



Reviewing how we approach fairness and bias

Actions for 2023

General
Medical
Council

Executive summary

- 1 The regulatory fairness review's (RFR) primary aim was to test and assure that the existing controls on mitigating bias, monitoring differentials, and promoting fairness across our regulatory functions are as robust as possible for now and the longer-term.
- 2 Bias is a part of human nature. In acknowledgement of this the GMC has included understanding of bias and self-awareness of personal biases in our learning programmes for staff for a number of years now.
- 3 The review did not aim to demonstrate that there was no bias in the GMC's processes. A fundamental principle of our approach was to systematically look for the risk of bias in our activities and assess the controls we have in place to manage that risk.
- 4 Over 40 GMC and Medical Practitioners Tribunal Service (MPTS) staff substantively contributed to the delivery of this review, with an additional 900 colleagues contributing to our evidence base; participating in surveys, focus groups, team meetings and one to one interviews. Members of our Black and Minority Ethnic (BME) Doctors Forum and our Strategic Equality, Diversity and Inclusion Advisory Forum contributed their time and expertise in support of the review, as did many others.
- 5 This has been a complex collaborative endeavour which has delivered a broad variety of outcomes and a wealth of learning. These could not have been achieved without the level of commitment and engagement described above for which I, as the review lead, extend my gratitude.
- 6 The recommendations in this review report build on work that was initiated during the review, which is also described in the report. The combination of this work and the additional steps set out in the recommendations, will lead to the following overall programme of change:
 - a. A revised approach to the commissioning of external audits of GMC decision making activities. The regular programme of audits that we commission will cover: all of our regulatory functions; will include stakeholder input; and will have enhanced focus on identifying the risks of bias in our decision making. The first of these will be an audit of registration functions, which is planned for 2023.

The recommendations and work that will lead to these outcomes are described in the 'Assurance programme research and development' section of this report, page 6.
 - b. The adoption of a consistent core set of good practice decision making checks and controls applicable across the GMC. The new assurance approaches, focused on minimising the risk of bias and promoting fairness will be supported by:
 - New corporate decision-making principles, published and embedded across all teams.

- Ongoing implementation of a review methodology to assess anti-bias controls and assurance in high stakes decision points in all areas of GMC activity.
- A professional network of decision makers to share learning and good practice in identifying and mitigating the risk of bias.
- Ongoing evaluation of research evidence and of GMC anti-bias activities to build a knowledge base of what works.
- Actions to ensure that the decision-making principles and measures to mitigate bias are reflected in the role of Assistant Registrars, the work of GMC associates, and those regulatory decisions where the GMC relies on assessments and judgements of other organisations and individuals.
- Actions to ensure that the high stakes decision points review approach is embedded in the development and evaluation of regulatory reform processes.

The recommendations and work that will lead to these outcomes are described in the 'Review of high stakes decision making [HSDP]' section of this report, page 9.

c. Implementation of a strengthened framework of equality diversity and inclusion (ED&I) learning for GMC staff, consisting of:

- A core curriculum of ED&I learning for all staff, including new mandatory elements.
- A tailored curriculum designed to reflect the learning requirements of staff in different roles, including line managers, decision makers, policy makers and those in customer facing roles.

The recommendations and work that will lead to these outcomes can be found in the 'ED&I learning needs analysis [LNA]' section of this report, page 17.

d. Broader use of fitness to practice ED&I data to improve transparency and enhance internal assessments of fairness:

- Additional analysis of regulatory outcomes, to support ongoing monitoring and assurance processes and promote the discussion and exploration of the risk of bias within teams.
- Publication of a compendium of previous fitness to practice (FtP) ED&I analyses; updated on an ongoing basis.
- Publication of FtP ED&I data as part of the annual FtP statistics report.

The recommendations and work that will lead to these outcomes can be found in the 'Review and standard publication of FtP ED&I data' section of this report, page 20.

- e. Embedding of fairness and ED&I into the design of new regulatory processes and enhancing transparency following Regulatory Reform changes:
 - Equality impact analyses to be undertaken across all workstreams of regulatory reform, and to be published as part of consultation packages on new rules and guidance.
 - In addition to public consultation, external assurance to be sought on the equality impact analysis (EqIAs), starting with one on the regulatory framework being introduced for physician associates and anaesthesia associates (MAPs).

The work that will lead to these outcomes can be found in the 'Equality impact analyses (EqIA) supporting regulatory reform processes' section of this report, page 22.

- 7** These actions represent a step change in the way that the GMC monitors, assesses and assures fairness in its decisions.
- 8** How successfully this change is embedded will be dependent upon the understanding of all GMC colleagues of their role in identifying and minimising the risk of bias in all of their work.
- 9** As a result of the review, colleagues are already leading activities within their teams, generating the conversations that help develop this understanding and facilitate change.
- 10** The recommendations in this review build on that work, reflecting the ongoing leadership required from the senior management team (SMT), assistant directors (ADs) and heads of section (HoS) to successfully embed the approaches championed by the review and drive the ongoing development of an open, curious and fair culture at the GMC.
- 11** We are currently assessing the implications of the recommendations and considering the interdependency with existing projects and other recent reviews.
- 12** We will be developing an approach to implementation that ensures the corporate enabling deliverables are put in place to allow directorates to lead on fully embedding the culture change needed across the business.
- 13** All the recommendations in this review can be found on page 24 to 26.

