

Strategic Equality, Diversity and Inclusion Advisory Forum (SEDIAF) Minutes

12 October 2022

Item 1 - Welcome - Paul Reynolds (Chair)

1. Paul Reynolds, Director of Strategic Communications and Engagement opened the meeting and introduced those who had not previously attended.
2. Dame Caroline Swift had sent her apologies for the meeting. As this would have been the last meeting of the forum before she stepped down as the Chair of the Medical Practitioners Tribunal Service (MPTS), she expressed her belief that the forum is of great value to the work of the GMC and the MPTS, and she conveyed her best wishes to all those involved for their future work in this area. Dame Caroline Swift's successor, her Honour Judge Deborah Taylor, will attend the forum once she takes up her post next year.

Actions from previous meeting and matters arising

3. Claire Light, Head of Equality, Diversity and Inclusion (ED&I) provided a brief summary of matters arising from the forum's meeting held on 15 March 2022. She informed members of the following actions.
 1. **Action:** We have been able to sustain PLAB 2 testing and the new clinical assessment centre to double capacity. This is a testament to our commitment to continue to offer a Covid safe facility throughout the pandemic. Action complete.
 2. **Action:** Paul to talk to his team to consider ideas to strengthen our communications to support doctors working less than full time. -
 - **Update:** The helpful comments raised by SEDIAF members have been shared with the communications team working on the next round of fee communications. Action complete.
 3. **Action:** Steve Downs, Assistant Director, Finance, will consider within the EQIA (Equality Impact Assessment) the review of the fees framework to support regulatory reform activities. Action complete
 4. **Action:** An update will be circulated about the ethical hub pages on managing and responding to racist abuse from patients. Action complete

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- **Update:** We will launch the racism in the workplace ethical hub page in November.

The hub page will:

- seek to provide clarity on what doctors can do if they witness racist abuse at work
 - give advice to those that experience racism from patients or colleagues
 - signpost to a range of reporting channels and highlight the duties expected of doctors in senior positions in tackling and rooting out discrimination where it arises.
5. **Action:** We'll update members on our approach to the sex, gender, and gender identity project (SGGI), once we have concluded our policy development work. *Ongoing*
- **Update:** The project was discussed by members of Council in June. We have been conducting further work to help determine how gender data on the List of Registered Medical Professionals (LRMP) is used and what the possible impacts of any proposals to amend our current approach could be.
 - We have also been seeking to engage with patient groups; groups representing the interests of women who have suffered abuse; and some religious communities.
 - We are due to update Council on a proposed way forward in 2023.
6. **Action:** Education reform breakout session Paula Robblee, Head of Policy Delivery, to provide an update on what was taken away from the breakout session. *Ongoing*

Item 2- Chief Executive's update, Charlie Massey

4. Charlie provided an overview of our work. He began by updating forum members about the status of the review of *Good medical practice* (GMP) and thanked forum members for their input into the review. He demonstrated the success of our promotion and engagement activity to ensure a wide representation of responses during the consultation. The team are now analysing responses and we hope to publish and implement a new version of GMP in 2023.

Action: We will provide update on GMP review at the next meeting

Regulatory reform

5. Charlie reminded members of the importance of the reforms, the progress being made and the implications of the Department for Health and Social Care's decision to proceed with Anaesthesia Associates and Physician Associates (AAPA) only order. Regulatory reform offers a unique chance to fundamentally redesign our processes and embed fairness across everything we do. After the new legislation is laid before UK parliaments,

we'll consult on the rules, policies and guidance needed to implement the legislation in practice. Charlie asked for members and the organisations they represent to engage with and respond to the DHSC's imminent consultation as it will affect doctors at a later stage.

MPTS medical and lay tribunal member recruitment

6. Charlie confirmed the MPTS is looking to appoint a number of lay and medical tribunal members. The MPTS welcomes applications from people of all backgrounds- as it is important that tribunals are representative of the UK public that we seek to protect.

Council member medical and lay recruitment

7. Charlie also confirmed we will be recruiting two new council members – one medical and one lay in early November. We would be grateful if members could cascade and promote widely across their members and contacts.

Dr Arora learning review

8. Charlie noted Liz Jenkins, Assistant Director, Legal team will give an update on the progress of the review, ahead of publication in November.

