

General
Medical
Council

Equality, diversity
and inclusion
strategy 2018–20

Working with doctors Working for patients

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Executive summary



I'm pleased to be introducing the GMC's new Equality, Diversity and Inclusion strategy for 2018–20.

We occupy a unique position in the UK's health system. We are here to work for patients and with doctors to protect the public, and we want to be explicit about our responsibility to ensure that when we regulate, we are fair.

We have important responsibilities for setting the standards for those who educate and train doctors, and for making sure doctors continue to meet our standards in their day-to-day practice. We understand and value the diversity within the medical profession and recognise the importance of supporting doctors to serve a diverse population across the UK.

We believe that the principles of equality, diversity and inclusion are critical to us being an effective regulator and employer. This strategy represents the first time the GMC have directly addressed the inclusion agenda, and I am hugely excited to be leading our work to build on the commitment and enthusiasm for inclusion displayed by our staff. We have set ourselves stretching objectives that we are dedicated to achieving and we know we will be supported by commitment across the organisation.

We recognise the significance of this strategy in providing a vision and direction for improving the trust and confidence in us as a fair regulator.

Susan Goldsmith

Chief Operating Officer and Deputy Chief Executive

We have made significant progress on this agenda over the last three years. For example:

- we have a better understanding of the barriers that our regulatory activities create for some groups of doctors
- we have used our influence to evidence the differentials in attainment for some groups of doctors across a range of measures of progress and to promote the testing of interventions at a local level
- developing our customer service and digital media strategies have given us opportunities to improve the accessibility of raising a concern about a doctor with us.

There are several drivers for our work over the next three years. The profile of the medical workforce is evolving to become more diverse in a number of ways. Doctors are working under considerable pressure at the same time as healthcare demand and delivery is changing. Certain groups of doctors are overrepresented in our fitness to practise procedures and in the deferral recommendations for revalidation (compared with the proportion of these doctors on the register). And the gap in attainment in postgraduate exams continues, in spite of the increased awareness and visibility of the barriers to progression for some groups of doctors.

Our vision is to treat everyone fairly, in making every decision and in every interaction. We want those we work with and for to be confident that we are a fair regulator and employer.

There are four objectives for our work on equality, diversity and inclusion over the next three years.

- We act upon the equality, diversity and inclusion issues associated with delivering our corporate strategy.
- We carry out our regulatory activities fairly.
- We provide leadership and use our influence to identify, understand and address inequalities for doctors and patients in the wider healthcare system.
- We become an inclusive organisation.

We want to measure our progress and the impact of this strategy, even if there isn't a direct link between all the changes that will happen over the next three years, and our efforts.

Here are some indicators of progress;

- Feedback from doctors, patients and the public, staff, job applicants and other groups that our activities are fair.
- Evidence that we have taken action to identify and address non-compliance with our standards.
- Examples of improvements in the ability of others to demonstrate their compliance with our standards, eg educational institutions have engaged with evidence that indicates potential concerns and have developed action plans to address them.



- Our performance on external benchmarks, eg Business in the Community (Race for Opportunity/Opportunity Now), Stonewall and Business Disability Forum indices.

How this strategy will benefit patients and service users

The principles of equality, diversity and fair treatment are embedded in our core ethical standards and requirements that doctors must meet in medical education and training. Implementing this strategy is a contribution to improving standards of care for all patients by raising awareness of our expectations and making sure:

- doctors are equipped to treat the diversity of patients and services users in the UK population, irrespective of where they train

- doctors are able to use their diverse backgrounds and experiences to deliver innovative care that can respond to the diverse needs of their patients
- doctors understand their duties to provide quality care for all patients, and the consequences of treating patients unfairly
- we raise awareness of our expectations of the care that patients should receive, eg by proactively creating opportunities for doctors to understand and reflect on our standards and guidance.



The principles of equality, diversity and fair treatment are embedded in our core ethical standards and requirements that doctors must meet in medical education and training.

About us

Our mandate

Our role is to protect the public.*

We work to:

- a protect, promote and maintain the health, safety and well-being of the public
- b promote and maintain public confidence in the medical profession
- c promote and maintain proper professional standards and conduct for members of that profession.