Background

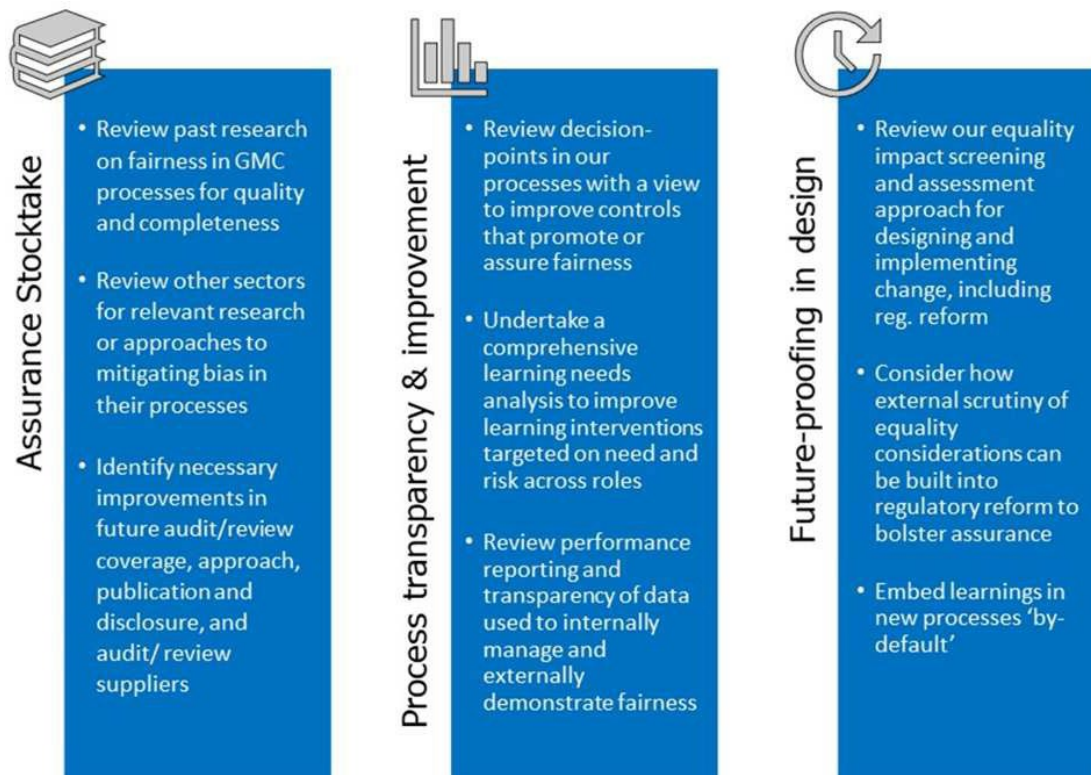
- 14** Our corporate strategy 2021-2025 commits to making fairness a central platform of everything we do. The RFR is one of the four priority areas for action designed to achieve this ambition.
- 15** In June 2021 an Employment Tribunal (ET) upheld a claim that we had racially discriminated against a doctor in a fitness to practise case. While we had been granted permission to proceed with an appeal, this case did highlight the challenge of readily evidencing the active promotion of fairness in our processes.
- 16** Our Executive Board subsequently escalated this to a corporate level risk, noting the need to build stronger assurance around the fairness of our regulatory processes.
- 17** The Strategy and Policy directorate established the RFR as mitigation of that risk in October 2021, appointing Laura Harding as the review lead.
- 18** The RFR ran for eleven months and was organised into five workstreams, resulting in multiple outputs and a variety of recommendations.
- 19** The information provided in this report is supplemented by two Annexes which provide further details of the review's methodologies and activities, outputs and transition plans for ongoing activities.

Aim

- 20** The RFR's primary aim was to test and assure that the existing controls on mitigating bias, monitoring differentials, and promoting fairness across our regulatory functions, are as robust as possible for now and the longer-term.
- 21** Bias is a part of human nature. In acknowledgement of this the GMC has included understanding of bias and self-awareness of personal biases in our learning programmes for staff for a number of years now.
- 22** The review did not aim to demonstrate that there was no bias in the GMC's processes. A fundamental principle of our approach was to systematically look for the risk of bias in our activities and assess the controls we have in place to manage that risk.

Approach

23 The three key focus areas of the review were:



24 The RFR work was organised into five workstreams; which cut across these focus areas. The development and delivery of these workstreams was supported by colleagues from every GMC directorate.

25 The table below outlines the delivery objectives of each of the workstreams and the themes to which they related:

Workstream title	Objective	Focus area
Assurance programme research and development	<ul style="list-style-type: none"> • Commission a research report on past assurance, identifying potential areas of consideration for future external audits • Develop a costed and funded plan for a rolling programme of external assurance audits 	Assurance stocktake
Review of high-stakes decision points (HSDP)	<ul style="list-style-type: none"> • Create a decision point control review “checklist” and methodology • Report on the outcomes and improvement recommendations resulting from the application of the methodology to prioritised high-stakes decisions. 	<ul style="list-style-type: none"> • Assurance stocktake • Process transparency & improvement • Future proofing in design

Workstream title	Objective	Focus area
ED&I Learning Needs Analysis (LNA)	<ul style="list-style-type: none"> Carry out an LNA, identifying generic and specific learning needs by role Produce a resource plan to develop and implement the LNA recommendations 	Process transparency & improvement
Review and standard publication of FtP ED&I data	<ul style="list-style-type: none"> Re-analyse KPI/SLAs with protected characteristics embedded in performance reporting Create a routine FtP data pack and publication schedule. 	Process transparency and improvement
Equality impact analyses (EqIA) supporting regulatory reform processes	<ul style="list-style-type: none"> Regulatory reform process EqIAs are internally and externally quality assured and published. 	<ul style="list-style-type: none"> Future proofing in design Process transparency & improvement

Review outcomes and recommendations

Assurance programme research and development

Purpose

- 26** The purpose of this workstream was to explore how we could improve our approach to commissioning external audits of our decision making. We also wanted to understand the views of stakeholders who have raised concerns about previous audits, so that we might mitigate these in how we approach them in the future.
- 27** Our ambition was to develop a framework for the commissioning of audits and plan a structured rolling programme of audits which would include, but extend beyond, our fitness to practise (FtP) function. Registration and revalidation (R&R) put their planned audit procurement exercise on hold in order to benefit from the learning from this work.

