

Equality, diversity and inclusion advisory forum

Minutes of the meeting on 7 November 2019

Members present

Paul Reynolds	Chair
Batool Abdulkareem	Muslim Doctors' Association
Irfan Akhtar	Association of Pakistani Physicians Northern Europe
Farah Bhatti	Women in Surgery
Ibrahim Bolaji	Medical Association of Nigerians Across Great Britain
Sally Brett	BMA
Elijah Chisala	Black Medical Society
Louise Freeman	Doctors' Support Network
Sharon Green	Christian Medical Fellowship
Amarjit Johal	Sikh Doctors and Dentists Association
David Katz	Jewish Medical Association
Dermot Kearney	Catholic Medical Association
Amit Kochhar	BMA SAS Doctor Committee
Kelly Lockwood	Disabled Doctors' Network
Duncan McGregor	GLADD
Helena McKeown	BMA
Ramesh Mehta	British Association of Physicians of Indian Origin
Montio Morgan	Association of Cameroonian Doctors in the UK
Iqbal Singh	Chair of BME Doctors' Forum
Apologies	
Chloe Orkin	Medical Women's Federation

Others present

Dame Clare Marx	GMC Chair
Dame Caroline Swift	MPTS Chair
Charlie Massey	GMC Chief Executive Officer
Nadeem Malik	Employee Liaison Advisor
Claire Light	Head of Equality, Diversity and Inclusion, GMC
Adrian Barrowdale	Equality, Diversity and Inclusion Manager, GMC
Elaine Bromberg	Equality, Diversity and Inclusion Manager, GMC
Natalie Taylor	Executive administration assistant, GMC

Item 1: Welcome and introductions

- 1** Paul Reynolds opened the meeting, thanking members for attending this first meeting of the GMC's new equality diversity and inclusion advisory forum. He highlighted the importance of this forum as a channel for the GMC to listen and hear from members.
- 2** Members were reminded that the GMC had circulated the terms of reference and the statement of commitment and values that all members will be working to. These documents will be published and publicly available as an important part of maintaining accountability.
- 3** He then invited members to introduce themselves.

Item 2: Equality, diversity and inclusion at the GMC – Claire Light

- 4** Claire Light gave a brief presentation, providing members with an overview of the work the GMC does to support equality, diversity, fairness and inclusion. A copy of the presentation is included with these minutes.

Item 3: Member organisation overviews (pt1)

- 5** Paul then invited half of the organisations present to introduce themselves, highlighting the work they do, their priorities and ambitions for the forum to address.

Muslim Doctors' Association

- 6** Batool Abdulkareem explained that the MDA are there to represent the voice of Muslim doctors and want to address religious discrimination in the NHS, including specifically Islamophobia. They have helped found a multi-religion equality group who are seeking to work together to support faith in medical careers. They are keen to see a Workforce Religion Equality Standard (in line with the current WRES and WDES).
- 7** Their priorities are to work with NHS to address Islamophobia in the workplace, and are keen to build on the positive experience the MDA have had working with the GMC through the BME doctors' forum.

BIDA

- 8** Iqbal Singh, on behalf of BIDA, explained that they want to consult and listen to the views of diverse groups of doctors. He acknowledged how the BME doctors' forum has been a great contributor to the GMC's work, highlighting some of the changes they have driven.
- 9** Their priorities are to ensure that outcomes from GMC processes (eg fitness to practise and revalidation) reflect the workforce, to recognise the diversity of the profession, and ensuring that there is balance between both fairness and perception

of fairness. In particular, they want to ensure that decision makers reflect the workforce they are making decisions about.

Sikh Doctors & Dentists Association (SDDA)

- 10** Amarjit Johal explained that they are a network for Sikh doctors, students and people entering the medical workforce for the first time, with a desire to focus on less affluent students new to medicine. They produce support literature and materials for Sikh doctors and are involved in charity and humanitarian work around the world.
- 11** Their priorities are to see the true breadth of equality across the profession, and want to use the power of a diverse profession to increase confidence amongst Sikh doctors.

Catholic Medical Association

- 12** Dermot Kearney explained that they exist to support catholic doctors to work in the health system, without discrimination, with a focus on upholding the dignity of the human person at the centre of the healthcare system.
- 13** Their priorities are to ensure the voice of catholic doctors is heard by the profession and that catholic doctors can practice in line with their faith, including exploration of issues of conscience.

Association of Cameroonian Doctors in the UK

- 14** Montio Morgan explained that the association has nearly 80 members and aims to guide Cameroonian doctors through their medical careers, offering support and resources to be successful practitioners. They run healthcare camps for Cameroonians living in the UK, mentorship and guidance for Cameroonian doctors. They also offer support for medical schools in Cameroon, including teaching and training doctors.
- 15** Their priorities include ensuring that their doctors have a voice at the table, working together with the other organisations of the forum to build a stronger voice. They will really value the networking and communication strengths they can share.