The workforce report

9. Charlie informed members that David Darton, Assistant Director- Data, Research and Insight, and James Gooding, Principal Data Modeller, will present our workforce data, ahead of publication of our report which highlights key trends. He reiterated our aim to inform and influence thinking across governments and policy makers across the four countries of the UK. Workforce will remain a huge area of priority for us because of the pressures on the front line.
10. Following Charlie's update, forum members responded and raised the following points and questions:
 - Charlie confirmed that the Certificate of Eligibility for Specialist Registration (CESR) pathway for specialist registration isn't linked to regulatory reform. However, the government will give the GMC more autonomy to set rules for CESR and Certificate of Eligibility for GP registration (CEGPR), and that legislation will take effect from autumn 2023. We are working through the detail of that with colleges.
 - Forum members felt that the Dr Arora's case shows that the GMC has not learnt lessons from previous cases and that ethnic minority doctors and international

medical graduates (IMG's) get harsher sanctions in the GMC. Charlie confirmed he is committed that we learn the lessons from all cases and what drives the disproportionality in fitness to practise (FTP) cases is complex. It is about a whole series of cultures and processes that put doctors in a position where they may be more likely to be in our processes. We need to act on those causes, cultural issues, as well as being really testing with responsible officers about whether they're applying the thresholds correctly. Charlie confirmed the work on regulatory fairness is also due to be discussed by Council in December.

- Members raised that IMG's want clinical attachments, but the trusts are quite reluctant, can the GMC facilitate an open letter to the trust so that to encourage them to help them? Charlie reminded members we have employer liaison advisors who have local relationships and can help ensure that new recruits are supported into roles in trusts.
- Clarification was sought on whether the regulatory reform legislation will include reference to those who do purely medical legal practice. It was felt that the regulations for FTP for these doctors are not clear on the GMC's website.
Action: The EDI team will pick this up and provide clarity to SEDIAF members.
- Members expressed concerns about the impact of FTP investigations. There was also a concern about how we support new IMG's coming to the UK, so they don't end up in FTP processes. Charlie confirmed he has spoken with NHS England about how IMG doctors can receive better local support. He also emphasised that employers should initially aim to resolve cases locally rather than referring them into regulatory processes. Future legislative reform will also support us to resolve cases in a less adversarial way.

Item 3 – Workforce report

11. David Darton and James Gooding presented on [*The state of medical education and practice in the UK 2022: The workforce report*](#). This report highlights the key workforce trends and issues facing the UK's health services. We'll use the unique data and insights from our register to inform and influence workforce planning and policy decisions. The report includes:

- End of year snapshots of the medical register between 2012 and 2021
- The changing demographic profile of doctors working in the UK and the various routes by which doctors join the profession.
- The reasons why doctors take voluntary erasure or give up their licence to practice

12. Key findings include:

- The workforce will be increasingly reliant on IMGs in the future - even accounting for recent increases in UK medical school places.
- In particular the number of specialty and associate specialist (SAS) and local employed (LE) doctors has grown dramatically over the last five years
- The increasing international supply of doctors and the growing ethnic diversity of UK graduates mean the workforce as a whole is more ethnically diverse than ever, with over two-fifths of the workforce now from minority ethnic groups.
- The workforce is increasingly female and close to parity with males. At the same time, more of those leaving the workforce are male - especially those at retirement ages.
- Our data on the religion, sexual orientation and disability of the workforce will be reported for the first time.

Action: GMC to circulate a link to the 2022 workforce report to members. The hyperlink to the webpage is: <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-and-practice-in-the-uk/workforce-report-2022>

13. Members responded and raised the following points and questions:

- Are there plans to collect and publish data around gender identity alongside sexual orientation? David confirmed as soon as the sex, gender and gender identity findings are published on how we collect this data, we will determine when we are able to publish this data.
- IMG numbers are increasing, but messages in the media and other channels about the importance of UK trained doctors can be divisive. Charlie confirmed our narrative celebrates the fantastic work that IMGs and all doctors do in the NHS, and we need to be thinking about how we best support all of the medical workforce moving forward.
- What's the GMC doing to reduce the barriers and make it easier for women to stay in medicine. Also, what is the makeup of leadership at the GMC and how many of the decisions being made about women are made by women?
Action: GMC to add internal EDI targets and ambitions within the GMC as a future SEDIAF agenda item.
- What is the GMC's position on the World Health Organisation (WHO) Red List countries? Charlie confirmed the GMC does not get involved in recruitment to the NHS. Our job as the regulator is to provide routes for doctors from overseas to demonstrate they've got the knowledge experience to come in the work in the UK. Employers are responsible for recruitment. There was also a question about training

roles. Charlie reflected that statutory education bodies are responsible for these. The job of health services is to provide access to proper learning, development and career opportunities for doctors, whether they are in training roles or not.