Approach

- 28** We developed the invitation to tender in consultation with internal and external stakeholders, and then commissioned Howlett Brown (HB) to carry out an expert review of our past approach to auditing fairness in our decision making
- 29** The expert review methodology comprised of:
- a literature review including our past audit reports, relevant documentation and the invitation to tender that R&R had prepared, before putting their procurement exercise on hold to await the outcome of this work
 - interviews with GMC colleagues, members of our Strategic ED&I Advisory Forum and the BME Doctors Forum, as well as doctors who had been through the FtP process.

- 30 The full methodology and findings can be found in Annex A - Howlett Brown 'Expert Review Report'.
- 31 We aimed to use the findings of this report to support the development of a costed rolling programme of external audits. This rolling programme would be collaboratively developed between the Data, Research and Insights Hub (DRIH), the ED&I team and participating directorates.

Next steps

- 32 There was a delay to the production of the research report which has had a knock-on effect on the development of the rolling programme of external audits.
- 33 To ensure that the work that is already underway continues beyond this review we have agreed the following activity:

Activity	Who	Date
Initiate a registration audit procurement exercise, incorporating the learning from this workstream and the wider review.	DRIH/R&R	Due to start in October 2022
Develop a costed rolling programme of audits, with an option for at least one audit to be commissioned in 2023.	DRIH/ED&I	By Q2 2023

- 34 The ED&I and DRIH teams will collaborate to develop the rolling programme of audits and seek to secure the funding for it. Once the programme is agreed the ED&I team will take strategic leadership of the programme; ensuring that it is communicated effectively, regularly reviewed and revised when required.
- 35 The DRIH team will continue to collaborate with relevant directorates, supporting them in the design, commissioning and delivery of the scheduled audits.

Recommendations

- 36 Having considered our approach to auditing and discussed perceptions of it with stakeholders, Howlett Brown put forward nine recommendations:

Critical:

- Establish and agree a wider scope when commissioning future external audits
- Undertake a review of the drafting of GMC decision making guidance and referral related documents and ensure the guidance documents are grouped practically for accessibility and consider frequency of future reviews
- Set a consistent frequency for commissioning external audits

- Assess GMC's data privacy position and ensure that it is fully compliant in collecting special category data
- Adjust the audit process for more ease, transparency and efficacy
- Remove restrictive word counts on external auditors

Essential:

- Expand the choice of external auditor based on their specialist expertise and create a panel of auditors over time

Strongly consider:

- GMC to build on stakeholder engagement and involvement in external audits

37 These headline recommendations can be loosely grouped into two themes, transparency and process efficiency. The rationale offered is that changes in these areas will improve the quality of the audits and provide us, and our stakeholders, with a level of confidence in their outcomes and the improvements that they recommend.

38 This review recommends that the GMC accepts the Howlett Brown recommendations. There will be some areas where it may be valid to depart from the detail of the specific recommendation, however the intended outcome of each recommendation should be achieved.

Recommendation 1: GMC accept the recommendations arising from the Howlett Brown research. A clear rationale should be given for any digression from the detail of the actions suggested by Howlett Brown when implementing those recommendations.

39 The commissioning of external experts to carry out this review has proven challenging. We needed to run two procurement exercises and carry out extensive research to find a suitable supplier. All of the providers we came into contact with represented some element of compromise. Howlett Brown also acknowledged the challenges of commissioning such audits in their report. [Annex A - page 8, para 14.]

40 We experienced similar issues with the procurement of experts to quality assure the EqlAs for the processes supporting regulatory reform. The pool of providers with the expertise and capacity to deliver to our requirements appears to be very limited. The implications of this issue include increases in the time, resources and the cost it takes to deliver this type of work. This will need to be taken into consideration when planning the rolling programme of audits.

Recommendation 2: Procurement to consider how external experts might be identified when commissioning future audits.

- 41 One of the areas of concern that, before the review, had been expressed by our external stakeholders was a perception that we do not do enough to engage them in the commissioning or execution of audits.
- 42 We experienced, first hand, the challenges of such engagement during this work. Striking a balance between being able to offer people sufficient notice for them to contribute and the work being completed within a reasonable timescale was not straightforward.

Recommendation 3: ED&I to ensure that stakeholder groups are aware of when audits will be taking place by sharing the schedule for the rolling programme of external audits with them on an annual basis.

Conclusions

- 43 The insight gained from this work gives us the opportunity to develop a more structured and transparent approach to commissioning external audits.
- 44 Some of the Howlett Brown findings and recommendations, such as the review of decision making guidance, touch on areas for improvement identified within other workstreams of the regulatory fairness review – such as the review of high stakes decision points. Care will need to be taken to bring those strands of work together to avoid unnecessary duplication.

Review of high stakes decision points [HSDP]

“Half a century of work by experimental psychologists has revealed two things about biases: We are all vulnerable to them, and they are difficult to account for, even if you know about them”.

Stafford, T “Biases in decision making, anti-bias strategies” Tribunals, Winter 2017

Purpose

- 45 The GMC currently employs a number of strategies to manage the risk of bias in our high stakes decisions, for example the use of peer review, provision of decision making guidance, and training. The purpose of this workstream was to identify where we need to improve our strategies for minimising risk.
- 46 Our ambition was to devise a replicable method of systematically reviewing our high stakes decision point controls with the ultimate aim of reducing the risk of bias in our decision making.

Approach

47 A cross-directorate working group of eighteen colleagues, representing all parts of the FtP process, Education & Standards (E&S), MPTS, Corporate, Strategic Communications & Engagement (Outreach) and R&R was convened to lead the delivery of this workstream.

48 The approach taken by the working group was to:

- identify a method for assessing bias control gaps, assessing the contemporary thinking around anti-bias strategies and controls
- prioritise the high-stakes decision points to be reviewed
- evaluate the anti-bias strategies and controls in place, implementing improvements and proposing areas for further improvement; and
- consider how the approach and methodology might successfully be embedded into team activities.

A full description of the HSDP review methodology can be found in Annex B- Review of high stakes decision points [HSDP]: Methodology and outcomes.