* Medical Act 1983 (as amended)



Our mission

To prevent harm and drive improvement in patient care by setting, upholding and raising standards for medical education and practice across the UK.

Our organisational values

Our values describe the kind of organisation we want to be, and how we will go about our work. The principles of equality, diversity and inclusion are embedded within these values.

- **Integrity** – we are honest in everything we do and in sharing what we see. We listen to those we work with, but remain independent of them.

- **Excellence** – we are a learning organisation, committed to achieving high standards in everything we do.
- **Collaboration** – we work with others to support safe and high quality care
- **Fairness** – we believe in respecting people and treating them without prejudice
- **Transparency** – we are open about what we do and account for our actions.

The governance of our work on equality, diversity and inclusion

- **Council** is our governing body. It is responsible for the overall control of our organisation, including agreeing this strategy and holding the executive accountable for its delivery.
- Our **Chief Operating Officer** and **Deputy Chief Executive** is the senior sponsor for equality, diversity and inclusion. She is responsible for overseeing the implementation of this strategy and providing leadership on the issues across the organisation.
- The senior sponsor chairs our **Equality, Diversity and Inclusion Steering Group**. It is comprised of representation from each area of the business who provide leadership on this agenda and use their influence to affect change across the organisation.

* *Medical Act 1983* (as amended)

Internal and external drivers

The UK has an increasingly diverse medical workforce. This is a good thing but it raises particular challenges for us given the trends for some doctors in our regulatory activities.

- The demography of the profession is changing, eg there are more women doctors, certain specialties are becoming older, and there are more specialists from a black and minority ethnic (BME) background.
- There is a growing interest in being able to practise in line with different religions or beliefs, so employers need to make sure the workplace supports and respects the diversity doctors bring. In addition, doctors and healthcare providers can bring different perspectives to bear, to deliver innovative care.
- There is more demand for flexible ways of working, eg more doctors working part time, greater uptake of career breaks and more portfolio careers.
- Some groups of doctors are more likely to be referred to us by employers and more likely to be overrepresented in our fitness to practise procedures, including male doctors, older doctors, overseas qualified doctors, BME doctors and doctors in some specialties.
- Some groups of doctors could be more likely to be bullied or harassed in the workplace, and may feel less confident raising concerns about patient safety and care. There are differentials for some groups of doctors in progression through every stage of medical education and training.
- The changing demographic of the population means health inequalities are rising. This can create barriers for some groups of patients accessing healthcare and engaging with us, such as disabled people or those who are not fluent in English. There are challenges for doctors and providers in responding to the needs of an increasingly diverse population in a service impacted by changing pressures and priorities.

