

Agenda item:	3
Report title:	The 2016 Equality and Diversity work programme
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Action:	To consider

Executive summary

This paper provides an overview of the themes and priorities for this year's work programme to implement the GMC's Equality and Diversity (E&D) strategy.

Recommendations

The Strategy and Policy Board is asked to agree:

- a** The proposed priorities and direction of travel for our work on Equality and Diversity in 2016.
- b** To recommend to Council that we should not proceed with setting up an Equality and Diversity Liaison Group.

Background

- 1 The Equality and Diversity (E&D) plans for each directorate and the Medical Practitioners Tribunal Service (MPTS) show what we are doing to implement the [E&D Strategy 2014-2017](#). The plans provide proof of the steps we are taking to achieve our vision of being a fair regulator (and being recognised as such) and a fair employer. Most of the activities in this year's plans are ongoing from work undertaken during 2015.
- 2 There are some recurring themes to the work identified in this year's plans to embed E&D within the GMC's regulatory activities:
 - a *Being compliant*: Ensuring compliance with the equality duty and our statutory obligations on accessibility through training staff teams and associates, producing equality analyses, and reviewing policies and processes.
 - b *Developing our evidence base through research and data analysis*: Commissioning research that has an E&D dimension; analysing data to support our work on differential attainment and to identify trends for students, trainees and doctors who share protected characteristics; highlighting interesting developments in the *State of medical education and practice* report.
 - c *Considering the E&D issues that arise in our core activities*: For example, the Safeguarding programme in fitness to practise, developing the Confidentiality guidance, and the GMC's change programme.
 - d *Ensuring that our standards are met*: The development of the Medical Licensing Assessment (MLA), the quality assurance of medical education and training, the implementation of the Professional and Linguistic Assessments Board test (PLAB) Review.
 - e *Confidence and reputation*: Promoting our work to address the outcomes from our activities for people who share protected characteristics. Most of the 2016 plans reference targeted engagement and awareness raising actions.

Being a fair employer

- 3 In 2015 we participated in two external benchmarking schemes: the Employers Network for Equality and Inclusion (ENEI) and the Stonewall Equality Index. The Human Resources team is considering what actions we could take to follow up on the feedback on our results from both indices.
- 4 There will be a programme of work linked to the People Strategy around staff well-being. There are two components to this – supporting staff and managers in dealing

with vulnerable individuals, and enhancing our policies to ensure that colleagues are better supported in the workplace.

- 5 There will also be a programme of work to enable managers to understand their responsibilities in ensuring that the relevant E&D issues are addressed and taken forward when managing staff. For example, including E&D issues and themes in the new management and leadership development framework, as well as the training and outcomes associated with this.

2016 priorities

- 6 The E&D Programme Board, chaired by the Chief Operating Officer, considered the detail of the 2016 E&D plans at its meeting in February 2016. Five corporate priorities for our work on this agenda were agreed:
 - a *Telling our story*: for example, communicating the corporate narrative on fairness and disproportionate impacts; reflecting the relevant E&D issues in the MPTS' reporting to Parliament; engaging with networks of BME doctors and international medical graduates around the PLAB changes; and enhanced reporting on our staff data to Council and the Performance and Resources Board.
 - b *Understanding and addressing differentials*: for example, delivering the extensive programme of work on differential attainment; understanding the differences in how our guidance might impact on patients and service users from E&D groups; considering the findings from the research on referrals to Interim Orders Tribunals.
 - c *Compliance*: for example, considering the accessibility of the new GMC website; developing Gender Pay Gap reporting.
 - d *E&D in the GMC change programme*: for example, considering the E&D issues in moving towards more flexible ways of working; ensuring that our procedures for redundancy selection, redeployment and relocation are applied fairly.
 - e *Making fair decisions*: for example, monitoring any trends in deferrals for doctors who share protected characteristics in revalidation; developing guidance on culture for the new MPTS handbook; researching how other organisations optimise their decision making.
- 7 The E&D Programme Board received assurance that the key activities in this year's E&D plans would still be delivered, even though business priorities are evolving as our change programme becomes embedded.

Equality and Diversity Liaison Group

8 At its meeting on 7 February 2013, Council agreed that we could set up an E&D Liaison Group as part of the then new governance arrangements. Liaison groups were intended to act as channels for structured engagement with our interest groups with a particular focus. It was envisaged that such a group could act as a sounding board for the development of the current iteration of our E&D strategy and provide some external scrutiny of our work to 'mainstream' E&D across our activities.

9 The Strategy and Policy Board subsequently considered an update on plans for setting up the E&D Liaison Group, which suggested a different approach to that agreed by Council. The Board agreed, among other things, that

Our approach to E&D liaison was best developed as part of our overall engagement strategy, rather than by setting up an E&D Liaison Group and that We should review our strategy for engaging with E&D groups as part of the development of our wider engagement strategy, and then bring plans back to the Board. .

10 As part of our Communication and Engagement strategy work we have identified our key audiences and priority narratives, including one on fairness and proportionality. The key narratives have been developed with input across the organisation and have been shared with Council.

11 Going forward, these narratives will help set the strategic direction for the communications and engagement work that we do. We are already using them to drive our proactive media work – clearly linking each proactive story back to a priority narrative, and they will be the starting point for other strategic communications initiatives, including the development of content for the new website and our long term media strategy.

12 Discussions with Council about our communications and engagement strategy over the past year have emphasised the importance of embedding engagement in all our activities. Establishing specific GMC reference groups has been seen to be much less useful, and runs the risk of being tokenistic. Maintaining such groups also incurs considerable actual cost and staff time which experience has shown it is difficult to justify in terms of benefit. Against that background, for example, we agreed with Council last year that we will not establish a Patient and Public Reference Group. Instead to support the work around our audiences we are developing short strategies for each key interest group, these specifically seek to define what our ambition is for engagement with each group as well as the overall approach, being mindful of the need to address a breadth of interest groups with a wide variety of needs. The audience strategies specifically reference the nine protected characteristics with an ambition, over time, to identify the main issues facing these groups and the most appropriate channel for engaging with these groups.

- 13** Each audience strategy will have a named owner who will be responsible for ensuring that they maintain a solid knowledge of the key organisations, channels and issues facing that audience. We will adopt that approach for our equality and diversity work. The audience strategy will bring together in one document the considerable amount of engagement that we do around equality and diversity and how we are measuring progress (for example, via the Tracking Survey and our reporting to Council on our performance on external benchmarking indices).