Commitment to action

49 Whilst participating in this review, working group members identified and initiated a number of improvement activities and also committed to additional activities going forward.

50 The work that was initiated during the review is varied, but can be loosely grouped under the following themes:

- Broader utilisation of data to assess, discuss and address indicators of the risk of bias.
- Delivery of tailored training and follow-up activities to embed the learning.
- Embedding the methodology into review activities, such as inclusion in process reviews and reporting.
- Embedding the approach into development of regulatory reform processes and EqIA and considering how it might inform the framework for MLA compliance decisions.
- Communicating the methodology and review findings to teams in their directorates; presenting at management and team meetings; discussing at team development days.
- Formalising and embedding the methodology; using it to inform continuous improvement activities; identifying champions and implementation leads.
- Leading cross-team discussions and knowledge sharing about controls, bias mitigations and their effectiveness.
- Producing guidance on the approach and methodology to support wider communication and staff development.

- Using the approach to generate and encourage challenging discussions; encouraging decision makers to reflect on their own biases.
- Considering how the approach and methodology might successfully be embedded into team activities.

51 The commitments to action moving forward can also be grouped in themes, similar to those above:

- Develop focused materials, such as case studies, to support the implementation of the approach.
- Develop directorate/team plans to operationalise the approach.
- Enhance data collection and cross-team knowledge sharing.
- Review decision making guidance.
- Use the approach to enhance audit and review activities.

The full list of activities and commitments can be found in Annex B.

52 The working group members have committed to taking the work outlined above forward within their directorates. They will also act as champions for the HSDP review approach, supporting the development of colleagues' understanding of the methodology.

53 ED&I managers will also work alongside the directorates in their account management capacity, offering specialist support and guidance to facilitate the successful implementation of change.

Learning and recommendations

54 The evaluation of the efficacy of anti-bias strategies and controls, particularly when applied to decision making is still an emerging field of research. Our own research did not result in a definitive checklist or "best practice" guide to anti-bias strategies in high stakes decision making. Rather it led us to a set of principles grouped into two broad categories: Process and governance and Culture. [See Annex B, pp 6-7]

55 When considering GMC high-stakes decisions, the review focused on those directly impacting on our registrants, patients, medical education institutions and the public. However, the principle of our OneGMC approach stipulates that our values and behaviours apply to all GMC staff and associates. The consideration of bias in all decision making should be a priority for every function of the GMC, including Council.

56 The working group members will champion the approach, helping their own teams to embed it and providing support to other ADs and HoS as they familiarise themselves with it.

Recommendation 4: All heads of section use the HSDP review approach and methodology to consider the high stakes decision points within their functions, assess the risk of decision making bias and develop and implement an improvement and evaluation plan by Q3 2023.

- 57 The evaluation of the impact of this approach is a control in itself. The GMC is working at the edge of current knowledge in this area and the lack of a definitive evidence base means that evaluation will be an imprecise science.
- 58 Directorates and teams will need to develop baselines and criteria by which to assess the impact of their improvement activities. The GMC should support these efforts by ensuring regular horizon scanning for new research evidence and the facilitation of cross-directorate knowledge sharing.

Recommendation 5: Data research and insights hub (DRIH) routinely assess research evidence and data to support the evaluation of directorate anti-bias strategies.

- 59 It was clear from the outset of this review, that many colleagues felt uncomfortable discussing how bias might impact their work. Much of this discomfort was based on the concept that all bias is 'wrong' and must be eradicated. No more so than when this involved making high stakes decisions. If we cannot talk about bias, it is almost impossible to recognise and address the barriers to building a fair working culture.
- 60 One of the key achievements of the review is developing more understanding across the organisation that bias is part of human nature, and it is our responsibility to identify where the risks of bias are. Once colleagues felt more confident talking about bias, they found it easier to articulate the controls that they already had in place, identify gaps and consider strategies for improvement.
- 61 The review and assessment of anti-bias activities, like that of any other quality criteria, is an ongoing process, not a one-off event. For this approach to become part of GMC culture, similar conversations must become part of the organisation's day to day dialogue.
- 62 All GMC leaders, including Council, need to play their part in ensuring that conversations about bias are part of the ordinary dialogue of the organisation.

Recommendation 6: Senior management team, assistant directors and heads of section drive the conversations around the nature of bias, using regular stand ups, directorate and team meetings to highlight the approach that the GMC is taking to actively seek and address the risk of bias.

- 63** When introducing a new approach and methods, there is a risk its implementation becomes little more than a tick box exercise. Again, the encouragement of ongoing, open and reflective conversations will mitigate the risk of perceiving the management of bias as a purely administrative task.
- 64** The development of a professional network for decision makers, similar to those already in place for policy professionals and project managers, would provide a forum for those conversations, offering colleagues the opportunity to learn from and challenge each other.

Recommendation 7: Senior management team to consider how best to facilitate the establishment and leadership of a professional network for decision makers by Q2 2023.

Recommendation 8: Once a professional network for decision makers is established, directorate management teams to engage with the network, supporting its development and actively encouraging decision makers to participate in network activities.

- 65** In addition to identifying local gaps in decision making fairness controls, the review raised some questions about the quality of the controls in three cross-organisation activities, namely assistant registrars, associates and external experts.
- 66** Assistant Registrars (AR) work at a variety of levels of seniority in a large number of teams across the GMC. There are local management arrangements in place, but there is a lack of clarity as to whether there is a cross-organisational management framework. A recent audit has led to a piece of work to clarify the processes that support the assignment, ongoing evaluation and, where necessary, removal of AR status.

Recommendation 9: Corporate Governance to implement the planned revised AR status processes and control framework and ensure it is effectively communicated and understood by Q3 2023.