- Forum members raised concerns about the Nigerian doctors, recruited by NES Healthcare, who are working in private hospitals. What is the GMC going to do as the Nigerian doctors are feeling challenged because they don't follow the workforce guidelines as we follow in the NHS? It has been picked up by Doctors Association UK as well as the BMA. Charlie confirmed that the Care Quality Commission are looking into this issue.

Item 4 – Dr Arora learning review

14. Liz Jenkins, Assistant Director, Legal team, provided an interim update on the learning review of the Dr Arora case. The presentation focused on the process and approach. Liz confirmed fairness and how Dr Arora was treated has been at the heart of the review.

Action: GMC to ensure the Dr Arora review findings and learnings are discussed at a future SEDIAF meeting

15. Members responded and raised the following points and questions:

- What mechanisms does the GMC have to monitor the judgments made by MPTS panels? Liz confirmed each decision of the tribunal is looked at firstly by those who had responsibility for the case. We have a specific team who review every decision and consider whether or not they think there are any grounds for challenge.
- Members felt that MPTS tribunals should be proportionate to the ethnicity within the profession. Claire Light confirmed the MPTS had produced a report on this. They don't just benchmark representation of the profession, they also benchmark on the basis of the general public.
Action: EDI team to share the MPTS report on tribunal representation with SEDIAF members. *Report issued with the minutes of the meeting.*
- Has there been a change in the threshold or the way that the GMC investigates that has led to an apparent increase in these cases? Liz and Charlie confirmed there has been no changes in the threshold.
- Members asked what training is provided to staff in FTP on compassionate communication. Is it mandatory and what is the uptake? Liz confirmed there is mandatory training.

Item 5 – Enhancing the education progression reports

16. Jane Canon provided a presentation on our work to tackle differential attainment through our fairer training cultures project. She provided a brief overview of the six workstreams in this project. The remainder of the presentation focused on sharing (under embargo) findings and trends arriving from the publication of new and enhanced education data on the progression rates of different groups in postgraduate training. This is new data we're working on which disaggregates existing characteristics and includes additional ones to these reports.

17. Members responded and raised the following points and questions:

- MRCS (Membership of the Royal College of Surgeons) part A exam had an incorrect and stereotypical question included on sexual orientation. Is this something the GMC is aware of and how did the question make its way into a formal exam? Jane confirmed she wasn't aware of this but will look into it.
Action: Duncan McGregor to share with Jane Cannon/Education colleagues the incorrect and stereotypical question on sexual orientation in the MRCS Part A exam.
- The data must get more granular to understand causes i.e. we must breakdown ethnicity as its not one big group. It is important to think carefully about how we present the data, so it doesn't perpetuate discriminatory views.
- Is differential attainment present for medical students coming from private medical schools in the UKs? This is another factor to include. Jane confirmed it is the first time we have seen medical school data in 2022.
- Disability is not mentioned in the data. How is it going to be included moving forward? Jane said the data was too small to go into progression data tool, but we would include some information on this in the accompanying report.
Action: GMC Education colleagues to share information on disability data with SEDIAF members closer to publication date of the data. Paul confirmed we will come back to the forum on this report, once we're closer to publication.

Item 6 – Refugee doctors

18. Jenny Rafferty provided an overview of the concessions we currently offer doctors with refugee status, a statistical update regarding the number of refugee doctors who have passed PLAB, and the number of refugee doctors who have joined the register since 2018. Jenny also included case studies of how we have used our discretion to help refugee doctors join the register, and details of where to signpost for support with refugee enquiries.