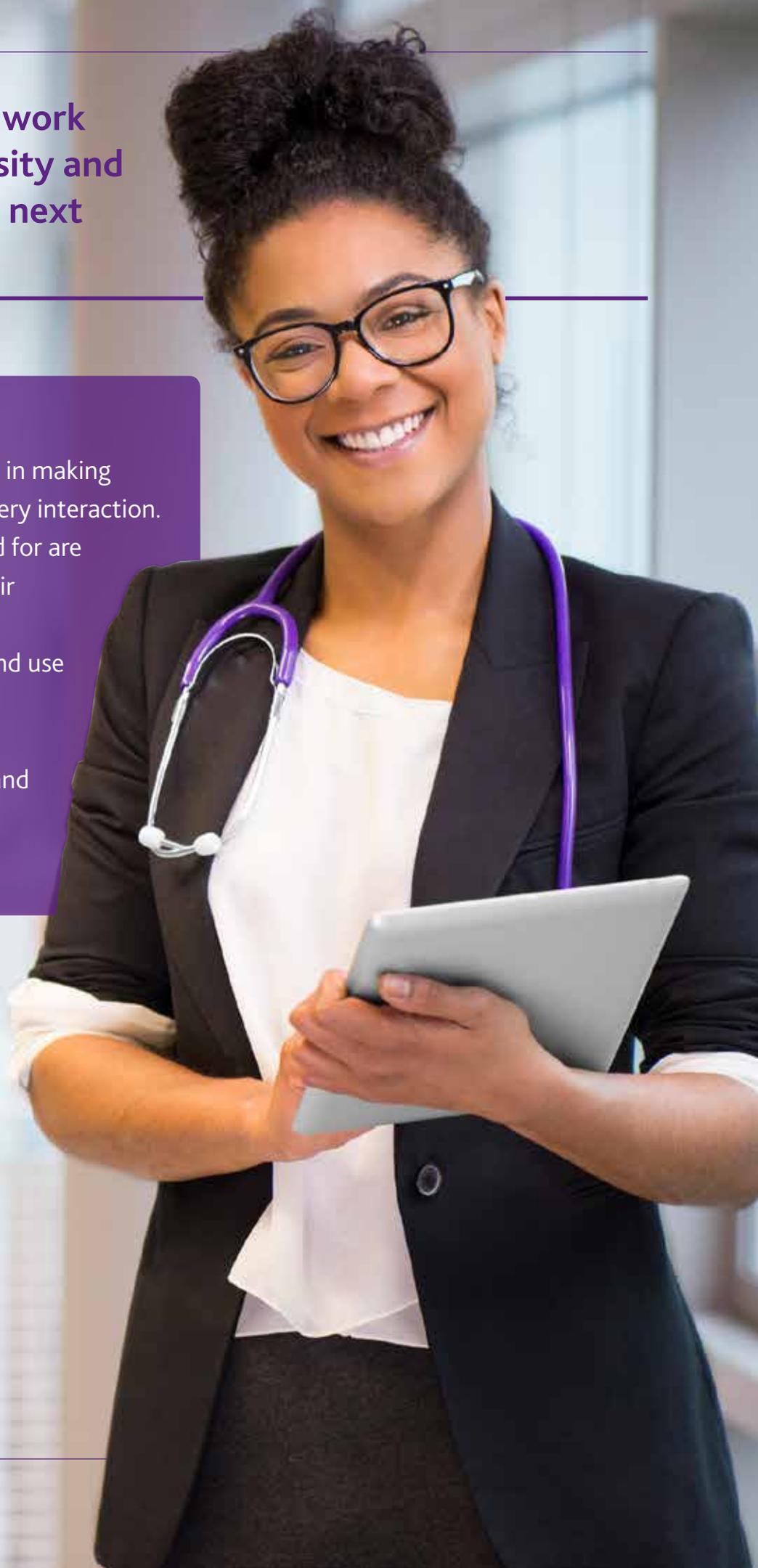
Workforce drivers

- Our main operating base is in Manchester, and the profile of our workforce there is reasonably close to that of the catchment area. The profile of our workforce in London does not currently reflect the diversity of the local labour markets.
- There is a significant gap between the proportion of BME candidates at the application and job offer stages of our recruitment process, and differences in terms of career progression for some groups of staff.
- We want to further align gender and ethnicity pay gaps for certain pay grades.
- Our 2017 staff survey showed lower engagement scores for some groups of staff, including disabled and BME staff. The majority of staff felt fairly treated by their line managers, but some do not feel they can achieve their potential in working with us, and that their contributions are not valued. The survey also highlighted some organisational culture barriers for some groups of staff, eg women and BME staff.

The vision for our work on equality, diversity and inclusion over the next three years

Our vision

- We treat everyone fairly, in making every decision, and in every interaction.
- People we work with and for are confident that we're a fair regulator.
- We provide leadership and use our influence to identify, understand and address inequalities for doctors and patients in the wider healthcare system.



We will achieve our vision by carrying out our regulatory activities fairly, by taking action to make sure we meet our standards on equality and diversity, and by offering our staff the chance to achieve their potential at work.

Our work on equality, diversity and inclusion is underpinned by five key human rights principles: fairness, respect, equality, dignity and autonomy. This means our regulatory and workforce activities are delivered fairly, balancing the rights of different groups.



Objectives

There are four objectives for our work on equality, diversity and inclusion over the three years of this strategy.

- We act upon the equality, diversity and inclusion issues associated with delivering our corporate strategy.