- 67** The GMC routinely engages associates to deliver many important aspects of its work. Many of them work in decision making capacities. Their assignments, the duration of their appointments and their levels of independence are hugely varied.
- 68** There is a standard corporate framework for the appointment of associates, with in-built flexibility for teams to apply different selection options. PLAB associates are expected to meet different criteria to those appointed by MPTS, for example.
- 69** A review of this framework enhancing the focus on fairness and making explicit the GMC's expectations of associates' approach to fairness in decision making would help minimise the risk of bias in the work associates carry out.

Recommendation 10: HR to review the framework for the appointment of associates to enhance the focus on fairness and make explicit the GMC's expectations of associates approaches to fairness and inclusion by Q3 2023.

- 70 Local arrangements are in place for associate induction, monitoring and quality assurance, but they are not always consistent. The majority of associates receive ED&I induction and refresher learning, for example, but the frequency of this varies.
- 71 Likewise, there are varying approaches to the monitoring and review of associate decisions. PLAB have live time electronic monitoring of scores and each examiner is provided with a personal feedback report whereas MPTS panel members undergo a 360 feedback with staff. These approaches to quality management have been developed to meet the requirements of the huge variety of work that associates undertake.
- 72 Whilst there is no suggestion that the controls already in place are inadequate; there is no clear rationale for how these approaches assure that our associates are adopting the GMC's approaches to fairness and inclusion.
- 73 The provision of corporate standards and guidance would help colleagues to assure themselves that they are taking a consistent and proportionate approach to the quality management of associates' work in this area.

Recommendation 11: ED&I to establish a cross-GMC group to develop corporate guidance for teams to ensure that associates adopt the GMC's approaches to fairness and inclusion by Q3 2023.

- 74 The GMC relies on third party judgements/assessments as part of our regulatory decision making, such as those of Responsible Officers (ROs) for revalidation or Royal Colleges for education attainment. It is clear that more needs to be done to understand how we identify and manage third party bias and mitigate the risk of authority bias (i.e. when the trust of an expert judgement is irrational).
- 75 As an outcome of this review, E&S and R&R are collaborating to explore some of these issues in their specific areas, however, these are not the only areas of the business that use experts, so there is room for broader consideration of this risk.

Recommendation 12: E&S, FtP, MPTS and R&R to collectively assess the level of risk of bias that the inclusion of judgements/assessments by external organisations/experts in regulatory decision making represents and develop a proportionate approach to the identification and management of 3rd party bias, and mitigation of the risk of authority bias.

- 76** The review of high stakes decision points has identified the need for the development of common principles and standards in a variety of areas as outlined above. A query raised by this group, and others involved in the review, related to capability to assess the fairness of our decisions in the absence of a common set of GMC decision making standards or principles.
- 77** Decision making guidance is developed and used by teams across the GMC. This guidance is generally developed to support the particular decision making activity of a team, for example the guidance for decision makers on closing criminal cases at triage.
- 78** Sometimes more general guidance is produced. For example, our ED&I team have created 'Bias, a guide for decision makers'.
- 79** Howlett Brown, the organisation we have engaged to review our past approach to auditing fairness in our decision making, have read at least twelve separate pieces of decision making guidance.
- 80** The review is not commenting on the quality of the decision making guidance; but on the absence of an organisation-wide set of decision making principles, to which the guidance can refer. Without this, there is no illustration of what a "good" GMC decision looks like, nor a declaration of the standards of decision making that the GMC aims to achieve.
- 81** To have a corporate set of decision making principles would not only assist the organisation's assurance activities, but it would also enhance internal and external understanding of the standards that we are holding ourselves to.

Recommendation 13: ED&I lead the publication corporate decision making principles by Q2 2023.

Recommendation 14: Heads of section embed corporate decision making principles locally by Q4 2023.

Recommendation 15: Directorate management teams to review decision making guidance to ensure alignment with corporate decision making principles and reflect the proactive approach to identifying the risk of bias by Q4 2023.

- 82** The working group considered how the existing GMC assurance infrastructure could be used to embed the decision making principles and approach into team activities. They concluded that one mechanism for monitoring and assurance should be the inclusion of the principles in the team assurance maps (TAMs).

Recommendation 16: Quality and continuous improvement team lead the integration of the corporate decision making principles into the TAMs and internal assurance processes by Q3 2023.

- 83 The development of this approach to review our high-stakes decision points was collaborative and incremental. This not only resulted in a broadly applicable method of identifying the risk of bias, but also generated ideas around its potential for development and implementation.
- 84 A description of the development process and the outcomes are provided in Appendix B.
- 85 As outlined earlier, each of the working group members identified improvements to be made in their own teams' anti-bias strategies. All of the teams expressed a desire to refresh their ED&I knowledge; recognising the need to develop competencies in this area. They also highlighted an opportunity to embed ED&I professional development requirements into the annual objective setting and professional development plan (PDP) process.

Recommendation 17: Managers develop anti-bias competency personal objectives and professional development plans with decision making staff by Q2 2023.

- 86 In some teams the review found that a low-challenge culture had developed. Process and guidance were being followed but little critical thought was being given to the risk of bias.
- 87 The leads for these teams are actively implementing plans to address this culture through training and development and the utilisation of data to encourage professional curiosity and critical discussion. The recommendation above will support the success of these culture change activities.
- 88 Other areas for improvement specified were increasing the use of data to identify the risk of bias and evaluate the impact of the controls that are in place.
- 89 All of the working group members, who were involved in the development of processes for regulatory reform, recognised the value of embedding the HSDP review approach as a mechanism to check for the risk of bias during the development process, along with the continued evaluation of those processes in operation.

Conclusions

- 90 The purpose of this workstream was to identify where we could improve our strategies for minimising risk the risk of bias in our high-stakes decision making, and our ambition was to devise a replicable method of systematically reviewing our high stakes decision point controls.