19. The following question was raised:

- Do the applicants have a named point of contact at the GMC? Jenny confirmed this is not the case as they are directed to different support agencies in the country. Jenny put forward herself as a contact point if anyone in this forum has questions

Item 7 – Sexism in healthcare update

20. This update is added to these minutes as Annex 1

Item 8 – Update from each organisation

Members requested an agenda item to update colleagues on current priorities from their organisations:

21. **BMA**- launching a racial harassment charter for medical schools in October. Also, drafting an anti-sexism pledge and looking to get signatories for that. Launched a BMA women campaign to raise the voice of women in the profession. This includes a gender identity report coming out, which covers areas such as reviewing exam questions to eradicate stereotype in exams. Report on improving minority progression in leadership available, which reiterates that organisations should have an anti-racist approach instead of a non-racist approach.
22. **GLADD**- requested the GMC to formally sign the GLADD medical schools charter on the practise of conversion therapy. Letter will be circulated post meeting to forum members. Duncan then raised an issue concerning an FTP case. We assured Duncan we would discuss this with him as a matter of urgency.
Action: Paul confirmed this can be discussed further after the meeting.
23. **MANSAG**- working on how to support the increase of IMG's coming in and in private sector in the main how their working conditions are.
24. **BAPIO**- published dignity at work standards. LED (locally employed doctors) charter has been published and sent to all trusts. Asked for help from GMC to get employers to comply with this charter.
25. **BIDA**- has 400 students from 38 countries spreading ED&I messages with vigour and represent all protected characteristics. BIDA journal published regularly on ED&I agenda.
26. **MDA** - focusing on Islamophobia in NHS and wish to work with GMC on this agenda. It's about day-to-day discrimination doctors face, including dress code, Friday prayers and intersectionality with ethnicity. A report has been published 'exclusion in the frontline'.

Does GMC intend to mark islamophobia awareness month?

Action: GMC to confirm with SEDIAF members if it intends to mark Islamophobia Awareness month

27. **APPNE** - Induction programme launched for trainee doctors and IMG's who come to work in NHS, expanded to majority of doctors planning to come to UK. Congratulated BAPIO on LED work and GMC adds value with their presence at APPNE events.
28. **Women in Surgery** - survey conducted with university of Exeter Psychology department and will be using this data along with website 'Surviving in Scrubs' to look at action on sexual misconduct in surgery in the first instance.
29. **JMA**- vaccine uptake inequality particular in polio outbreak in significant proportion of Jewish community. Race in Health Observatory looking at provision of services Jewish community needs when in hospital. How will the GMC support doctors to do placements in places of similar background for FY1 doctors?
30. **DSN**- donation made by Medical Defence Union in place. Practical health funds used by doctors needing an autism assessment. Coaching is ongoing feel free to access the DSN website
31. **SDDA**- details of the organisation provided. It is a registered charity, and its aims are advancement of health, advancement of religion. Use of masks was a particular issue especially with those who have beads. Devised a solution for the safe use of mask which is accepted.
32. **CMA**- doctors are worried if they admit they are catholic and the impact this will have on their careers.
33. **BIDA**- SAS doctor's issue. Survey done this year shows a huge issue with bullying. New 'ism' is now gradism. This needs to be addressed going forward.

Item 9 – AOB and close

34. MDA raised intersectionality issue of Dr Karim and Dr Bawa-Garba. Is GMC open to work with MDA to look at qualitative review of both cases?
Action: Paul to discuss with Batool Abdul Kareem a review of the Karim and Bawa-Garba cases.
35. Paul thanked everyone for attending the meeting and for the comments, suggestions and feedback.

Action: SEDIAF members to send any issues/agenda items for future meetings to the EDI team.

Action: EDI team to circulate 2023 SEDIAF dates to members

Annex 1

Item 7 – Sexism in healthcare update

Information about our work to tackle sexual harassment:

We continue to reiterate our expectations of all doctors and employers to ensure that working environments are safe, supportive and give staff the confidence to speak up if they have concerns. We emphasised this particularly in 2022, in response to increasing accounts of sexual harassment and assault faced by healthcare staff, raised by Surviving in Scrubs and other campaign groups. For example, we have:

