

Strategic Equality, Diversity and Inclusion Advisory Forum (SEDI AF)

Minutes of the meeting on 13 April 2021

Members present

Paul Reynolds	Chair
Aishnine Benjamin	British Medical Association (BMA)
Chaand Nagpaul	BMA
Amarjit Johal	Sikh Doctors and Dentists Association
David Katz	Jewish Medical Association UK
Shabi Ahmed	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
Ibrahim Bolaji	Medical Association of Nigerian Great Britain (MANSAG)
Rajesh Kumar	BMA - SAS committee

Others present

Charlie Massey	Chief Executive Officer
Shaun Gallagher	Director of Strategy and Policy
Claire Light	Head of Equality, Diversity & Inclusion (ED&I)
Robert Scanlon	Assistant Director for Business Planning and ED&I
Elaine Bromberg	ED&I Manager
Dionne Gordon	Co-founder of the GMC's staff BME Network
Miriam Bonabana	Co-founder of the GMC's staff BME Network
Natalie Randhawa	ED&I Executive & Administrative Assistant
Nadeem Malik	Employer Liaison Advisor
Jennifer Agbanoma	Programme Manager- Legislative Reform
Tim Aldrich	Assistant Director, Strategy and Policy
Tista Chakravarty-Gannon	Head of Operations, Outreach Development and Support Unit (ODSU)

Steve Loasby	Senior Research and Evaluation Lead
Laura Tivey	Campaigns Manager
Dame Caroline Swift	Chair of the Medical Practitioners Tribunal Service
Natasha Matthews	Clinical Fellow
Maria Bentley	Outreach Business Development and Change Manager

Item 1: Introduction and Welcome

- 1 Paul Reynolds opened the meeting thanking members for attending, introduced Shaun Gallagher, the new Director of Strategy and Policy and ED&I Sponsor at the General Medical Council (GMC), and wished members a Happy *Baisakhi* and Ramadan Kareem.
- 2 Paul advised attendees that the meeting was being recorded in order to facilitate accurate note taking. The recording will not be published or retained.
- 3 In relation to the last meeting, there was an action for the GMC and the British Medical Association (BMA) to update on their respective diversity data collection campaigns. The BMA confirmed that their protected characteristics campaign work is being led by the Corporate Team and they will update members outside of the meeting when progress has been made. The GMC has already circulated an update to members.

Action: BMA to circulate an update on their protected characteristics campaign outside of the meeting when progress has been made.

- 4 There was an action to for Farah Bhatti to share the Swansea Health Board risk assessments; this was received during this meeting and will be emailed alongside these minutes.
- 5 Additionally, there was an action for JS Bamrah to send full details of concerns about Health Education England asking non-training grades to step in to perform duties on COVID-19 wards, where trainees were being asked not to go. This matter has since been resolved.
- 6 All other actions from the last meeting have been completed.

Item 2: Update from Charlie Massey

- 7 Charlie acknowledged that this remains a challenging time for the profession and expressed how grateful he was for members time. It has been our key priority to address issues arising from the pandemic in the past year. Our work includes practical processes e.g. temporarily registering 25,000 doctors, but also increased

communications to the profession, to provide support and reassurance to doctors that we will take account of the current working environment in the decisions we make.

- 8** Some of the functions that we had paused e.g. PLAB and fitness to practise (FTP) have restarted, and we are also working with stakeholders like medical royal colleges to discuss issues around progression. We have seized the opportunity to reflect and use the pandemic as a lever to do things differently in the future; to innovate and embrace change. To this end we have used our data reports and worked with the health services, four countries and arms-length bodies to foster discussion and collaboration around issues like culture and inclusive workplaces. We are aware that some doctors might decide to give up their licences in the short term, as their countries come out of the pandemic, and we understand the importance of retention and ensuring workplaces are supportive, fair and inclusive. In relation to Education, we have been working with colleges to identify ways of assessing skills and knowledge. Charlie expressed how we want to be a positive force for change across the system and support the profession to provide safe care.
- 9** All of these ambitions are driven throughout our new [corporate strategy](#). The key strategic themes that underpin our work are:
 - a** Enabling professionals to provide safe care.
 - b** Developing a sustainable medical workforce.
 - c** Making every interaction matter.
 - d** Investing in our people to deliver our ambitions.
- 10** ED&I commitments are embedded within all of these themes, and we have also accelerated progress on ED&I. We have set ambitious targets in regulation in two key areas (fitness to practise and fair education and training pathways) and will use our influence and leverage to work with key stakeholders to achieve our ambitions. We have also set targets within our own employment activities with targeted measures around recruitment, progression and retention. Further information is provided under agenda item six.
- 11** Duncan McGregor from The LGBTQ+ Association of Doctors and Dentists (GLADD) suggested that, within differential attainment, data should be collected across all protected characteristics.

