved and never referred.”²

“This case, in conjunction with a number of previous concerning cases, raises again the spectre of disproportionately unfair treatment of the Black, Asian and Minority Ethnic medical population,” the letter said. “Cases such as this are leading to an irreparable loss of confidence in the GMC.”

DAUK chair Jenny Vaughan told *The BMJ*, “The response is wildly disproportionate when both parties agreed that there had not been any risk to patients. Using a sledgehammer to crack a nut seems the best metaphor. And we have to ask, yet again, why does this harsh and arbitrary treatment happen to a doctor from overseas?”

BAPIO president Ramesh Mehta said the case showed that the GMC had not learnt from the Bawa-Garba case.³ He said, “This will blight this doctor’s life for the rest of her professional career. One word, one occasion, in a career of 30 years devoted and unblemished practice in the NHS. We do not condone dishonesty, but this is truly punitive. Insofar as dealing with doctors and in particular non-white doctors is concerned, the GMC still has a long way to go.”

Data show that, when compared with white doctors, those from ethnic minorities are twice as likely to be referred to the GMC by their employers for fitness to practise concerns. The referral rate for doctors qualifying outside the UK is three times that for UK doctors.⁴

BMA council chair Chaand Nagpaul said the case raises “serious questions” about the processes and judgments of the Medical Practitioners Tribunal Service and that it will have “dramatically eroded the medical profession’s confidence in its regulator and exacerbated doctors’ fear of unfair treatment by the GMC.”

When asked about the backlash and concerns over discrimination, a GMC spokesperson said, “The doctor’s employer referred a number of concerns to us around probity. Our case examiners cannot resolve disputes of fact, so where such claims are disputed it is right that a doctor is able to give their account of events at a full hearing.

“Having considered all of the evidence the tribunal found that the doctor had been dishonest and that her fitness to practise was impaired. Given that finding, and submissions from the doctor, the tribunal determined that the minimum sanction needed was a short suspension.”

An MPTS spokesperson said, “The MPTS must hold a hearing for all cases that are referred to us by the GMC. Our tribunals make independent decisions by carefully considering all of the evidence presented

by both parties, including submissions by the GMC and the doctor. Tribunals must balance the facts of each case and make decisions in line with relevant guidance. All of our decisions are subject to rights of appeal.”

Arora has 28 days from when she was notified of the decision to lodge an appeal.

- 1 Mrs Manjula ARORA. <https://www.mpts-uk.org/-/media/mpts-rod-files/mrs-manjula-arora-12-may-2022.pdf>.
- 2 Letter to the PSA DUK and BAPIO 24 May. <https://www.dauk.org/wp-content/uploads/2022/05/Letter-to-the-PSA-DAUK-and-BAPIO-24-May.pdf>.
- 3 The Bawa-Garba case. BMJ. <https://www.bmj.com/bawa-garba>.
- 4 GMC. GMC targets elimination of disproportionate complaints and training inequalities. <https://www.gmc-uk.org/news/news-archive/gmc-targets-elimination-of-disproportionate-complaints-and-training-inequalities>.