GLADD (The LGBT Association of Doctors and Dentists)

- 16** Duncan McGregor introduced GLADD as the first LGBT group for doctors. They have a major focus on healthcare and discrimination. They noted that they want to work on healthcare for LGBT people, and that the national health survey was damning for the healthcare experience of LGBT people.
- 17** Their priorities are to raise the standards of data and the analysis of that data, including supporting the GMC to close the big current gaps. They also want to address workforce discrimination and harassment, the use of gender as an identifier

on LRMP, training for doctors in the workplace, and they want to learn from other networks.

Disabled Doctors' Network

- 18** Kelly Lockwood introduced the Disabled Doctors' Network, reflecting that it is a relatively new organisation, celebrating its first anniversary on the same day as this meeting. She reflected on her own poor training experience, and highlighted her experience of working with the GMC, Health Education England (HEE) and the BMA.
- 19** Their priorities include wanting to improve working and training conditions, correct myths, and highlight the benefits of working as a disabled doctor. They are looking forward to collaboration and building networks to develop inclusive healthcare by removing barriers.

Medical Women's Federation (MWF)

- 20** Chloe Orkin was not able to attend, but had submitted a prepared statement which was read by Clare Marx. The MWF aim to improve the health of women and families, challenge discrimination, support varied working patterns, challenge existing career structures, support the international workforce and strive to ensure diversity is reflected at a senior level in the medical profession.
- 21** Their priorities are to understand gender balance in the GMC committees, more about role-specific equality training and to share concerns raised with the MWF. They also want to learn how the GMC addresses misogynist/transphobic language from the public. They also noted that the GMC workforce report did not cover trans people.

Doctors' Support Network

- 22** Louise Freeman explained how the Doctors' Support Network is an informal peer support for medics with mental health concerns, and that they raise awareness and reduce stigma around physician health. They are interested in the intersectionality of mental health and other protected characteristics such as sexual orientation and gender.
- 23** Their priorities are to improve the data and understanding of doctors with mental health concerns, would like to survey doctors to understand mental ill health and ultimately encourage openness around the mental health pressures doctors face.
- 24** Montio Morgan noted how she had been involved in the doctors' support line, and explained how valuable it was and how it allowed her to understand the issues doctors face.

Item 4: Dame Clare Marx – Chair of the GMC

25 Clare Marx offered her own reflections, thanking the forum for agreeing to participate in such an open and honest way. She reflected on the difficulties of maintaining a medical career and gave a brief overview of the constitution of GMC Council.

Item 5: Dame Caroline Swift – Chair of the MPTS

26 Dame Caroline Swift thanked the forum for welcoming her to the meeting. She explained the role of the MPTS, its separation from the GMC and its independence. She also briefly covered the importance of diversity amongst the panels and associates.

Discussion

27 During discussion, forum members noted:

- MPTS remain concerned about the outcomes for doctors who don't engage with either the GMC investigation or the MPTS hearing process, more of whom are BME (and international medical graduates).
- MPTS could attract more doctors to roles, perhaps through more open advertising and highlighting the training people receive.
- It wasn't always clear how to refer doctors for issues like religious discrimination.
 - The GMC confirmed that any allegation of religious discrimination can be made to the GMC's fitness to practise teams via the GMC website, via letter or email, and employers can make direct referrals to the GMC about doctors they work with.
- They would like to know more about both Council and MPTS membership demographics.
 - Response from the GMC and MPTS in the meeting confirmed that we do not currently collect sexual orientation information about Council members or MPTS associates, but will be looking into this in the future as part of our wider work in using demographic information.
- They would like information on human factors training.
 - Response from the GMC confirmed that decision makers from both the GMC and the MPTS receive human factors training, ensuring that they can properly recognise the issues that impact on doctors in the workplace.

28 There was also a request for information on how many MPTS decisions are challenged by the GMC.

- Following the meeting, the GMC confirmed that:
 - In 2018, the GMC appealed 7 cases out of 53 that were considered.
 - In 2019, the GMC appealed 3 cases out of 10 that were considered.
- - It was noted that the GMC have changed their appeal process. Since January 2019, appeals are now a panel decision and appeal decisions are now published on the GMC website.

Item 6: Member organisation overviews (pt 2)

The BME Doctors' Forum

- 29** Iqbal Singh introduced the BME Doctors' Forum, and recounted several of its contributions over the years, including changes in approach to the recruitment of tribunal members, enhanced collaboration and greater scrutiny of data. He also mentioned the recently formed Centre for Remediation in the North West.
- 30** Its priorities are to ensure that all doctors can access support, particularly in relation to remediation, and to continue to work with the GMC to discuss the profession's concerns about fairness and offer positive contributions and advice.

British Medical Association

- 31** Helena McKeown and Sally Brett from the BMA explained how they are focused on improving the workplace experience for doctors. They encouraged members to read the review into bullying and sexual harassment inside the BMA, and explained how they intend to survey disabled doctors, increase engagement and learn more about the experience of disabled medics and raising the profile of disabled members.
- 32** They also highlighted their work with BME medical students on racism and guidance on dealing with racism from patients. They are hosting a roundtable with the EHRC and reflecting on the outcomes of that before publishing guidance.