- We carry out our regulatory activities fairly.
- We provide leadership and use our influence to understand and address inequalities in the wider healthcare system for doctors and patients.
- We become an inclusive organisation.



Our work on equality, diversity and inclusion is underpinned by five key human rights principles: fairness, respect, equality, dignity and autonomy.

Objectives



Objective 1: Delivering equality, diversity and inclusion through our corporate strategy

Our work on equality, diversity and inclusion is integral to achieving each of the aims of our *Corporate strategy 2018–20*. Set out below are some

of the considerations and actions we are taking to meet each of these aims.

Our strategic aim	Equality, diversity and inclusion considerations and actions
<p>Supporting doctors in maintaining good practice ('upstream regulation').</p>	<p>We use our data and insights to understand the potential harms for some groups of doctors, eg those who are currently overrepresented in our fitness to practise procedures; sharing data on revalidation to identify whether there are different outcomes for certain groups of doctors.</p> <p>We provide specific interventions for some groups of doctors (including international medical graduates, locums and specialist and associate specialty doctors, for example, by scaling up our Welcome to UK practice programme and implementing the <i>Taking revalidation forward</i> action plan.</p> <p>We engage with doctors to understand diverse perspectives, experiences and values to make sure we can give more targeted advice and support within our standards and guidance.</p>
<p>Strengthening collaboration with our regulatory partners across the health services.</p>	<p>We collaborate with other organisations involved in healthcare to:</p> <ul style="list-style-type: none"> • understand and mitigate the risk factors for diverse groups, eg doctors with mental health conditions who may not be treated fairly in the workplace • facilitate discussions and act on the issues that impact on doctors being treated fairly, eg workforce bullying and discrimination. <p>We seek increased assurance that local systems for dealing with concerns about doctors are fair and robust.</p> <p>We update our frameworks for quality assuring medical education and training to give enhanced assurance about the equality, diversity and inclusion issues associated with emerging and known concerns.</p>

Our strategic aim	Equality, diversity and inclusion considerations and actions
Strengthening our relationship with the public and the profession.	<p>We undertake a programme of work to improve doctors’ perceptions of us as being a fair regulator.</p> <p>Our work is informed by a range of perspectives by involving a diverse range of patients, members of the public and other groups who share protected characteristics in developing our policies and plans.</p>
Meeting the changing needs of the health services across the four countries of the UK.	<p>Doctors must satisfy certain requirements for getting on to the register and for practising in a particular specialty. We will identify where these requirements act as barriers for some groups of doctors, and consider whether they are essential for maintaining patient safety.</p> <p>We produce and triangulate data, intelligence and new research that promotes understanding of and engagement with equality, diversity and inclusion issues and trends at national and local level.</p> <p>We take steps to understand and provide support on the ethical and professional challenges that doctors encounter in a service impacted by changing pressures and priorities.</p>

Objective 2: Carrying out our regulatory activities fairly

Our regulatory activities span a number of different areas that impact on doctors getting on to the register, progressing through their education and training to enter the specialist or GP registers, and practising in the UK.

The GMC and Medical Practitioners Tribunal Service (MPTS) are covered by the Equality Act 2010 as a regulator, employer, and qualifications body. We are also subject to the provisions of the public sector equality duty. Our ambitions to be a fair regulator go beyond complying with the requirements of equality and human rights legislation.

The main issues for us in delivering our regulatory activities fairly include:

- **compliance:** Certain aspects of our compliance with the equality duty depend on other bodies involved in the design and delivery of medical education and training taking steps to consider their impact on people who share protected characteristics.
- **integration:** Making sure equality, diversity and inclusion issues are identified and acted upon in key programmes of work.
- **making fair decisions:** Making sure staff and associates apply a consistent approach to making decisions about doctors across our activities.

What's been achieved over the past three years?

