

Strategic Equality, Diversity and Inclusion Advisory Forum

Minutes of the meeting on 26 November 2020

Members present

Paul Reynolds	Chair
Louise Freeman	Doctors Support Network
Kelly Lockwood	Disabled Doctors Network
Iqbal Singh	BME Doctors Forum
Aishnine Benjamin	British Medical Association (BMA)
Helena McKeown	BMA
JS Bamrah	British Association of Physicians of Indian Origin (BAPIO)
Elijah Chisala	Black Medical Society (BMS)
Amarjit Johal	Sikh Doctors and Dentists Association
David Katz	Jewish Medical Association UK
Irfan Akhtar	Association of Pakistani Physicians Northern Europe (APPNE)
Emma Wiley	Muslim Doctors Association
Duncan McGregor	The LGBTQ+ Association of Doctors and Dentists (GLADD)
Mark Pickering	Christian Medical Fellowship
Farah Bhatti	Women in Surgery (Royal college of surgeons)
Dermot Kearney	Catholic Medical Association

Others present

Charlie Massey	Chief Executive Officer
Claire Light	Head of Equality, Diversity & Inclusion (ED&I)
Robert Scanlon	Assistant Director for Business planning and ED&I
Krishna Kaur	ED&I Manager
Dionne Gordon	Chair and Co-founder of the GMC's staff BME Network
Miriam Bonabana	Chair and Co-founder of the GMC's staff BME Network
Natalie Randhawa	ED&I Executive & Administrative Assistant
Nadeem Malik	Employee Liaison Advisor
Eleanor Davy	Supporting a Professional under Pressure Manager
Jennifer Agbanoma	Strategic Lead for Mental Health & Wellbeing Project
Esita Charles-Watson	Change Management Business Analyst

Helen Johnson	Head of Campaigns
Dame Caroline Swift	Chair of the Medical Practitioners Tribunal Service
Vibha Sharma	Regulation Policy Manager
Natasha Matthews	Clinical Fellow

Item 1: Introduction and Welcome

- 1** Paul Reynolds opened the meeting thanking members for attending, introduced Aishnine Benjamin, Head of Equality Inclusion and Culture from the BMA as a new attendee and welcomed Linda Bello from the Cameroonian Doctors Association who will be joining the forum. Paul acknowledged that we are living through unprecedented times, where members will have been personally and professionally effected by the pandemic. It has been clear that the response from the profession has been committed and caring, but there are lessons to learn.
- 2** Reflecting on the tragic and growing number of people in the UK who have died, a minutes silence was held in remembrance of all who have died, including the doctors and healthcare professionals who have passed away during the pandemic.
- 3** Paul advised attendees that the meeting was being recorded in order facilitate accurate note taking. The recording will not be published or retained.

Item 2: Impact of Covid-19 and the impact on different groups of doctors and healthcare professionals

- 4** Charlie Massey provided an update on our response to the pandemic and approach to recovery, detail the measures in place to create a temporary register and approach to bringing forward provisional registration for final year medical students to help support workforce pressures. Charlie advised that we initially paused physical tribunal hearings, established virtual hearing for IOT's, deferred revalidation, paused PLAB testing and provided resources and guidance on COVID-19 for doctors. We have also published guidance on how we would consider the context of COVID-19 in our decision making and we know that doctors found this reassuring. Charlie confirmed that face-to-face tribunal hearings and PLAB testing both resumed in August. On restarting PLAB testing, we prioritised those doctors who had found themselves stranded in the UK at the start of the pandemic. We have created a temporary circuit to double the socially distanced capacity at our PLAB facility to meet the ongoing demand.
- 5** Charlie informed the forum of our desire to focus on how the pandemic can create opportunities. Our analysis shows doctors had varied experiences of the pandemic, many reporting positive changes that should be sustained beyond the pandemic. However, doctors from a black and minority ethnic (BME) background were less likely to report positive experiences than their white colleagues and Charlie recognises the

importance of shining a light on persistent inequalities to ensure the system learns to improve on inclusivity as it recovers from the pandemic.