BME – Staff and Speciality Doctor Committee

- 33** Amit Kochhar, chair of the BMA's SAS Doctor Committee, explained that the majority of SAS doctors are BME who experience an enhanced level of difficulty in the workplace as a consequence of their role, such as isolation or limited career options.
- 34** He explained that his priorities for the forum are to address bullying and harassment, the perception of career dead-ends and to promote the SAS Charter campaign. He is also keen to survey the impact of 'gradism' and to enhance support for IMGs coming to the UK.

Christian Medical Fellowship

- 35** Sharon Green, on behalf of Mark Pickering, explained the role of the Christian Medical Fellowship. They cover a multitude of Christian denominations and are keen to network and learn from each other, supporting people to be Christian in their careers. They aim to empower vulnerable people, including providing support for asylum seekers and refugees. They also offer education materials on issues that might impact on Christian faith.
- 36** Their priorities are to ensure that doctors of faith are well represented, and that belief is not forgotten as a protected characteristic. They want to hear the voice of faith, where faith overlaps on fitness to practise issues, and collaborate with other forum members.

British Association of Physicians of Indian Origin (BAPIO)

- 37** Ramesh Mehta explained how BAPIO started to support doctors to pass the GMC's PLAB exam and has now become a very broad organisation that works across the UK on education, support for BME doctors and offering advice. They see their role as to challenge the status quo, with a long history of legal challenges, judicial reviews etc. They also have a training arm which helps others to develop solutions.
- 38** Their priorities are to build on their work with the GMC until this point, helping to improve the experience for all BME doctors.

Association of Pakistani Physicians in Northern Europe (APPNE)

- 39** Irfan Akhtar introduced APPNE, explained that they offer support to medical education and postgraduate training of specialty doctors. They are also involved in the Medical Training Initiative (MTI), offering shadowing opportunities for overseas doctors coming to work in the UK.
- 40** Their priorities are to support middle grade doctors struggling in their roles, work to understand more about referrals to fitness to practise, support doctors in how to act in tribunal setting and collaboration with other network members to achieve positive outcomes for doctors.

Jewish Medical Association

- 41** David Katz explained that the Jewish Medical Association has a long history of supporting Jewish doctors in their careers, highlighting the example of Lotte Newman who experienced the 'dual jeopardy' of being a woman and Jewish. They also run social and education activities across the UK.
- 42** Their priorities are exploring the compatibility of medical practice with Jewish faith, religious freedom in a secular society, organ donation, transparency and a desire to ensure that regulators are capable of listening and responding to the profession.

Medical Association of Nigerians Across Great Britain (MANSAG)

- 43** Ibrahim Bolaji explained how MANSAG want to play an important role at the forum, discussing disproportionality and wider issues affecting BME doctors. He explained that MANSAG are concerned that recommendations from the *Fair to refer* report do not appear to have been widely seen by the profession and the wider healthcare system.
- 44** His priorities are to make fairness and specifically the recommendations in *Fair to refer* a reality, to address representation of BME people in GMC processes and to make proper use of data.

Women in Surgery

- 45** Farah Bhatti introduced Women in Surgery, who offer a network, support meetings, opportunities with role models and a range of practical support for female surgeons. This includes looking at less than full time training, hoping to educate all of the surgical workforce on gender issues, and to understand why women aren't progressing to consultant grades.
- 46** Their priorities are to learn from others and share what works, to ensure the intersectionality of diversity is recognised and work towards concrete outcomes that improve working lives for doctors.

Black Medical Society

- 47** Elijah Chisala introduced the Black Medical Society, explaining how part of their aim is to offer support on how to bear witness to faith in work. They want to develop the understanding of the experiences of black medical students in their education and to support them in their future careers.
- 48** Their priorities are to understand what the GMC is doing to safeguard the future of black doctors, understand and seek answers to those issues and have conversations with network members to progress shared ambitions.

Item 7 – Discussion

- 49** During the discussion, members noted:
- The extent of significant stigma around mental health issues for doctors.
 - The commonality of the issues raised across protected characteristics, such as both the reality and perception of discrimination and the power of having the GMC's voice added to their own.
 - The potential for learning from positive experiences and examples, such as organisations who don't disproportionately refer doctors to the GMC.
 - The opportunity to make use of marketing opportunities such as social media.

50 Paul Reynolds thanked members for all their suggestions, observations and ambitions, and suggested that the group should review on a regular basis whether the forum is delivering on its ambitions.

Item 8 – Update from Charlie Massey

51 Charlie Massey, the GMC's Chief Executive, thanked members for the rich range of views and their candour, and noted that people spoke on common issues. He agreed data is a powerful tool for holding up a mirror for us and for the profession, noted the GMC have committed to sharing more data, and urged members to bring more of their own.

52 He highlighted the role the forum can play in myth busting and sharing vital messages with the profession.

53 Paul Reynolds then thanked members and indicated that the GMC will take away the themes that the group had identified and propose areas that the group could consider working on collectively at the next meeting. Paul then closed the meeting.