- Published [a public statement to reiterate our zero tolerance stance on sexual misconduct](#).
- Communicated our key messages to all doctors about our expectations on speaking up and challenging sexism, sexual harassment or any other sexual misconduct, [in a message from Dame Carrie MacEwen](#).
- Released a [webpage on our ethical hub](#), with practical advice on how to identify the behaviours, cultures and norms which may lead to sexual misconduct. This resource also includes information on how to make sure appropriate boundaries between doctors, patients, colleagues and students are maintained. And it signposts to help and support for anyone affected by sexual misconduct in the workplace, including how to speak up and raise concerns. Our Outreach team use these case studies at training sessions with doctors.
- Published [guidance on clinical placements for medical students](#) in 2022, which has strengthened advice on protecting medical students from the risk of harassment during placements.
- Used our annual conference in 2022 as a platform to discuss equality, diversity and inclusion, including a session titled *Sexism, sexual harassment and assault in the healthcare workforce*. Dr Chelcie Jewitt, ST3 in emergency medicine and founder of Surviving in scrubs, was a speaker at this session, which explored how we and other organisations can work together to tackle and prevent all forms of sexism and fight sexual harassment and abuse in medicine. The conference brought together a mix of 415 stakeholders, doctors, patients and staff from across the UK.

- Reviewed our core guidance, *Good medical practice*, so it continues to be a shared, achievable picture of ‘good’ practice for medical professionals and patients. This includes addressing inappropriate sexual behaviour between colleagues and with patients. We gathered feedback on this, in a public consultation we ran in 2022, alongside [a range of other proposed changes](#). You can find out more in [this blog which explains how the views of medical professionals, patients and healthcare organisations are influencing the final version](#). The updated version of the guidance will be published in summer 2023.
 - Made sure we have representatives from the Medical Women’s Federation and Women in Surgery as members of our Strategic ED&I Forum. We regularly have discussions in this forum on sexism and sexual harassment in medicine, sharing learning points and identifying how we can support initiatives from other organisations.
- Organised an internal event with Surviving in Scrubs, due to take place at the start of 2023. Their members will speak to our senior management team and staff across the organisation about their campaign to tackle misogyny in healthcare.

Annex 2

Members present

Face to Face

Name	Organisation
Mark Pickering	Christian Medical Association
Rahel Odonde	The Medical Women's Federation
Aishnine Benjamin	Head of Equality Inclusion and Culture, BMA
Duncan McGregor	The LGBTQ association of Doctors and Dentists (GLADD)
Christopher Agbo	Medical Association of Nigerians Across Great Britain (MANSAG)

Virtual

Name	Organisation
Louise Freeman	Doctors' Support Network
Latifah Patel	British Medical Association (BMA)
Batool Abdulkareem	Muslim Doctors Association
David Katz	Jewish Medical Association UK

Amit Sinha	British International Doctors Association (BIDA)
Linda Bello	Association of Cameroonian Doctors in the UK
Harcharan Sahniuk	Sikh Doctors and Dentists Association UK
Jen Warren	Disabled Doctors' Network
Irfan Akhtar/Shabi Ahmad	Association of Pakistani Physicians of Northern Europe (APPNE)
Matilda Esan	Melanin Medics
Satheesh Matthew	British Association of Physicians of Indian Origin (BAPIO)
Amit Kocher	BMA SAS Doctors
Adrian Treloar	Catholic Medical Association
Tamzin Cuming	Women in Surgery

GMC attendees present (Virtual indicated by (v))

Name	Role
Charlie Massey	Chief Executive
Paul Reynolds	Director, Strategic Communications and Engagement (Chair)
Kuljit Dhillon	AD for Strategy, Planning and Inclusion (V)
Claire Light	Head of ED&I
Saaika Mubeen	ED&I Manager
Karun Maudgil	ED&I Manager
Natalie Randhawa	ED&I Executive Administrator (V)
Helen Johnson	Head of Strategic Communications (V)
Georgia Jameson	ED&I Officer (V)
Attending for specific items	
David Darton (for item 4)	Assistant Director for Data and Insight
James Gooding (for item 4)	Principle Data Modeller
Liz Jenkins (for item 5)	Assistant Director for Legal (V)
Nico Kirkpatrick (for item 6)	Assistant Director- Education Operations (V)
Jane Cannon (for item 6)	Head of Education Operations (V)
Jenny Rafferty (for item 7)	Applications Decision Maker (V)
Natalie Pattinson (for item 7)	Head of Registration Applications (V)
Observing only	
Lauren Flannagan	Media Relations Officer (V)