

<b>Agenda item:</b>	<b>M7</b>
<b>Report title:</b>	<b>Update on implementing the Equality and Diversity strategy and changes to the Governance Handbook</b>
<b>Report by:</b>	<b>Paul Buckley</b> , Director, Strategy and Communication, <a href="mailto:paul.buckley@gmc-uk.org">paul.buckley@gmc-uk.org</a> , 020 7189 5022 <b>Andrea Callender</b> , Head of Diversity, Strategy and Communication, <a href="mailto:andrea.callender@gmc-uk.org">andrea.callender@gmc-uk.org</a> , 020 7189 5141
<b>Action:</b>	<b>To consider</b>

## Executive summary

This paper provides an update on progress in implementing our Equality and Diversity strategy, and some of the emerging issues. A recent audit for the Audit and Risk Committee indicates that this strategy is being operationalised across the organisation, and that we are meeting our legal obligations under equality legislation.

Engaging with people who share protected characteristics is one of the themes for the work programme. We are keeping this area of our work under review, in line with the direction of travel agreed by Council to embed engagement in all of our activities.

## Recommendations

Council is asked to:

- a** Consider progress to date and this year's priorities for implementing the Equality and Diversity strategy.
- b** Amend the Governance Handbook, at [Annex A](#), to remove the requirement for an Equality and Diversity Liaison Group.

## Background

- 1** Council agreed our Equality and Diversity (E&D) strategy 2014-17 at its meeting on 10 December 2013. The strategy sets out the E&D and fairness issues that arise from the delivery of our statutory functions, and our approach to being a fair regulator and employer (and being recognised as such).
- 2** Each GMC directorate and the Medical Practitioners Tribunal Service (MPTS) develop annual plans to show what each area is doing to implement the strategy. The themes for this year's plans are as follows:
  - 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 activities.
  - f** *Being a fair employer:* Reflecting on the findings of our participation in two external benchmarking schemes, and linking in with the People Strategy around staff well-being. There is a programme of work to support staff and managers in dealing with vulnerable individuals, and to help managers to address any E&D issues that can arise in managing staff.

### 2016 priorities

- 3** 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.
- 4** 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.

#### *Audit*

- 5** At its July meeting, the Audit and Risk Committee considered a review by our auditors of the GMC's compliance with the Equality Act 2010 in the context of our regulatory activities, and of how the E&D strategy is evidenced in how teams conduct their business. The – very positive - review found that the strategy has been operationalised across the organisation, and that compliance with equality legislation, particularly the requirements of the public sector equality duty, is 'front of mind' for staff. The report noted that due regard is being given to how our activities are being designed, delivered and evaluated from an E&D perspective, and to how we develop and review our policies and processes.
- 6** The review also made a number of recommendations to enhance our approach in this area, which are being considered as we develop our 2017 business plans.

#### *E&D engagement*

- 7** 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. Such 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.

- 8** 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.
- 9** We already have, and are further developing and maintaining, strong relationships with a range of organisations representing people who share protected characteristics across our interest groups. Our dialogue with the BME Doctors Forum, Medical Womens Federation and the Gay and Lesbian Doctors and Dentists Association (GLADD) are examples of key networks of doctors. We also target specific groups of patients, service users and the public through activities to support our consultations, for example, reaching out to gypsy and traveller communities in the engagement for the Confidentiality guidance. And we are setting up a specific advisory group around our differential attainment work programme.
- 10** The Strategy and Policy Board subsequently considered an update on the merits of setting up the E&D Liaison Group. The Board agreed, bearing in mind the depth and breadth of our engagement, to recommend to Council that our platform for engaging with people who share with protected characteristics was best developed as part of our overall engagement strategy, rather than by setting up a standing entity within our governance arrangements. Subject to Council's agreement, this would require an amendment to the Governance Handbook, at [Annex A](#).

### *Emerging issues*

- 11** We are not complacent about the work that remains to be done to achieve our aspirations to be a fair regulator and employer. We are also mindful of some emerging issues that may have reputational and other consequences for us in future. This report is an opportunity to mention three such issues.
- 12** First, our report on this year's progression data shows ongoing differentials in attainment for BME UK qualified doctors and male doctors. This trend is reflected in the pass rates for the Clinical Skills Assessment (CSA) exit examinations for the Royal College of General Practitioners, which are again coming under scrutiny by networks representing the interests of BME and overseas qualified doctors.
- 13** Second, Government announced a review of the Gender Recognition Act 2004 in July this year. We are receiving an increasing number of concerns from trans patients

about the care that they are receiving from the doctors, along with queries about our compliance with this legislation in investigating their complaints.

- 14** Third, we have been named in a legal challenge on the provision of reasonable adjustments in postgraduate medical education and training, which reflects wider concerns about how bodies involved in aspects of our functions interpret our standards in this area. We are taking legal advice on these and other issues, and developing plans to ensure that we remain compliant and continue to treat everyone fairly.

**M7 – Update on implementing the Equality and Diversity strategy and changes to the Governance Handbook**

**M7 – Annex A**

**Proposed amendments to the Governance Handbook relating to the Equality and Diversity Liaison Group**

*(Extract from the Governance Handbook)*

**Chapter 4: Role of each component of the governance framework**

*Approach to Equality and Diversity*

- 21** Council agrees our strategic aims on issues of equality and diversity and then holds the executive accountable for their delivery.
- 22** The Chief Operating Officer as senior sponsor will lead on articulating our commitment on equality and diversity issues and raising their profile with staff and interest groups, as well as providing assurance to Council on behalf of the Chief Executive.
- 23** The Strategy and Policy Board will develop the E&D strategy, and monitor progress at a high-level. The Performance & Resources Board will ensure that E&D is integrated into the GMC's core activities and is responsible for considering the equality duty and monitoring actions.
- ~~**24** An E&D Liaison Group with external members will be established to act as a sounding board to inform the development of the E&D strategy and GMC activities.~~