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**A Short Response to Valerie Parker
'My Experience of Facilitating a Balint Group for GPs and its
Interface with Supervision' (2009)**

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So much has changed in the primary care landscape in the UK since Val Parker wrote this candid and intimate account of her work with GPs, not least, and not only, the COVID pandemic of 2020 and its aftermath.

In terms of primary care mental health provision, a highly centralised IAPT (Improving Access to Psychological Therapy) model has now superseded a world in which individual counsellors were based in surgeries where relationships between doctors and their patients could be negotiated face to face. Opportunities were then possible to develop trusting personal relationships with GPs that often led to creative interventions like the one that Val opens her paper with. In discussing their patients' mental health issues face to face, doctors might also broach something of their own vulnerabilities, often obliquely, but sometimes directly, which in some way acknowledged the inevitable toll that their work takes in the daily exposure to the suffering of their patients.

Counsellors and psychotherapists may well take for granted their supervisory relationships, but the whole question of what constitutes support for medically trained professionals is still very much an ongoing question. In the wake of the Shipman Enquiry the General Medical Council instigated the requirement for doctors to maintain a career-long e-Portfolio of CPD activities together with annual appraisal and quinquennial revalidation, much of which evidently serves the purpose of monitoring 'performance' and spotting aberrant or dangerous practice. Whilst framed as a broadly supportive activity by the GMC, this regime

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does little to actually address the obvious need to support doctors day to day, week to week.

Following the case of Dr Hadiza Bawa-Garba² and her controversial conviction for gross negligence manslaughter in 2015, there followed widespread mistrust amongst the medical community about the confidentiality of reflections recorded in e-Portfolio records. Whilst the rumour that the General Medical Council had used Bawa-Garba's reflections in building their case against her was factually untrue, trust was severely damaged amongst the vast majority of doctors wanting to record their candid and honest reflections. This was evidenced in the British Medical Association's review of the Williams Review³ into medical gross negligence manslaughter, which found that 'in a survey of 1000 junior doctors, 81% had changed their reflective style following the Bawa-Garba case'.⁴ In 2019, in recognition of the damage done, the GMC committed to relinquishing any rights to access reflective practice records in Fitness to Practice cases.⁵ Full guidance for doctors and medical students is now published on the GMC website in a 14-page document titled 'The Reflective Practitioner' in which this position is restated.⁶

Medical education is changing. Medical students are all too aware that the pressures inherent in an under-resourced, post-Covid NHS pose a real threat to their own and their colleague's mental health (at least those choosing the Balint group option for their first year clinical Student Selected Component at St George's

² <https://www.theguardian.com/uk-news/2015/dec/14/doctor-nurse-suspended-jail-negligence-death-jack-adcock> (accessed 2 October 2022)

³ Gross negligence manslaughter in healthcare. The report of a rapid policy review (2018). Department of Health and Social Care, <http://qna.files.parliament.uk/ws-attachments/921290/original/180611%20Williams%20Report%20FINAL.pdf> (accessed 2 October 2022)

⁴ Hodson, N. (2019). Reflective practice and gross negligence manslaughter, BJGP 69(680): 135 DOI: <https://doi.org/10.3399/bjgp19X701561> (accessed 2 October 22)

⁵ General Medical Council (2018) Williams review into gross negligence manslaughter in healthcare — GMC written submission, <https://www.gmc-uk.org/-/media/documents/WrittensubmissionWilliamsReview74084026.pdf> (accessed 2 Oct 2022)

⁶ <https://www.gmc-uk.org/education/standards-guidance-and-curricula/guidance/reflective-practice/the-reflective-practitioner---guidance-for-doctors-and-medical-students> (accessed 2 October 2022)

Medical School in London tell us). Trained in patient-centred medicine, today's doctors have nowhere to hide - collaboration is expected; the hierarchical structures that perpetuate in a fading patriarchal model are disdained. In a world in which our doctors are expected to meet ever increasing demand, and NOW! it is in the quiet reflections of a well-run Balint group that the humanity of both the doctor and the patient can be recalled, thought about, and nurtured. In that respect, nothing at all has changed since Val's article was first published.