

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

### Minutes of the meeting on 21 September 2021

#### Members present

Paul Reynolds	Chair
Aishnine Benjamin	British Medical Association (BMA)
Samira Anane	BMA
Amit Kochhar	BMA SAS Doctors Committee
Louise Freeman	Doctors Support Network
Harcharan Sahniuk	Sikh Doctors and Dentists Association
Irfan Akhtar	Association of Pakistani Physicians Northern Europe (APPNE)
Duncan McGregor	The LGBTQ+ Association of Doctors and Dentists (GLADD)
Mark Pickering	Christian Medical Fellowship
Felicity Meyer	Women in Surgery (Royal college of Surgeons)
Dermot Kearney	Catholic Medical Association
Anthea Mowat	Medical Women's Federation
Satheesh Mathew	British Association of Physicians of Indian Origin (BAPIO)
Charlotte Cuddihy	Disabled Doctors Network
Leonie Raby	National Guardians Office (for item 5)
Russell Parkinson	National Guardians Office (for item 5)

#### 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
Miriam Bonabana	ED&I Manager
Natalie Randhawa	ED&I Executive & Administrative Assistant
Dame Caroline Swift	Chair of the Medical Practitioners Tribunal Service
Chiara Cattrra	Clinical Fellow
Helen Johnson	Head of Campaigns

Anna Rowland  
Joanna Farrell

Assistant Director, Fitness to Practise (for item 4)  
Assistant Director, Fitness to Practise (for item 4)

## Apologies

David Katz  
Iqbal Singh  
Nadeem Malik  
Ramesh Mehta

Jewish Medical Association  
Chair of the BME Doctors Forum  
GMC, Employer Liaison Adviser  
BAPIO

## Item 1: Introduction and Welcome

- 1 Paul Reynolds opened the meeting and introduced those who had not attended the meeting previously. He thanked members for completing the SEDIAF engagement survey and identified some changes to reflect the feedback – for example, introducing breakout groups to allow more opportunity for discussion. Members identified some areas of interest and we welcome hearing more about these under item 6.

## Item 2: Actions from the last meeting

- 2 At the last meeting we took an action to let members know if ED&I objectives are reflected in appraisal and revalidation processes. We also agreed to consider a future agenda item on revalidation. Research is underway to review the impact of the appraisal 2020 guidance developed by other stakeholders. We'll share this when it's published and consider what changes, if any, we need to make to our own guidance in light of the findings.

**Action: We will ensure that appraisals and revalidation are included in our forward planner for these meetings.**

- 3 Duncan McGregor, representing the LGBTQ+ Association of Doctors and Dentists (GLADD), asked for an update on the GMC's position about conversion therapy – the GMC is meeting to discuss this with GLADD on 8 October.
- 4 Thank you to those members who attended the *Good medical practice* (GMP) webinar. Your feedback about our governance and consultation plans have been taken on board and members will have received an email [updating you on the advisory forum](#) set up to take this work forward. In this embedded link members will see that we have established a community of interest for this work – please

encourage your members to sign up to this if they would like regular updates on progress.

- 5** At the last meeting there were two diversity data requests:
  - LGBT data for each stage of the FTP process from referral to outcome
  - data on FTP referrals broken down by faith
- 6** We have been collating data requests from this forum, the BME Doctors Forum, and other stakeholders. Our ambition is to develop a consistent, permanent approach to providing this information, rather than responding to ad hoc requests. One of the questions in the breakout groups today at item 4 will enable you to tell us what data you want to see as part of our assurance of fairness – we will analyse this information and use it to inform our approach. Providing generic data is not an issue, for example, a diversity strand in relation to the register - but when data requests are more nuanced, it can hit suppression rules when numbers are low, which risks doctors being identified.
- 7** All other actions from the last meeting have been completed.

### **Item 3: Update from Charlie Massey**

- 8** Below is a summary of the headlines from Charlie Massey's update.
- 9** Charlie paid tribute to [Dame Clare Marx who has stepped down as Chair of the GMC](#). Charlie noted the impact she has made in her focus on professionalism, compassionate leadership, and the importance and power of kindness. Dame Carrie MacEwen has stepped into the role of acting Chair. Many will know Carrie as the former chair of the Academy of Medical Royal Colleges, so she has a depth of understanding about many of the issues that we deal with.
- 10** Our sadness about the unexpected passing of Lara Fielden, lay member of Council. Lara had only been a Council member for eight months but in that short period she's successfully combined wisdom, challenge and support.
- 11** Recruitment of the new Chair – Charlie expressed thanks to Professor Iqbal Singh who took the time to provide some advice and observations about how we approach recruitment for senior positions.
- 12** Review of *Good medical practice (GMP)* – Paragraph four of this note provides an update on our work. In parallel, we're continuing to update our ethical hub and we've recently emailed members to let them know about updates to our social media hub pages and to seek your views on our proposals.