- **Staff are more aware of the equality, diversity and inclusion issues that relate to their work.** We have identified and acted on the equality, diversity and inclusion issues that have arisen in key programmes of work, including the implementation of our fitness to practise reforms, developing the Confidentiality guidance, and introducing changes to the Professional and Linguistics Assessment Board (PLAB) test for international medical graduates wanting to practise in the UK.
- **We have delivered training in making fair decisions.** We have developed a programme of work on fair decision-making. For example, staff and associates (including case examiners and MPTS tribunal members, registration appeal panellists and PLAB examiners) have been trained in managing bias and their role in making sure our regulatory decision-making is fair.
- **Reduced impact of our fitness to practise procedures.** We have streamlined our fitness to practise processes to reduce the stress on everyone involved. In particular we have improved our systems to filter complaints so we only investigate or hold hearings where necessary. We have also enhanced our communications so they are more sensitive and give more support to doctors during the process.
- **New protections for vulnerable doctors.** We have increased the sensitivity of our handling and communication with doctors under investigation and increased the support we provide. We have

introduced specific safeguards for doctors with health conditions or working in circumstances that may make them vulnerable. We have also put in place safeguards to make sure our fitness to practise processes are not used as a retaliatory tool against doctors who are whistleblowers by the organisation involved in the whistleblowing.

■ **We have a better understanding of the impact of revalidation on some groups of doctors.**

We have monitored trends for particular cohorts of doctors and published information on the outcomes from revalidation, and taken steps to make sure the revalidation assessment (for doctors without a prescribed connection) is robust and fair.

■ **We have increased focus on equality, diversity and inclusion within standards for curricula and assessment systems.**

We have embedded fairness as a core principle in the new standards, and developed stronger processes and guidance for colleges to evaluate their impact on groups who share protected characteristics. And we have increased internal scrutiny of evidence given by medical royal colleges to demonstrate they are meeting our standards to ensure fair training pathways.

■ **We have increased visibility of evidence indicating concerns around the fairness of training pathways and strengthened our internal processes for testing equality, diversity and inclusion standards.**

We have collected and published a range of data indicating a similar trend across all stages, specialties and geographic regions. We've also established networks with people we work with

to draw attention to the concerns, and we've commissioned new research to develop collective understanding of the possible barriers and root cause.

■ **We have strengthened our Quality Assurance Framework which requires organisations to engage with and respond to concerns.**

We have provided new guidance on the equality, diversity and inclusion issues to clarify our expectations of how educational institutions will meet the equality, diversity and inclusion dimensions of our Promoting excellence and Excellence by design standards.

Priorities for the next three years

■ Deliver an action plan aimed at delivering the aims of our customer service strategy through transforming our customers' ability to interact with us (including disabled people, trans people, people with low levels of literacy). We want to improve the experience of every customer in each of their interactions with us.

■ Continue our work to make equality, diversity and inclusion a core part of the revised quality assurance framework for medical education and training which is being developed for 2019–24.

■ Continue to provide leadership across the healthcare system on equality, diversity and inclusion issues by investing in new research which promotes deeper understanding of the issues and supports others to develop interventions.

- Bringing together our decision making processes to create an organisation-wide framework and principles for decision-making supported by guidance.

What will be different in three years' time?

- We will have improved our customers' ability to interact with us, by being responsive to their needs and improving their experience when they contact us.
- We will have a greater level of assurance about the fairness of local systems of educational governance, and the fairness of training pathways.
- There will be greater confidence that our standards are being met by all those responsible for the design and delivery of medical education and training. We are able to confidently identify non-compliance and set clear expectations of what actions need to be taken to comply.
- We have information which indicates whether interventions aimed at addressing fairness result in positive change over time nationally or locally.
- An improved understanding of the effectiveness of the tools we use to make sure our decisions are fair, and evidence that they are being applied consistently.

How we will measure progress

We want to measure our progress and the impact of this strategy, even if there isn't a direct link between all of the changes that will happen over the next three years, and our efforts.

Here are some indicators of progress;

- Feedback from specific groups of customers.
- Evidence that we have taken action to investigate and address information which indicates non-compliance with our standards.
- Evidence of an improved understanding of the interventions that are likely to have a positive impact on the known equality, diversity and inclusion issues and that there is increased awareness and understanding of good practice across the system.
- Evidence of improved engagement and understanding of how to meet our standards from medical education and training providers. Eg active use of our published data to inform their policies and procedures, acting on our feedback or research findings, actively engaging with equality, diversity and inclusion issues, and developing local action plans to understand and address concerns around fair training pathways.
- Evidence of equality, diversity and inclusion impact being actively and appropriately considered by institutions responsible for the design of curricula and programmes of assessment.
- Evidence of a consistent approach to making fair decisions across different business areas.