- 91 The workstream recommendations indicated where there are opportunities to enhance our anti-bias controls and offer some strategies for promoting and embedding the HSDP review approach within the activities of all of the GMC's teams.
- 92 One of the guiding principles of this approach is that the review of the strategies for ensuring fairness in our high stakes decision making is about continuous improvement rather than a one-off event.
- 93 Each cycle of review should produce new learning and improvement opportunities. This cycle of learning, improving, reviewing is particularly valuable when the evidence base for "what works" is yet to be established.
- 94 A key recommendation arising from this work is for teams to develop implementation and evaluation plans lead by heads of section, rather than a centralised change programme. For their work to be a success, the whole organisation must support them through utilising all of the mechanisms it has, for example quality assurance, communications, reporting and research, to embed and evaluate the impact of those changes.

ED&I learning needs analysis

Purpose

- 95 The ED&I LNA was originally planned to commence in 2019 but was reprioritised in 2020 as a result of Covid-19. The work was re-initiated in April 2021. A dedicated Learning & Organisational Development (L&OD) lead was appointed and started the work in August 2021. The original objective of this work was to develop a three-year ED&I learning strategy and plan which delivered a curriculum designed to meet role-specific requirements.
- 96 The aim of incorporating the LNA into the review's plans was to identify and address any urgent gaps in the provision of ED&I training and development, whilst maintaining the original delivery objectives.

Approach

- 97 The ED&I LNA data gathering approach was designed prior to the incorporation into the review's scope. The methodology incorporated best practice; using multiple routes of data gathering including surveys, focus groups, 121 interviews and a review of staff learning records. 925 colleagues participated in at least one facet of the LNA.
- 98 The analysis of the fifty-nine individual learning needs identified included their organisation into the following role-based categories:

- All staff
- Line manager

- Decision maker
- Policy maker
- Customer facing

99 Using roles as an organising principle for the identification and delivery of learning requirements is a new approach for the GMC. It enabled us to produce a more nuanced picture of the ED&I learning needs of the organisation and aided their prioritisation. This work then formed the basis of the ED&I learning strategy, curriculum and delivery plan.

Learning and recommendations

100 The use of role descriptors to organise the learning needs has, as previously mentioned, helped us develop a more nuanced picture of what our colleagues want and need out of an ED&I curriculum. The presentation of the ED&I curriculum in this way will offer clarity and ease of access to the professional development opportunities that are available and how they will relate to an individual's role. In doing so, it should reduce the risk of serious ED&I knowledge gaps.

101 Currently, there is no link between role category e.g. Policy maker and the specific ED&I competencies required of that role. This link, and clarity around how each learning intervention develops those competencies, would provide really clear guidance of what is expected from staff and thus further reducing the risk of knowledge lapses.

102 This understanding of role-based ED&I competencies would also provide a framework for individual objective setting, the development of PDPs and annual reviews.

Recommendation 18: L&OD to link ED&I competencies to the role categories and map where the development of those competencies are addressed in the curriculum by Q3 2023.

103 The ED&I LNA approach has produced an LNA 'blueprint', a method that has the potential to inform the development of an organisation-wide learning strategy over the longer term.

Recommendation 19: L&OD to adopt the ED&I LNA "blueprint" in the development of future learning strategies.

104 Alongside identifying some clear themes where people want to build knowledge and confidence; the review identified 220 colleagues who had last completed their ED&I training before the introduction of the Equality Act in 2010.

105 Whilst there is no doubt that these colleagues have continued to undertake mandatory training containing elements of ED&I learning, they will not have received explicit training on the changes introduced by the Equality Act 2010.

106 Addressing this gap is an immediate priority. L&OD are currently implementing a plan to ensure that this cohort completes the latest version of our 'Equality & Diversity at the GMC' training, delivered by our ED&I consultants Amber and Greene, by March 2023.

Recommendation 20: ADs and HoS ensure that all relevant staff complete the mandatory “Equality & Diversity at the GMC” training by the end of Q1 2023.

107 By Q4 2022, the first phase of the ED&I curriculum will be made available; this will introduce many of the learning themes requested by staff, such as inclusive language, cultural competence, bias, and disability awareness.

108 The primary purpose of this phase is to ensure that all GMC staff have received a foundation in contemporary ED&I themes. Elements of this curriculum will be mandatory. All staff will be expected to complete this phase of the curriculum by June 2023.

Recommendation 21: ADs and HoS ensure that all staff complete phase one of the ED&I curriculum by the end of Q2 2023.

109 Fifty-nine individual learning needs were identified by the LNA. However, the GMC already provides learning interventions that cover much of what has been requested. Many colleagues are simply unaware of what it is available or where to access it.

110 The LNA team also observed that there is a heavy reliance on being mandated to undertake “formal” training rather than the adoption of a proactive, self-led and mixed approach to professional development activities.

111 Targeted ED&I and Learning and organisation development communications campaigns can go some way to raising awareness of the options available, however, directorate management teams have a large part to play in signposting what is available and influencing attitudes to professional development.

Recommendation 22: Directorate management teams promote ED&I learning and development obligations and opportunities at directorate, team and one to one meetings.

Next steps

112 LNA phase two: The team have developed a three-year ED&I role-based curriculum and have submitted a bid to fund the resources to deliver it. L&OD are producing a paper outlining the rationale for the curriculum and delivery plan which will be presented to SMT in Q4 2022.

113 The plan, if approved, will be implemented from Q2 2023 onwards. The successful implementation of this curriculum should be fundamental to supporting the GMC’s success in developing a fair and inclusive culture.

114 As this is a new approach, it will be important to incorporate learning from an early evaluation of its impact. This will help to assure the successful delivery of the plan by assessing and addressing implementation challenges and capitalising on successes.

Recommendation 23: L&OD to evaluate the impact of the implementation of the ED&I role-based curriculum approach and provide a report to SMT by Q2 2024.

Conclusions

115 The high level of engagement with the LNA process and the wide variety of ED&I themes that GMC staff have requested reflects the desire of many to engage with and support the GMC's fairness objectives.

116 Framing internal plans and strategies through the lens of fairness might prove an effective strategy for encouraging high levels of engagement with the GMCs objectives.

