

To: The Equality Team, Welsh Government

Email: RaceEqualityActionPlanconsultation@gov.wales

Date: 14 July 2021

Dear Sir/Madam

RE: GMC Consultation Response to the Race Equality Action Plan

Thank you for the opportunity to respond to the consultation on the Race Equality Action Plan.

Ethnic minority and international medical graduate (IMG) doctors are vital to quality patient care. A majority of new joiners to our UK register in 2020 (61%) identify as from an ethnic minority, compared to 44% in 2017. In 2020, 27% of all licensed doctors working in Wales were IMGs and 31% of doctors were from ethnic minority backgrounds. We know these doctors feel less supported than their white counterparts and are more likely to be referred to us by their employers. As a significant and valued part of the workforce, their wellbeing and the support that is provided to them, is critical to good care.

In February we published our own [equality, diversity and inclusion ambitions](#)¹ and our commitment to eliminate disproportionate fitness to practise referrals from employers in relation to ethnicity and primary medical qualification by 2026, and to eliminate discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training by 2031. Achieving these targets is not something we can do alone. The commitment and support of others is vital to these ambitions.

We welcome the Welsh Government's leadership in this area and the commitment to addressing racial injustice in all areas of society. The Action Plan is comprehensive and detailed and stresses the importance of collaboration at all levels. We respond to the consultation below with a focus on leadership and accountability, workforce, and data. These areas of focus have been identified in our research as contributors to professional wellbeing and quality patient care. We highlight why they are relevant, where they can be strengthened, and we set out at the end of this document how this work is carried out in Wales and how the GMC can further contribute.

¹ <https://www.gmc-uk.org/-/media/documents/edi-targets---press-release-86308725.pdf>

While the opportunities for collaboration are wide-ranging - we see two particular opportunities to closely align our strategic ambitions.

- We welcome the Action Plans existing commitment to make progress on differential attainment in medical education and training. We think we could lend sharper focus to our collaboration and the end-goal we are working towards if the Action Plan committed to share the same targets and timeline for progress as our own.
- Local disciplinary processes that have disproportionate representation of ethnic minority or IMG doctors in them are a contributing factor to their disproportionate representation in our processes. We think this can be indicative of environments that are not fair and inclusive to all that work there and we would welcome an Action Plan commitment to reduce differentials in local disciplinary processes to make sure all doctors in Wales have the earliest and best support they need to provide good care to patients.

Manel Tippett

Policy and External Affairs Manager, GMC

Our recommendations

Complaints	We feel that, in order for us to achieve our own targets to eliminate disproportionate fitness to practise referrals from employers, the action plan could include a specific action for Boards to establish clinical governance environments that reduces and eliminates difference in disciplinary processes and regulatory referrals.
Inductions	We recommend that the action plan stipulate that all health boards ensure good quality local inductions for all new starters and those returning to practice, to include: gaining access to places and systems; a physical orientation of the setting; team introductions; gaining knowledge of how things work; familiarisation with common cases/procedures; and understanding what is to be expected, including in relation to the GMC's standards
Inductions	We recommend that the action plan could be strengthened, by ensuring that all staff, particularly those new to the UK, have good quality inductions. Making Welcome to UK Practice a mandatory part of induction for IMG doctors in Wales, as in Northern Ireland, would be a critical step in ensuring new starters new to the UK are supported in their role.
Inductions and feedback	We would like to see an additional action for the NHS in Wales to work with us on a joint (UK-wide) framework and standards for induction and providing feedback.
Differential attainment	We recommend that the action plan includes an action to ensure all Educational Supervisors are trained to recognise and adapt to the needs of doctors from diverse backgrounds, in cultural competence, and in giving feedback.
Differential attainment	We recommend establishing ways to help ethnic minority and IMG doctors develop broader networks through formal mentoring or coaching programmes or informal networking events with colleagues across Wales to encourage informal mentoring relationships to form.
Differential attainment	We would also welcome the opportunity to share our own comprehensive data and insight in the development and ongoing reporting against the standard.
Differential attainment	In future we would also like to see the action plan include data sources for other professions as and when they are developed.
Data	We welcome the proposals in the action plan to introduce a similar standard in Wales and would value assurance that all health professionals are included so that the standard is fully inclusive and designed to highlight the race inequalities within different sections of the healthcare workforce. We believe that the Welsh Government could develop a separate Medical Workforce Race Equality Standard (MWRES) specific to doctors – as they have done in England. This standard would provide the Welsh Government with the tools to monitor progress over time and thereby ensure that the action plan is fit for the future. As such, we would welcome the opportunity to share our data and insight in the development and ongoing reporting against this future standards.