Item 3: Findings from the recent GMC induction and return research: Steve Loasby and Tista Chakravarty-Gannon

- 12 Paul informed members that this item was raised by Louise Freeman, co-Chair of the Doctors Support Network.
- 13 The [full report is available on our website](#) while the project wasn't commissioned to look at ED&I issues, the findings are relevant to ED&I. Issues include lack of access to technology, particularly for locums, and the logistics of induction e.g. travelling long distances. The impact of poor induction was often linked to the effect it has on doctors and their wellbeing. But there were also cases where it was linked directly to patient safety.
- 14 There are differences in experiences across primary and secondary care and at different career stages including locums, doctors in training, international medical graduates (IMGs) and doctors returning to practice.
- 15 Induction tends to be process orientated and misses things like organisational culture and pastoral care. The GMC's Welcome to UK practice (WtUKP) programme seeks to plug these gaps by covering ethical issues, such as supporting structures, cultural differences, and patient expectations. The programme has received positive feedback, but we are cognisant that WtUKP is one part of induction and we are keen to continue to collaborate with key stakeholders to help influence wider processes. For example, we have worked with NHS England's Medical Workforce Race Equality Standard (MWRES) team, led by Professor Mala Rao, to help develop standardised induction. We are also working closely with Health Education England on a pilot to adapt WtUKP for their workforce. Finally, we have developed a virtual reality app for colleagues joining GP practice, bringing to life the patient journey.
- 16 Members suggested that a national mandatory framework for induction would ensure consistency and that training needs to be ongoing to fully understand the workplace culture. Trusts tend to be driven by requirements to meet legal responsibilities. ED&I is often tackled at the strategic level, but this does not translate across operationally to clinical care and the workplace. The BMA said they promote WtUKP and are happy to be part of the GMC's wider work in this area.
- 17 Members suggested that the GMC might want to explore whether developing standards on induction would help drive the consistency and changes that all stakeholders would like to see.

Item 4: Regulatory reform programme: Tim Aldrich and Jennifer Agbanoma

- 18** Regulatory reform (previously referred to as legislative reform) is fundamental to everything we do as an organisation now and in the future. We have been liaising with Government for over a decade to reform the outdated Medical Act to ensure that it's fit for the future. The UK [government's consultation](#) published in March provides a broad picture of how legislation will change. The consultation deadline is 16 June 2021. We have published [our response to the consultation](#).
- 19** Changes would result in swifter outcomes and less adversarial processes to reduce impact and stress on doctors. We hope it would provide equality of opportunity for UK and overseas doctors and more flexibility to change rules and the way we operate in the future to keep in step with societal changes and our counterpart regulators.

Action: Members to consider what would help them understand how to inform this work and respond to the consultation by 16 June 2021.

- 20** Members discussed the remit of regulation and how this needs to be reframed, given its focus on assessing doctors but not the wider system, so the approach is very narrow – this is a wider and international problem. The forum recommended that regulation considers wider issues not just the individual complaint and that there needs to be more flexibility at employer level to give a systemic view locally before it comes to the GMC.

Item 5: The review of *Good medical practice*: Claire Garcia

- 21** We are in the very early stages of the review of *Good medical practice* (GMP) – the lifespan of the project is two years. Our aim is to reimagine the role of GMP by reshaping our standards and this will include both GMP and our supporting ethical guidance e.g. personal beliefs, chaperones, use of social media, writing references etc.
- 22** We are developing plans for an external advisory group – we will ensure this is diverse in both representation and the perspectives members bring. There was a dedicated SEDIAF GMP webinar that members attended on 5 May 2021. Focus groups / webinars will also follow on ED&I topics and themes, and ideas for these are welcome.