- 6 Charlie shared details of how Council has been very active in considering our levels of ambition on ED&I and that we intend to be bold in dealing with aspects of disproportionality, such as fitness to practice referral rates and differential attainment in medical education and training. Charlie thanked members for their contributions on the corporate strategy and highlighted that ED&I was affirmed throughout, in both our role as a regulator and employer.
- 7 Dame Caroline Swift provided an overview of how the MPTS had responded in the context of the pandemic, including pausing 'in person' hearings and conducting our first virtual tribunal hearings. From August, some physical hearings will resume. Detailed guidance on virtual hearings was written and an equality impact assessment (EIA) completed to ensure the process fair and met the needs of those participating. The MPTS continue to provide support to anyone involved in virtual hearings and are considering the future status of virtual hearings in the post pandemic world.
- 8 Paul thanked Charlie and Dame Caroline for their updates and sought comments from forum members.
- 9 Forum members engaged in a detailed discussions on both risk assessments and PPE fit tests. There was consensus that doctors from protected groups may have been failed in the application of these processes in working environments. In some areas risk assessments have not being implemented at all, despite national direction to do so and where it has taken place, the process has varied considerably across the UK. These challenges and concerns were reported by most of the forum. Disabled doctors have faced specific concerns with the use of PPE, such the inability to lip read for those with hearing impairments.
- 10 GMC attendees advised that our outreach teams have spoken to ROs about risk assessment approaches and these discussions are also taking place with MD's/HLROs.
- 11 Members of the forum also noted that the pandemic had highlighted lack of cultural understanding about religious beliefs - many doctors have felt a tension between workplace requirements and observing their religious customs. For example, doctors being advised of the necessity to shave beards to wear a mask.
- 12 Swansea Health Board was identified as proactive on risk assessments and supporting staff. It was agreed details would be shared with members as an example of best practice.
- 13 **Action – Farah to send Swansea details to equality@gmc-uk.org for circulation.**

- 14** Members felt the pandemic presented new and unique risks for the profession. Concerns raised were the risk of litigation arising from the increased use of telephone consultations and personal health risks posed by face to face consultations during the pandemic. Members sought GMC influence and leadership to seek improvements in this important in this area.
- 15** Forum members supported the earlier observations from Charlie that doctors' experiences of the spring peak of the pandemic were varied. Many did see positive changes to their workplace, including increased teamwork, a faster pace of change and improved visibility of senior leaders. However, doctors from a BME background were less likely to share the positive experiences reported by many of their white colleagues.
- 16** Members mentioned that some employer occupational health (OH) services presented challenges, mainly relating to difficulties with implementation of workplace adjustments because of service pressures and environmental factors.
- 17** The DSN has asked for further information on a potential OH advisory board that may be set up within the GMC for complex cases.
- 18 Action – ED&I Team to link in with colleagues on the proposed board and respond to Kelly.**
- 19** Members raised a concern about non-training grades being asked by HEE to step in where trainees were being asked not to go. The GMC was keen to better understand and requested further details.
- 20 Action – JS to send full details of his concerns to equality@gmc-uk.org**
- 21** Members shared insight and understanding on the impact on doctors during the pandemic. Reassurance was sought that the GMC was considering the impact of changes that it had made and continues to make on the profession.
- 22** The GMC provided an overview of the process for considering impact. But recognised that recent events have changed how we think about equalities in the health service and was an opportunity to improve and create better working environments for all doctors.
- 23** Members asked for an update on the campaign we ran in 2019 to encourage doctors to declare their protected characteristics on their registration record. The campaign achieved some success, but we still don't have full data. Most new registrants complete it; therefore, our data will improve year on year. The pre-reading material provided details on how we currently demonstrate transparency and publish ED&I data and shows how we will publish this new data on the register. We will write to members to confirm when this data will be on our website.

- 24** Paul advised members that we are imminently publishing the State of Medical Education and Practice in the UK (SOMEPE) tomorrow and forum members will receive an early release from today.

Item 3: Updates from members - sharing good practice

- 25** Paul reminded members of the strong steer from forum members that they wanted to provide updates and share best practice. This item gives each organisation the opportunity to do so.