Evidence for Our Recommendations

We welcome the action plan's focus on ensuring compassionate leadership that has anti-racism as a core part of its value and understanding. We recognise that the pressures of 2020 have created a greater need for compassionate and inclusive clinical and system leadership.

The GMC strives to promote leadership principles in the NHS to ensure greater patient safety. Our guidance on [leadership and management for all doctors](#)¹ states that doctors must be kept up-to-date with equality and diversity policies, that they observe equality principles, and for those doctors with extra responsibility they actively advance equality and diversity. The [Clinical Governance Handbook](#)² provides a description of the core principles that underpin effective clinical governance for doctors and acts as a resource to support organisations in evaluating the effectiveness of their local arrangements including leadership, delivery and quality of clinical governance.

We see Wales leading the UK in embedding compassionate leadership principles in health environments through the pioneering programme developed by HEIW, and we would like to work with HEIW in supporting these initiatives where we can.

Complaints and grievances

We welcome the action plan's commitment to ensuring all staff work in safe, inclusive environments that enable them to reach their full potential. Our National Training Survey ([NTS](#)³) data show that Wales has historically underperformed in creating safe cultures for raising concerns. Our guidance [Raising and Acting on Concerns](#) recognises that there may be barriers in place to raising a concern, and include how these obstacles can be overcome.

We also welcome the proposals to publish data on the number of complaints by and grievances against people from an ethnic minority and to publish the outcomes and consequences of the findings (p.33). Ethnic minority doctors have more than double the rate of being referred by an employer into GMC fitness to practise processes compared to white doctors. Non-UK graduates have a 2.5 times higher rate of being referred by an employer into GMC fitness to practise processes compared to UK graduate doctors.

These issues have been long-standing concerns for the GMC. We commissioned research into disproportionate referrals in 2019 and the findings outlined in the [Fair to Refer? report](#)⁴ show that 'in groups' and 'out groups' exist in medicine including relating to qualifications (including by country and within the UK by medical school) and ethnicity (including within ethnic minority populations). Members of in groups can receive favourable treatment and those in out groups are

¹ https://www.gmc-uk.org/-/media/documents/leadership-and-management-for-all-doctors---english-1015_pdf-48903400.pdf?la=en&hash=56A6B67C00925DB6A2EE73956E915DEAD3B627AC

² https://www.gmc-uk.org/-/media/documents/governance-handbook-2018_pdf-76395284.pdf

³ <https://www.gmc-uk.org/education/how-we-quality-assure/national-training-surveys>

⁴ <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/fair-to-refer>

at risk of bias and stereotyping. The report says that inclusive and supportive environments are a critical factor in reducing these disparities.

Recommendation: We feel that, in order for us to achieve our own targets to eliminate disproportionate fitness to practise referrals from employers, the action plan could include a specific action for health boards to establish clinical governance environments that reduces and eliminates difference in disciplinary processes and regulatory referrals.

Induction

We have long-standing general concerns around the quality, timing, content and availability of inductions for new starters and those returning to practice across the UK. In 2020, we commissioned research¹ into the barriers to good quality inductions and how these impact on doctors and ultimately on patient safety. The research identified several barriers to delivering a safe and effective induction, including lack of staff to deliver inductions, perception that inductions were a poor investment in the short term, and a lack of clarity around the mandatory element at health board level.

Doctors agreed that a safe and effective induction was important for their wellbeing, for patient safety, for organisational efficiency and for the impact on the professional as a whole. Many believed that inductions were best delivered at the most local level within hospital departments or primary care practices.