Action: Members to send ED&I topics / themes they would like to discuss in a webinar on GMP to the Equality mailbox at equality@gmc-uk.org

Item 6: Our work on accelerating ED&I: Claire Light

- 23** A presentation summarised our work to [accelerate progress on ED&I and set out the measures and targets for both our employment and regulatory activities](#). Dame Clare Marx [wrote to the profession](#) setting out the importance of these targets. [Our Council paper](#) also includes supporting narrative to explain our approach and rationale for the new KPIs, and we will be working in partnership with stakeholders to deliver our ambitions. We will take the learning from this to inform KPIs in other strands of diversity, and also to inform our approach to intersectionality.
- 24** We will publish our progress on meeting these KPIs annually and our first report will be published at the end of 2021.
- 25** Members of the forum welcomed these important developments and the direction the GMC is taking.
- 26** Members asked about referrals when someone hasn't respected another's diversity status - whether a referral can be made to the GMC, and if so, whether there would be any sanctions. It was made clear that referrals to the regulator is a serious issue. If a doctor has breached professional standards, failed to comply with policies, has not reflected, remediated, and changed their behaviour, it would meet the threshold for a conversation with an ELA and we would work with the Medical Director or Responsible Officer. We would allow the opportunity to mediate, but if that is not done, it will mean further action as it is a serious matter.
- 27** Members wanted to know if ED&I objectives will be reflected in appraisal and revalidation processes. Internally, we have set ED&I objectives for all staff. With regards to the profession, we will consider that question with colleagues from our revalidation team.

Action: ED&I team to inform the forum if ED&I objectives will be reflected in revalidation.

- 28** Members remarked that revalidation is academically focussed, with less opportunity to discuss wellbeing and highlight discrimination. If ED&I was incorporated, it would be easier to see improvements in Trusts and how inclusive they were. The GMC also has commissioned some research looking at wellbeing in the wake of the pandemic.

Action: ED&I team to consider a future agenda item on revalidation.

Item 7: Feedback on bullying, harassment and discrimination workshop: Claire Light and Dionne Gordon

- 29 This is a follow up item updating on progress following the detailed discussion (in breakout groups) at the last SEDI AF meeting.
- a We discussed members feedback at the recent ED&I Joint Healthcare Regulators meeting. Regulators have indicated interest in working collaboratively on these issues. Stakeholders from NHS England and Improvement attended the regulators meeting and are working with us to inform early thinking about shared priorities and values. This group are in the early stages of drafting a joint manifesto, and we will update SEDI AF on progress.
 - b The MWRES has data on bullying and harassment - we will aim to triangulate our own data with other data like this, to share with teams having conversations with stakeholders across the system.
 - c We have also taken the feedback from the meeting to colleagues in Education who lead on our quality assurance processes.
- 30 It was mentioned that there are a range of factors impacting SAS doctors, including race, coupled with the fear of speaking up and safeguarding the victims. The Freedom to Speak Up (FTSU) Guardian was seen as having the potential to provide support, but doctors are not always utilising it.
- 31 The system needs to provide support to ensure people can raise issues confidently, and to also look at how we can create healthy environments. These are widely cultural issues, so in addition to addressing the behavioural aspects, doctors need to have a culture that allows them to speak up and raise concerns. To create a fair working environment for everyone we need to grasp these deep-rooted issues.

Action: Include an agenda item for the next meeting to discuss the barriers for doctors using FTSU services and how these barriers can be removed.

Item 8: Updates from forum members

GLADD

- 32 GLADD thanked the GMC for giving doctors the option to remove their gender from the register - it received good feedback from their membership. They suggested the GMC remove gender for doctors completely. They are also interested to hear the GMC's position on conversion therapy.

Action: ED&I team to circulate any public statement about conversion therapy.

- 33 GLADD would like to see LGBT data for each stage of the FTP process (from referral to outcome). Claire Light explained that we are in the early stages of a review of all our ED&I data and will be seeking to improve the data we capture, how we use it and the data we publish.

Action: ED&I team will review data available and report back to the forum.

- 34 Duncan McGregor emphasised the importance of intersectionality - GLADD are partnering in the NHS Rainbow Badges project which will include messages around being inclusive of other strands. He asked whether the GMC is interested in participating in this project. Paul Reynolds said we would discuss this offer with Duncan outside of the meeting.

Action: ED&I team to discuss with Duncan GMC participation in the Rainbow Badges Project.

Association of Pakistani Physicians Northern Europe (APPNE)

- 35 A pressing concern for APPNE members is Pakistan joining the red list, which will cause difficulties for some doctors taking PLAB, particularly if they have to wait a year to take the exam. APPNE sought clarification on whether the GMC can help accommodate candidates identifying preferential dates, so they don't lose a year of their academic practice. Whilst the GMC cannot control government policy about the red list issue, we do want to be flexible and support where we can. We are building a new Clinical Assessment Centre (CAC) to help run more PLAB exams (with social distancing) to increase capacity.
- 36 The uptake of vaccinations for BME communities has been poor and APPNE wanted to know [what the GMC says about vaccinations](#).