Objective 3: We provide leadership and use our influence to identify, understand and address inequalities for doctors and patients in the wider healthcare system

The main issues for us are:

- **The profile of some groups of doctors in our procedures:** Some groups of doctors are overrepresented in our fitness to practise procedures (compared with their proportion on the register including male doctors, older doctors, overseas qualified doctors, BME doctors and doctors in some specialties).
- **Referrals by employers:** Employers are more likely to refer some groups of doctors (including BME and overseas qualified doctors) into our procedures, and to recommend that some doctors' revalidation date is deferred. Referrals by employers are more likely to progress to a hearing and to result in sanctions than referrals from patients and the public.
- **Differential attainment:** There are unexplained variations in the performance of some groups of doctors on exams and other assessments across every stage of medical education and training indicating potential concerns around the fairness of training pathways.
- **There are barriers for some doctors wanting to pursue a career in medicine in the UK,** including international medical graduates, disabled doctors and specialty grade doctors.
- **There are also barriers for some groups of doctors in career progression,** for example, challenges for women in balancing personal and professional demands, compounded by a lack of access to support such as flexible working.

- **Some groups of patients are not receiving the same standards** of care from their doctors as other patients, eg trans people have raised an increasing number of concerns with us about the care from their doctors and there is evidence that patients with a learning disability receive poorer standards of care.

What's been achieved over the past three years?

- **We have better data on the extent of differential attainment across postgraduate medical education and training:** We have collected and published progression data (exam pass rates, Annual Review of Competence Progression (ARCP) data, and recruitment data) broken down by the demographic characteristics of doctors in training.
- **We have a better understanding of the barriers for progression:** We have published research* which indicates that the causes of differential attainment are multifactorial. Also that BME graduates and doctors who qualify overseas were believed to face additional risks affecting their progression through training pathways.
- **We have identified that there are no proven interventions to address similar differentials seen in other sectors.** We have acknowledged that those developing interventions now are at the forefront of new and innovative work, encouraged the formation of networks and dialogue to support institutions leading the way.

* Woolf K, Rich A, Viney R, et al, *Fair Training Pathways for All: Understanding Experiences of Progression*. London: UCL, 2016.

- **We have begun a dialogue with employers around the fairness of local systems for referral.** A survey* of staff in 11 acute trusts suggested that the likelihood of issues coming to light was not the same for all groups of doctors. For example, it was felt that concerns were more likely to be raised against locums, doctors who qualified overseas, doctors approaching retirement, and doctors who worked in specialisms that are easy to benchmark. When we discussed this with our responsible officers' network they were keen to work with us to understand this better. We have helped doctors to understand the particular issues in caring for diverse groups of people, for example, through upgrading our package of interactive resources for treating people with learning disabilities.

Key actions and priorities for the next three years

- Develop a better understanding of which interventions may be effective in addressing differential attainment by evaluating some of the current approaches and commissioning research into evaluation methodologies.
- Continue our work to help deaneries, medical royal colleges and faculties and medical schools to understand the data within their local contexts, and develop action plans which demonstrate an awareness of the research and experiences of others.
- Continue to promote awareness and understanding of equality, diversity and inclusion issues within medical education and training especially for doctors who share protected characteristics and their trainers, to encourage open dialogue and to present positive steps that can be taken to overcome the barriers that individuals may face.
- Establish a resource library to support educational institutions to understand and address equality, diversity and inclusion issues.
- Update our guidance and use our influence with medical schools to make sure all medical students understand how to treat diverse healthcare populations within the UK.
- Work with responsible officers and employers to understand the patterns for referral and the trends for some groups of doctors in fitness to practise and revalidation in their local areas and



* *Understanding employer's referrals of doctors to the General Medical Council, ComRes, 2017.*

any outliers. Promote our new good investigation principles, including fairness.