Recommendation: We would recommend that the action plan stipulates that all health boards ensure good quality local inductions for all new starters and those returning to practice, to include: gaining access to places and systems; a physical orientation of the setting; team introductions; gaining knowledge of how things work; familiarisation with common cases/procedures; and understanding what is to be expected.²

The *Fair to Refer?* report states that induction is a crucial step for new starters to feel supported when beginning a new role or return to practice after time away. A doctor's pathway into UK medical practice may pre-determine their outsider status and the level of support they receive from the outset and well into their career. There is a need for a coordinated whole-of-service approach to induction that transitions doctors into an ongoing supportive environment.

Our Welcome to UK Practice ([WtUKP](https://www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/workshops-for-doctors/welcome-to-uk-practice)³) is a free half-day workshop designed to help doctors new to the UK by offering practical guidance about ethical scenarios and the chance to connect with other doctors coming from abroad, as well as understanding cultural differences and behaviour

¹ <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/research-and-insight-archive/understanding-the-nature-and-scale-of-the-issues-associated-with-doctors-induction>

² [Understanding the Nature and Scale of the Issues Associated with Doctors' Induction \(including those Returning to Practice\)](#) p. 17.

³ <https://www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/workshops-for-doctors/welcome-to-uk-practice>

expectations specific to the NHS and Wales. The workshops are designed to address key known common differences in medical ethics between the UK and some other countries.

Recommendation: We feel that the action plan could be strengthened in this area, by ensuring that all staff, particularly those new to the UK, have good quality inductions. Making WtUKP a mandatory part of induction in Wales, as in Northern Ireland, would be a critical step in ensuring new starters new to the UK are supported in their role.

More broadly, *Fair to refer?* recommends the NHS England, NHS Wales, NHS Boards (Scotland), and the Health and Social Care Board (Northern Ireland) work with the GMC to develop a framework and standards for the provision of feedback to, the effective induction of, and the ongoing support of, all doctors with an enhanced induction for doctors who are new to the UK, new to the NHS or at risk of isolation in their roles (including overseas qualified doctors, locums and SAS doctors), with measurable requirements.

Recommendation: We would like to see an additional action for the NHS in Wales to work with us on a joint (UK-wide) framework and standards for induction and providing feedback.

Staff grade, associate specialist, specialty (SAS) and Locum Doctors

We welcome the action plan's ambition to capture the experiences and outcomes of ethnic minority staff in the NHS and to drive improvement in those areas (p. 50). We have begun to collect the views and experiences of SAS and Locum doctors, who make up a significant proportion of the doctor workforce (1 in 6) and many are from minoritised communities.

In 2018, we surveyed SAS and LE doctors to provide insights on how we can support them to ensure they can access training pathways, research and management opportunities. The [findings](#)¹ showed that over a third reported that they feel they don't always feel they are treated fairly and that a quarter have experienced bullying in the past year. We have used our [online reporting tool](#)² to speak with key partners such as HEIW and the BMA Cymru, and to explore how we can address issues around differential attainment.

Differential Attainment (DA)

We welcome the Welsh government's commitment to tackling differential attainment and are pleased that our own work addressing these issues has been recognised.

As part of our target to eliminate differential attainment by 2031, we will be requiring all education and training bodies to provide us with an annual action plan of how they intend to make progress in addressing differential attainment and we will monitor progress against these plans. We are pleased that this is a specific action in the action plan. We will showcase and share areas of good practice with other bodies and embed this into our quality assurance regime.

¹ https://www.gmc-uk.org/-/media/documents/sas-and-le-doctors-survey-initial-findings-report-060120_pdf-81152021.pdf

² <https://reports.gmc-uk.org/views/GMCSASLEDReportingTool/ResultsbyCountry?:embed=y#1>

Our research¹ highlights the importance of Educational Supervisors who are well-trained and able to recognise and adapt support to meet the needs of individual trainees with diverse backgrounds and prior experiences. Peer-support, mentors and coaches, offering independent support aside from the formal educational support mechanisms is also highly valued by ethnic minority learners to build resilience and overcome difficult events during training.

Recommendation: We recommend that the action plan includes an action to ensure all Educational Supervisors are trained to recognise and adapt to the needs of doctors from diverse backgrounds, in cultural competence, and in giving feedback.