Women in Surgery (Royal College of Surgeons)

- 26** The RCS have been active throughout the pandemic communicating with and advocating for the service, profession, and patients. Many free resources have been published, such as wellbeing services, confidential helplines, hubs and tools collated from other organisations. They have held seminars on the impact COVID-19 on certain groups and delivered webinars on the impact of parenthood on ability to practice. Discussions on valuing intersectionality have provided an opportunity to engage other groups of surgeons.

BME Doctors Forum

- 27** The forum has focussed attention on FtP processes and concerns about over representation of BME colleagues in FtP. The chair has been working on improving underrepresentation in awards and honours - honours lists have increasing representation of women and BME colleagues, by more than 50% and 20% respectively. The chair also highlighted Wrightington, Wigan and Leigh Teaching hospitals as an example of best practice for risk assessments.

Catholic Medical Association

- 28** The CMA considered adaptations they made because of COVID-19 and looked at other countries' responses such as China, France, Italy and Spain. These included supporting the development of communications to patients to ensure patients didn't face discrimination and a statement about the efficacy and ethical issues of vaccination.

Doctors Support Network

- 29** The DSN are due to hold a virtual AGM and an international conference on physician health. They have established bursaries for doctors with lived experience of mental health issues and have had investment to support doctors suffering from COVID-19. They have collaborated with the BMA, including providing a blog for Disability History Month, The BMA blog link is here: <https://www.bma.org.uk/news-and-opinion/disability-the-fight-for-reasonable-adjustments>. A longer version of the blog

with more about the DSN members' survey is here: <https://www.dsn.org.uk/unreasonable-adjustments>

- 30** The DSN suggested that it would be helpful to have more notice if they are to provide updates at future meetings.

Sikh Doctors and Dentists Association

- 31** Revised channels were used to send correspondence during the pandemic in both English and Punjabi promoting mental wellbeing and providing guidance on PPE. The association distributed masks and information on risk assessments. They also carried out a pilot study to assess the effectiveness of an elastic beard cover to enhance PPE seals and improve pass rates for fit tests. This technique has been published in a journal and adopted by Sikh, Muslim, and Jewish doctors.

Black Medical Society

- 32** The BMS created contact groups and blogs to talk about experiences and share challenges for Black doctors. They've joined a cohort of BME doctors in response to COVID-19 and are supporting PHE to look at inequalities and disproportionate deaths of those from the BME community. They have engaged with the RCS on the barriers to entry for surgical training.

Muslim Doctors Association

- 33** The MDA have published reports on health inequalities for Muslims and faith communities during COVID-19, and funded projects to talk about experiences of faith in the workplace. November is both Islamophobia month and interfaith week, which the MDA would like to see recognised more in the NHS. The MDA are supporting conversations on faith and dress and reviewing dress guidance. More generally, they would like to see more collaborative work on shared themes across protected characteristics.

Association of Pakistani Physicians Northern Europe (APPNE)

APPNE have provided support to PLAB doctors, collaborating with doctors associations and the GMC. APPNE membership has increased during the pandemic. To support junior doctors specifically, APPNE have held webinars, shared information radio & TV and in mosques. The biggest challenge has been risk assessments and the variation between trusts, APPNE are encouraging uniformity and sharing information on risk assessments with employers. Additionally, they have been supporting doctors with PPE queries, burials and prayer protocols.

Christian Medical Forum

- 34** The CMF now has 5,000 members. They are developing training and supporting work on GMC personal beliefs guidance. The CMF have engaged and raised awareness with various NHS bodies to change the narrative on religion. They want to consider why religion feels like the forgotten protected characteristic.

GLADD

- 35** GLADD have provided mental health and emotional support for individual doctors and are looking at further innovative ways to support their members. They see education is the antidote to poor attitudes and aim to develop virtual options to reach a wider audience. GLADD support reconsidering the need to continue to publish a doctor's gender on the public register, the List of Registered Medical Practitioners, and are keen to understand the GMC's position on this.
- 36** Claire confirmed we do not require doctors to provide a Gender Recognition Certificate (GRC) in order to [change their gender on their registration record](#). But we do require an application form to be completed and if relevant we will ask for evidence of a change of name.