Catholic Medical Association

- 37 The Association have undertaken advocacy work for patients, and members to support them on ethical issues in relation to conscientious objection. They have been inundated with concerns from members of the public on COVID-19 and vaccinations, with issues around efficacy and safeguarding concerns. More recently they dealt with the inappropriate use of CPR e.g. some groups of disabled people, elderly patients. They have also been involved with young women suffering with medical abortions and home abortion issues and the challenges of being treated via telemedicine.

Women in Surgery

- 38 The [Gender pay gap report](#) by Professor Jane Dacre was of particular interest as Surgery was one of the specialities with a gender pay gap once you accounted for not working full time. If someone takes time out for pregnancy that person does not catch up until they are over 60. The GMC was highlighted in terms of the importance of their role in encouraging medical schools to give good careers guidance.
- 39 At the end of March, Baroness Helena Kennedy, commissioned a review into the professional [diversity of the leadership of the colleges](#) after Council re-elected the same demographic of colleagues. There are 16 recommendations, including women in surgery, as evidence of good practice. It also considered why we are losing good doctors through the system of training.
- 40 Women in Surgery feel that the [Commission on race and ethnic disparities report](#) was a disheartening opinion piece that have set things back. There are several recommendations that forum members might want to interact on including Recommendation 2: Review the Care Quality Commission's (CQC) inspection process; and Recommendation 8: Advance fairness in the workplace.

BMA – SAS committee

- 41 The Committee are heavily involved in work with SAS doctors; in the past there was no limit in the role, how many days in a row and doing out of hours. There have been improvements in contractual hours which has helped health, wellbeing and work life balance. Senior SAS doctors had been limited if they wanted to move to another employer, making them vulnerable. A new national Senior SAS role has now been developed to safeguard them.

Jewish Medical Association

- 42 The Association have continued to provide advice to communities in relation to COVID-19. They have given evidence to the Public Health England and Lawrence enquiries. They have made submissions to government where there has been an issue around death certification and faith, and this overlaps with questions of whether Sikhs and Jewish people are captured under religious groups or faith groups. There are unanswered questions around the high morbidity of the Jewish population in the first wave of the pandemic. But it does not translate into higher morbidity amongst medical professionals. Members have appreciated emails from the GMC about SEDIAF and these issues.

BMA

- 43 The BMA have launched a BAME forum, with representation from every single region and nation of the UK. The BMA have launched a specific IMG workstream – only a third of IMG's belong to a trade union and are therefore without the advocacy that

they need. The purpose is to provide membership for doctors abroad who want to come to the UK so they are supported before they arrive, and this will include contract checking to avoid them being exploited. They have commissioned research on barriers to progress. Like other organisations the BMA are disappointed about the interpretation of evidence in the race disparities report - although the evidence itself was compelling, it was felt that not all of this was effectively considered in the report.

- 44 The BMA are preparing work on the gender pay gap review and made a submission to the Women's Equality Committee on the Gender Recognition Act inquiry in November and are preparing to do an oral evidence response too.
- 45 With their Members Relations teams they are looking at a model menopause policy. They received 2,600 responses to the Everyday Sexism survey and are hoping to publish the findings in the summer.
- 46 They have published a survey [looking at stress, anxiety, depression](#) - it shows that 44% of women said yes compared to 35% of men, although both these numbers will have increased since the pandemic. Lastly, they are continuing to work on their COVID response and in terms of vaccine hesitancy they are considering social media work to encourage people to take the vaccine.

Muslim Doctors Association (MDA)

- 47 The MDA and the British Islamic Medical Association (BIMA) have been encouraging vaccine uptake and including updates on Ramadan. They have also been networking with other groups e.g. wider NHS Muslim Network on Islamophobia in the NHS.

Christian Medical Fellowship (CMF)

- 48 The CMF has recently set up an Ethnicity and Racism in Healthcare working group. This group will explore how to support members who face racism within their healthcare roles, and also to improve how the fellowship nurture ethnic minority members in their engagement with CMF and in taking leadership opportunities.

Item 9: AOB

- 49 Forum members have been notified that Data Explorer is going live on 15 April 2021.

Action: Data on FTP referrals for religion or belief was circulated at the last meeting - the MDA would like this broken down by faith and to understand some of the themes within the data. The ED&I team will provide a response on this.

- 50** Paul asked members to consider how can we make this forum as inclusive as possible - discussing the key issues that are most important to members in an interactive way. We want this to be an engaging discussion forum that meets member needs.

Action: Members to email the Equality mailbox to provide suggestions on the topics they want to discuss and how they want to interact with the forum at equality@gmc-uk.org