Recommendation: We would also recommend establishing ways to help ethnic minority and IMG doctors develop broader networks through formal mentoring or coaching programmes or informal networking events with colleagues across Wales to encourage informal mentoring relationships to form.

We will continue to work with HEIW to understand and take action to address this issue through our [differential attainment²](#) programme. Evaluating new initiatives is critical in order to build the evidence base about which interventions make improvements. We have a richness of data captured in our DA dashboard on the scale of differences in exams, Annual Review of Competence Progression (ARCP) and national training survey overall satisfaction scores within Wales and we report annually on the progression of doctors across the UK through key stages in their training. As we develop and refine our DA and equality and diversity plans, we will work with partners in Wales to ensure consistency of approach.

We are pleased that the action plan recognises the level of commitment to address the issues which give rise to differential attainment and the different experiences that disadvantaged groups have during their training. However, DA is prevalent in all education settings and is a global phenomenon.

Recommendation: Our data³ cover only the medical profession, and in future we would like to see the action plan include data sources for other professions as and when they are developed.

Wellbeing

Workplaces in Wales must support and protect the wellbeing of doctors, thereby ensuring the continued provision of quality care. Research shows that the prioritisation of staff wellbeing leads to higher levels of patient satisfaction, it also significantly improves productivity, patient safety, financial performance and the sustainability of our health services. We are pleased that the Welsh Government recognises this in their Quadruple Aim for the future of healthcare in Wales.

² <https://www.gmc-uk.org/education/standards-guidance-and-curricula/projects/differential-attainment>

³ To note, we intend to include Anaesthesia Associates and Physician Associates when they come under our regulation if relevant to Wales. We are also working with all Medical Schools to expand our data to include Undergraduate educational outcomes.

We commissioned three independent reviews in 2019, [Gross Negligence Manslaughter and Culpable Homicide](#), [Fair to Refer?](#) and [Caring for Doctors: Caring for Patients](#) and all highlight the importance of addressing culture and working environments to improve wellbeing to enable doctors to work effectively.

Our [State of Medical Education and Practice \(SoMEP\)](#)¹ 2020 report highlights that during the pandemic ethnic minority doctors were less likely to share the positive experiences reported by many of their white colleagues. Sixty-eight per cent of white doctors and only 55% of ethnic minority doctors said there had been a positive impact on teamwork between doctors since the start of the pandemic and ethnic minority scores around ten aspects of their working life were consistently less likely to have experienced a positive impact than their white colleagues.

Data and intelligence

Data drives evidence-based decision making and policy development and enables us to monitor and scrutinise outcomes. As a healthcare regulator, we hold a wealth of data on our register of doctors and medical students in the UK and this helps to inform our guidance, policies, and programmes of work.

We have a variety of data sources that IMG and ethnic minority doctors, for example:

- Our UK register shows that Wales is reliant on a significant proportion of ethnic minority and IMG doctors compared with Scotland and Northern Ireland, and in some health boards we see above average figures. For example, in Hywel Dda Health Board 41% of doctors have received their primary medical qualifications (PMQ) from outside of the UK and EU.
- Our UK register also shows us that ethnic minority, SAS, IMG and Locum doctors tend to work in areas where it is more difficult to recruit and retain doctors and where Local Health Boards and Trusts are struggling to meet targets.
- IMGs are more likely to report both bullying and harassment as a factor in why they left, than both UK and EEA doctors.²

From this year we will also report against the NHS England Medical Workforce Race Equality Standard (MWRES). It is a requirement for NHS commissioners and NHS healthcare providers in England to contribute and arms-length bodies have been invited to participate.

***Recommendation:** We welcome the proposals in the action plan to introduce a similar standard in Wales and would value assurance that all health professionals are included so that the standard is fully inclusive and designed to highlight the race inequalities within different sections of the healthcare workforce. We believe that the Welsh Government should develop a separate Medical Workforce Race Equality Standard (MWRES) specific to doctors – as they have done in England. This standard would provide the Welsh Government with the tools to monitor progress over time*

¹ https://www.gmc-uk.org/-/media/documents/somep-2020_pdf-84684244.pdf?la=en&hash=F68243A899E21859AB1D31866CC54A0119E60291

² To be published soon, *Completing the Picture*.

and thereby ensure that the action plan is fit for the future. As such, we would welcome the opportunity to share our data and insight in the development and ongoing reporting against this future standard.