British Association of Physicians of Indian Origin

- 37** The disproportionate number of BME doctors who died and Black Lives Matter movement brought a lot of organisations together. Collaborating with other organisations during the pandemic has been key and has been enabled with BMA funding. BAPIO have worked closely with PHE to implement risk assessments and highlight the issue of BME doctors dying of COVID-19. BAPIO launched 'Bridging the Gap' project to tackle differential attainment. BAPIO has supported members who experienced professional challenges in trying to support extended family such as elderly parents overseas.

Jewish Medical Association

- 38** The JMA highlighted the attitude to facial hair/beards as an obvious manifestation of prejudice and have communicated with Jewish patients and doctors on this issue. Questions around death and burial have arisen with heightened Jewish and Muslim needs, especially around bereavement practice. The JMA have supported conversations on religious practices at times of burial and sourced PPE for burial societies. There remains much discussion on the practice of male circumcision and the current concerns for both the Jewish and Muslim communities.

Disabled Doctors Network

- 39 The DSN have handled many enquiries about OH assessments and application in the workplace, e.g. one doctor who had to source a second wheelchair themselves to leave in at work. There is ongoing work with HEE to support doctors with disabilities, guidance and blogs have been produced, and a global network is being set up to share best practice and case studies.
- 40 The DSN are looking at the correlation between long term COVID-19 and increases in mental health issues. The levels of concern for disabled doctors remains high - especially where it is assumed that the risks are likely to be low for some conditions.
- 41 Members noted that invisible disabilities are an important theme, where there is still much work to do in the profession on both addressing stigma and providing adaptations. Kelly and Louise agreed for their associations to work together on any work around implementation of adjustments.

BMA

- 42 The BMA have called for the policy linked to the vaccine distribution (for doctors) to be subject to an EIA. The BMA have been very active – they have published a disability blog, published menopause guidance, are participating in the workforce race equality standards, and are encouraging medical schools to sign up to a race racial harassment charter. They are working on research into barriers to progression for BME colleagues and waiting for the Gender pay gap report to be published.
- 43 MDA added that there was a plan to launch a protected characteristics campaign and requested an update on timelines.
- 44 **Action – Both GMC and BMA to update on progress on respective campaigns.**

Item 4: How we involve the forum in working with the GMC

- 45 Claire informed the forum how we engage and the aspects of our work we have engaged with the forum on outside formal meetings. The GMC was keen to hear views on how useful the information circulated was to forum members and their wider membership.
- 46 Vibha Sharma provided an overview of the GMC's policy framework and how we integrate ED&I considerations into policy consultation. She explained the outline process and approach the GMC takes to policy development and the level of proactivity in relation to ED&I within the policy framework.
- 47 Discussion then focussed on how the forum could best engage with the GMC on policy development outside the cycle of forum meetings.

48 The following suggestions were noted:

- Consider the opportunity for input from forum members at every stage within the framework, GMC policy leads could ask questions of the forum as they arise during the policy development process.
- Communicate with forum members via email - sending emails earlier to give time to consult wider membership and provide fully formed responses.
- Embed equality impact assessments (EIAs) at an early stage, so the policy team can determine the who, what, when and how to consult.
- Deliver targeted group discussions and webinars with forum members on specific topics.

49 Members were asked to highlight specific policy issues that they would be interested in contributing to.

50 Action: On circulation of the minutes - ED&I Team to request topics of interest from forum members.

Item 5: Bullying, harassment and discrimination in healthcare

51 Claire provided a brief overview of purpose of this item. Several forum members had asked for space to discuss these issues and she recognises that tackling this is an area of shared ambition and perhaps one of the most important issues we can address collectively.

52 We then broke out into two groups to discuss the questions to hear views and interventions necessary. Notes of the discussion will be circulated to forum members for reflection and we will review the themes and ideas arising from the discussions at the next meeting.

Item 6: AOB and close

53 The date of the next meeting will be confirmed via email. A reminder to members that our SOMEPE report will be sent out to forum members today. Paul said the meeting had been helpful in shaping our thinking on how to develop that further and work collaboratively.

54 Charlie shared some final words of thanks and appreciation to the forum members and indeed all NHS staff for everything that they are doing in these exceptional circumstances. He reaffirmed the GMC's commitment to the ED&I agenda and reinforced the important role the forum would play in helping the GMC with its thinking and actions in this space.