- Work with the other bodies involved in revalidation to make sure effective local processes are in place within designated bodies to assure fair and unbiased revalidation recommendations – by updating our revalidation advice and tools for boards and governing bodies, and improving our information and data for responsible officers.
- Deliver activities to improve awareness among doctors of how to provide good care for patients with a learning disability or patients who lack capacity
- Work with others to better understand which groups of doctors are more likely to be bullied or harassed and jointly collaborate on interventions that might help support them.
- Explore ways of providing support for doctors with mental health conditions.
- Work with others to identify barriers to career progression and jointly collaborate on solutions and interventions that might help reduce these barriers.

What will be different in three years' time?

- We will have a better understanding of which interventions are effective in addressing concerns around the fairness of training pathways indicated by differential attainment.
- A wider range of measures established for measuring fairness in training pathways which

may include some qualitative measures and improvements in the quality of existing measures for example publication of exam pass rates by first attempt.

- We would expect to see, over the long term, a reduction in the gap across our progression data (or other measures of fairness yet to be developed) arising from the activities and interventions developed across the system.
- Increased assurance that local systems for dealing with concerns and making revalidation recommendations are fair and effective.
- More medical students being aware of how to treat the diversity of the UK population, irrespective of where they train.
- More disabled students and doctors feeling that they can pursue their chosen career and specialty.

How we will measure progress

- Our data being used to develop action plans to address the variations in performance of some doctors in training.
- Feedback on the experiences of different groups of doctors through the National Training Survey and other qualitative research.
- Feedback from people with learning disabilities.
- Numbers of disabled students and doctors on training programmes.
- Greater awareness of our standards amongst particular groups of doctors.

* We cannot mandate doctors to attend our WTUKP Programme.

Objective 4: We will become an inclusive organisation

The starting point for our work on inclusion is recruiting and retaining talented staff who understand the diversity of the UK patient population, and who reflect the local areas where we operate. A diverse employee base helps us to access a range of perspectives and experiences to innovate, deliver our business plans, and engage effectively with our interest groups.

Becoming an inclusive organisation moves us beyond managing a diverse workforce to developing the potential of all of our staff and creating an environment where everyone feels able to be themselves, contribute to shaping our work, and is encouraged and supported to do so.

We have identified some actions that will help us make this transition.

- Creating a shared understanding across the GMC about what being an inclusive organisation means for us, and of how being inclusive enables us to be an agile organisation and enhances our operational effectiveness.
- Shifting our organisational culture and behaviours, removing cultural barriers, and enabling colleagues to participate more in decision-making.
- Positioning inclusion as part of our internal transformation programme.
- Equipping leaders and managers with the skills of inclusive leadership, and embedding these capabilities within our competency framework.



Priorities for the next three years

- Develop a dialogue with staff about what being an inclusive organisation means for us, using them as experts to implement our transformation programme and other business plan priorities.
- Commission an assessment and gap analysis of where we are in terms of being inclusive.
- Provide coaching for the leadership team and line managers, in the principles of inclusive leadership.
- Integrate the competences and behaviours that support us becoming an inclusive organisation into our new competency framework.

What will be different in three years' time?

- Staff will be confident that we are an inclusive employer, that our policies are applied fairly, and that their skills are recognised.

- The profile of our workforce will reflect the diversity of the geographical locations where we have a significant presence as an employer.
- Evidence of how our leaders and managers are applying the principles of inclusive leadership through their behaviours and actions.
- Everyone understands what inclusion means and takes personal responsibility for promoting inclusion in our workplace.
- Involving staff in helping to deliver activities outside of their specific job role drives business improvements.
- Our work is informed by the diverse experiences and perspectives of our staff.
- Managers value the individual contribution being made by each person on their team and are proactive about identifying and supporting needs.

How we will measure progress

- Feedback from staff and managers through our staff surveys and point-in-time feedback.
- An increase in the number of BME and disabled job applicants who receive job offers, and improved career progression for groups of staff who are currently underrepresented at senior level, for example, women or BME staff.
- Evidence of inclusive behaviours in action.
- Our performance on external benchmarks such as Business in the Community (Race for Opportunity/Opportunity Now), Stonewall and the Business Disability Forum Index.

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