Review and standard publication of FtP ED&I data

Purpose

117 The GMC gathers a lot of FtP ED&I data, some of which is processed and published in our annual *The state of medical education and practice in the UK* report and our ad hoc research reports. However we recognised that we could be making fuller use of this data to support performance management, for example use as indicators for the risk of bias in our processes.

118 We were also not routinely publishing FtP ED&I process data as we did with other FtP statistics.

119 The aim of this workstream was to identify ways of addressing these gaps to:

- improve our understanding of where there may be a risk of bias in our processes and
- enhance the transparency of our processes through expanding the publication of FtP EDI data.

Approach

120 A small working group from FtP, DRIH and ED&I collaborated to lead the delivery of the following two objectives:

- An analysis of cases that have missed the FtP timeliness KPI, categorised by protected characteristic. The purpose of this would be to see whether this form of analysis provides additional indicators of where risk of bias might be present.
- Define a routine FtP ED&I data pack and publication schedule.

Outcomes and next steps

121 The review has set in train an expanded analysis of FtP ED&I data; specifically looking for disparities in cases that have not met timeliness key performance indicators (KPIs). The work carried out so far is an initial exploration of the data. FtP and DRIH are preparing a report on this work and options for any ongoing use of similar analysis for SMT to consider in Q4 2022.

122 The outputs of this initial exercise will also be used by FtP to generate team discussions about how such analyses can be used to indicate the risk of bias in FtP processes and what they might do to reduce that risk.

- 123** Taking into consideration feedback from external stakeholders, including the BME Doctors Forum, along with an analysis of related freedom of information requests, the working group concluded that the objective of producing a routine FtP data pack could be met by the inclusion of FtP ED&I data in the annual statistics report.
- 124** As this would represent a significant expansion of data tables included in the current report, DRIH are currently producing a mock-up of the report (using this year's ED&I data), with a number of options for FtP to consider. The format has been agreed by our SMT. The report will be then produced for publication after it has been laid before Privy Council in summer 2023.
- 125** To provide supporting context and narrative, this report will be linked to a compendium of all of our published FtP ED&I analyses, the production of which was commissioned by the working group.
- 126** The compendium has been designed in such a way to facilitate easy access to the outcomes of published FtP data analysis. This is a live document which will be updated when new analyses are made available for publication. [It's available on our website.](#)
- 127** Whilst this workstream has focused on FtP data it is worth noting that other directorates are developing ED&I data packs for publication.
- 128** The Professional Standards Authority (PSA) have indicated in their EDI Action Plan (April 2022) that they will, by early 2023, be making the expectations of regulators in respect of data clearer in the EDI standard. It is, therefore, important for all of our regulatory functions to build on this work.

Conclusions

- 129** This element of the review has looked at ways in which we can expand and improve the use of our ED&I data. By shining a light on the data in a routine way, rather than utilise it solely in the production of focused research reports, we bridge a gap in the transparency of our work.
- 130** By pulling together a compendium of that focused research, we can more readily signpost internal and external stakeholders to work that we have already done to provide narratives and contextualise that data. It will also assist in identification of potential areas for the development of new insight.
- 131** The new approaches initiated in this work are aimed at facilitating a more detailed and nuanced understanding of the risk of bias in our FtP processes. As these approaches mature, with a routine replication of analysis and publication, we will be able to update and inform our already considerable knowledge bank. This new cycle of developing insight will further support our wider fairness assurance activities.

Equality impact assessments (EqIA) supporting regulatory reform processes

Purpose

- 132** The purpose of this workstream was to use the EqIA process to provide additional assurance to the GMC and our external stakeholders that fairness is embedded within the design of the regulatory reform processes.
- 133** There is already an existing ED&I workstream within the regulatory reform programme remitted to consider the equality impacts of the entire programme and oversee the approach to building equality and fairness into the new arrangements.
- 134** All teams designing the regulatory reform processes are required to carry out EqIAs on them as they are developed. These EqIAs are then subject to internal scrutiny and assurance processes by the ED&I team.
- 135** The regulatory fairness review sought to bring an additional layer of external assurance to this development and assurance process. The full impact assessments ensure that future models for regulatory functions had robustly considered equality implications and were designed to be fair.
- 136** Whilst the planned timeline of this work runs beyond the duration of this review, a key objective was to commission an external expert to quality assure the EqIAs.
- 137** Once the assurance processes are completed, the EqIAs are to be published for comment as part of the regulatory reform consultation packages on new Rules and guidance.

Learning

- 138** The commissioning of the external quality assurance provision has been challenging. The availability of expertise in this area has been extremely limited. Neither of our two procurement exercises resulted in the receipt of a viable bid. This is similar to the difficulties we experienced when commissioning external experts to review our previous audit activities.

Next steps

- 139** We addressed the issue of commissioning by directly awarding the contract for the quality assurance of just one EqIA; that which was completed for physician and anaesthesia associates (MAPs). This award has been made to Oxford Brookes University.
- 140** The MAPs EqIA has now been submitted. Oxford Brookes will produce an assurance report by the end of November 2022.
- 141** The aim is to use this external quality assurance exercise as a pilot and assess the value to the overall programme.
- 142** ED&I will also lead the exploration of alternative measures to add value to our current assurance activities that would build on the robust existing ED&I approach already embedded into the regulatory reform programme.

Affiliated activities

- 143** FtP teams have been carrying out work which, whilst it is not formally part of the Regulatory fairness review, compliments the focus of the review and supports the fairness agenda.
- 144** The Regulatory fairness review board maintained oversight and monitored the progress of these affiliated activities to ensure alignment and cohesiveness with the review.