Where the GMC can contribute

We are committed to enabling healthcare professionals to provide safe care and will continue work with partners across Wales and the UK to improve working environments and cultures, making them supportive, inclusive and fair for medical professionals.

We welcome the openness and collaboration demonstrated by HEIW and others so far and are planning to build on this. In doing so, patients will benefit from safer and better care, and the workforce will retain and attract more professionals.

We will also continue to work with patients and medical professionals to make sure our guidance remains relevant and effective and represents individuals' diverse needs.

Specific areas where we can contribute are listed below:

- We are keen to work with HIEW and other partners in Wales to promote good leadership practice and ensure that anti-racism is a core value of the Principles, through sharing of good practice and promoting leadership skills. There is also significant scope for incorporating our guidance and learning into the Welsh approach.
- Our [Outreach](#) teams work closely with Responsible Officers (ROs) and their leadership teams in each Local Health Board on the Governance Handbook to ensure that they are meeting their responsibilities under the RO regulations. This includes conversations about fair processes and transparent decision making; sharing examples of effective support and early intervention; and promoting the principles of good investigations. Our outreach teams discuss potential Fitness to Practice referrals to ensure they are necessary and proportionate, and are having conversations with LHB leadership teams and others about how the GMC can support work to reduce disproportionate referrals.
- Outreach teams work with education and training providers and employers to embed inclusive leadership, good inductions, effective team working and manageable workloads, as well as ongoing support for health professionals, across the UK. We can also offer sessions to support health boards' ED&I work which includes specific sessions on the various research mentioned in this response. These sessions are free to the NHS in Wales.
- We are liaising with Health Boards across Wales to deliver Welcome to UK Practice as a standard part of the induction curriculum to doctors locally. Through these workshops we are able to pick up intelligence from a range of new doctors working in the UK to learn from their experiences. We are working to adapt and supplement WtUKP for Wales and the other countries of the UK.

- We provide Professional Behaviours, Patient Safety programmes for sites that need help to address issues around bullying and unprofessional behaviour. We would look to work with other professional regulators like the NMC and HCPC to ensure this was inter-professional.
- We remain keen to work closely with the Welsh Government, HEIW and other partners using the national training survey, our State of Medical Education and Practice reports and our education quality data to highlight areas of concern, or where intervention may be required.
- We can use our data to monitor differentials in referral and attainment rates for international medical graduates and BAME doctors. We would like to see this used to track progress and support HEIW in their work in this area.
- We are working with the Care Quality Commission in England and the NMC on a joint data sharing platform to help target joint efforts to identify risks and spot where early or light intervention may be most viable. We have learned that the Chief Nursing Officer's office has developed a maternity dashboard in Wales and we are keen to understand their plans and any scope for us, with NMC, to contribute our data, analysis and understanding of risk and early signals of issues into their framework in a constructive and helpful way.
- We are keen to learn more about the remit of the new Race Disparity Unit and Equality Data and Evidence Unit and would like to share our data where possible to contribute to future decision-making around equality and inclusion and supporting a diverse workforce.
- We are happy to have a wider discussion with Welsh Government around the broader area of health inequalities and our role in supporting medical schools to ensure that the teaching and curriculum is inclusive and helps to develop a generation of professionals that can support the drive to reduce health inequalities. We are members of the Medical Schools Council ED&I Alliance and expect guidance will be issued shortly that can be incorporated into the Welsh Government's action plan.

We would like the opportunity to actively work with the Welsh Government to deliver the actions of the action plan where possible and to be involved in implementing changes through the use of our data and intelligence, and with our educational programmes, and by working closely with senior leaders in the NHS in Wales.

END

Annex A

The GMC is a UK wide healthcare regulator. GMC Wales leads our work here ensuring alignment with Welsh systems and audiences. We are an independent organisation that helps to protect patients and improve medical education and practice across the UK.

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action when we believe a doctor may be putting the safety of patients, or the public's confidence in doctors, at risk.
- Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.
- We are independent of government and the medical profession and accountable to Parliament. Our powers are given to us by Parliament through the Medical Act 1983.