Affiliated activity	Status	Lead
<p>Development and roll-out of bias awareness training for FtP decision makers.</p> <p>Implementation of a strategy to embed the learning.</p>	Roll-out commenced	FtP Policy, Business Transformation & Safeguarding
<p>Implementation of new guidance around the timing of opening an investigation when a third-party process is already underway.</p> <p>Unless there is a risk to patient safety requiring an interim order, FtP will not open an investigation when there is an ongoing third-party process, instead they will monitor the process and consider whether or not they need to open an investigation when the third-party process concludes or where is a significant development.</p>	Completed	FtP Investigations
<p>Review of data at each stage of FTP process to identify if disproportionality presents itself, either by ethnicity or PMQ.</p> <p>The analysis will be used to identify priority areas for further exploration and action. FtP plan to undertake a similar reviews for other protected characteristics</p> <p>This work supports the analysis of data at high stakes decision points and is in addition to the analysis of cases that have missed KPIs as described in the RFR data publication work stream.</p>	In progress/ ongoing	AD FtP Investigations
<p>Commissioning of an external review of all open investigations that have not reached a Case Examiner decision and are over two years old.</p> <p>The purpose of this commission was to seek advice and assurance. A number of recommendations were made which have been implemented.</p>	Completed	FtP Investigations

Conclusions

- 145** The overall aim of the regulatory fairness review was to identify where we could improve our controls on mitigating bias and how we could actively promote fairness in our current and future regulatory processes.
- 146** The initiation of improvement activities and development of new approaches as a result of the review indicates success in meeting the aim of improving our anti-bias strategies and actively promoting fairness in our current and future processes.
- 147** This has already had, and will continue to have, an impact on how colleagues understand their role in identifying and minimising the risk of bias in their work, and how this approach supports the creation of a fair culture.
- 148** In turn, the review's approach has demonstrably enhanced the ability of colleagues to articulate what is being done to identify and reduce the risk of bias.
- 149** The twenty-three recommendations in the review build upon the work already underway and will strengthen our process assurance activities, supporting colleagues to embed and evaluate the new approaches and enhancing the transparency of our work.
- 150** They represent a continued commitment to focus on and actively promote fairness in the work we carry out and a step change in the ways that we do that.
- 151** At the same time as the review was taking place, the emergence of a high-profile case had a negative impact on the perceptions of the GMC's commitment to fairness. One unexpected outcome of this case, and the subsequent learning review, was to further raise the profile internally, of the nuances of bias and how it impacts decision making.
- 152** The GMC has the opportunity to harness the curiosity and interest generated by the regulatory fairness review and the learning review to foster the open, honest and reflective culture that is essential for delivering regulatory fairness.

Summary of recommendations

Assurance programme research and development

Recommendation 1: GMC accept the recommendations arising from the Howlett Brown research. A clear rationale should be given for any digression from the detail of the actions suggested by Howlett Brown when implementing those recommendations.

Recommendation 2: Procurement to consider how external experts might be identified when commissioning future audits.

Recommendation 3: ED&I to ensure that stakeholder groups are aware of when audits will be taking place by sharing the schedule for the rolling programme of external audits with them on an annual basis.

Review of high stakes decision points [HSDP]

Recommendation 4: All heads of section use the HSDP review approach and methodology to consider the high stakes decision points within their functions, assess the risk of decision making bias and develop and implement an improvement and evaluation plan by Q3 2023.

Recommendation 5: Data research and insights hub (DRIH) routinely assess research evidence and data to support the evaluation of directorate anti-bias strategies.

Recommendation 6: Senior management team, assistant directors and heads of section drive the conversations around the nature of bias, using regular stand ups, directorate and team meetings to highlight the approach that the GMC is taking to actively seek and address the risk of bias.

Recommendation 7: Senior management team to consider how best to facilitate the establishment and leadership of a professional network for decision makers by Q2 2023.

Recommendation 8: Once a professional network for decision makers is established, directorate management teams to engage with the network, supporting its development and actively encouraging decision makers to participate in network activities.

Recommendation 9: Corporate governance to implement the planned revised assistant registrar status processes and control framework and ensure it is effectively communicated and understood by Q3 2023.

Recommendation 10: HR to review the framework for the appointment of associates to enhance the focus on fairness and make explicit the GMC's expectations of associates approaches to fairness and inclusion by Q3 2023.

Recommendation 11: ED&I to establish a cross-GMC group to develop corporate guidance for teams to ensure that associates adopt the GMC's approaches to fairness and inclusion by Q3 2023.

Recommendation 12: Education and Standards, Fitness to practise, Registration and revalidation, and the Medical Practitioners Tribunal Service to collectively assess the level of risk of bias that the inclusion of judgements/assessments by external organisations/experts in regulatory decision making represents and develop a proportionate approach to the identification and management of third party bias, and mitigation of the risk of authority bias.

Recommendation 13: ED&I lead the publication corporate decision making principles by Q2 2023

Recommendation 14: Heads of section embed corporate decision making principles locally by Q4 2023.

Recommendation 15: Directorate management teams to review decision making guidance to ensure alignment with corporate decision making principles and reflect the proactive approach to identifying the risk of bias by Q4 2023.

Recommendation 16: Quality and continuous improvement team lead the integration of the corporate decision making principles into team assurance maps and internal assurance processes by Q3 2023.

Recommendation 17: Managers develop anti-bias competency personal objectives and professional development plans with decision making staff by Q2 2023.

Learning needs analysis (LNA)

Recommendation 18: L&OD to link ED&I competencies to the role categories and map where the development of those competencies are addressed in the curriculum by Q3 2023.

Recommendation 19: L&OD to adopt the ED&I LNA 'blueprint' in the development of future learning strategies.

Recommendation 20: Assistant directors and Heads of section ensure that all relevant staff complete the mandatory 'Equality and diversity at the GMC' training by the end of Q1 2023.

Recommendation 21: ADs and HoS ensure that all staff complete phase one of the ED&I curriculum by the end of Q2 2023.

Recommendation 22: Directorate management teams promote ED&I learning and development obligations and opportunities at directorate and team meetings and in one to ones.

Recommendation 23: Learning and organisation development to evaluate the impact of the implementation of the ED&I role-based curriculum approach and provide a report to senior management team by Q2 2024.

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