- 13** At the last meeting members received an update on regulatory reform. We expect DHSC to publish its response to the consultation later this year. We are in ongoing discussions with DHSC officials on the timeline. Obviously, any slippage in DHSC timings before the new legislation is laid will affect our own plans.
- 14** Our announcement to forum members yesterday via email about our ongoing programme of work to make sure that our guidance and decision making is fair, consistent and robust, has now been published on [our equality, diversity and inclusion \(ED&I\) webpages](#).
- 15** Questions raised by two members to Charlie were as follows:
- a Why it has taken an Employment Tribunal for the GMC to act when some doctors have been raising issues about the fairness of GMC processes for many years?** Charlie explained that evidence from discussions at this and the BME Doctors Forum demonstrates our commitment to addressing issues of inequality. We actively engaged with the BME Doctors Forum to inform the scope of the FTP audit that we have just published. Disproportionality of referrals from employers into the GMC is not an indication of unfairness or discrimination on the regulator's part, but part of a wider systemic issue. We're committed to working with others to address inequalities and the ED&I targets that we have recently published is testament to that. Appealing was a difficult decision for Council to make, but it did so on the basis that we believe it was a flawed judgment. We have not taken our decision to appeal lightly and we are not in denial or complacent about the potential for there to be discrimination in our own processes.
  - b Some groups of doctors experience challenges getting onto the specialist register - the different CESR and CCT pathways can create barriers e.g. for international medical graduates – what support can the GMC provide?** Charlie confirmed that we're lobbying government on these issues as part of regulatory reform. The current process is very prescribed – it takes about nine months to complete, is costly for doctors and can have a high failure rate. If we had more autonomy about the way in which we set the rules it would enable more doctors to break through that glass ceiling and fulfil their potential. We will return to both our forums to discuss how we operationalise the changes we hope we can achieve through regulatory reform.

## **Item 4: FTP fairness and assurance measures**

- 16** Robert Scanlon and Anna Rowland provided an overview of the steps we want to take to bolster the assurance that we have around the fairness of our processes. They also shared some of the work that we have done to date and will be doing in the future.

- 17** ED&I commitments are embedded within the [our corporate strategy](#). The key strategic priorities to deliver against these commitments include the targets we've [set to eliminate areas of inequality](#); tackling differentials within our own workforce; and a new programme of work around regulatory fairness to robustly test, evidence and demonstrate the conscious management of bias and the fairness of our processes. Within this new programme we'll look to future proof ED&I considerations, for example within regulatory reform; review performance reporting and data transparency; and review decision points to improve controls that promote or assure fairness. We'll also undertake an assurance stocktake which includes reviewing past research on fairness for quality and completeness and identifying improvements in future audit review coverage.
- 18** Auditing and assurance of our fitness to practise processes is long-standing and has been in place since 2000. Examples include the PSA annual decision audit process, the fairness audit that has just been published and commissioning independent audits and research undertaken by bodies such as the York Consortium and Plymouth University at intervals over the years.
- 19** Members then moved into breakout groups to discuss their reflections on the information provided by Robert Scanlon and Anna Rowland including views around what a robust rolling programme of external checks might look like and the assurance they would look for when reviewing fairness controls on high-stake decision points.

**Action: The GMC will review the feedback from members and will provide a response to the key issues raised.**

## **Item 5: Access to Freedom to Speak up Guardians – issues for diverse groups**

- 20** At the last meeting, as part of the bullying, harassment and discrimination discussions, it was mentioned that there are a range of factors preventing diverse groups of doctors from speaking up. The Freedom to Speak Up (FTSU) Guardian was seen as having the potential to provide support, but doctors are not always using it. Members asked for a dedicated item to discuss this issue further.
- 21** Russell Parkinson, Head of the National Guardians Office (NGO), presented this item. He provided the headlines of some unpublished data from research that the NGO has recently undertaken looking at various protected characteristics of Guardians (e.g. age, gender), as well as impact of hierarchy, and how they feel this helps or hinders them in this role. He also talked about some of the barriers to speaking up. We have not included the headlines of the data in this note, but instead will circulate the report when it is published over the next few weeks.

- 22** Members then moved into breakout groups to discuss their reflections on Russell's presentation including the barriers that their members have experienced in raising issues and what support Guardians who share protected characteristics might need to help them deliver their role.

**Action: Circulate the NGO's Freedom to Speak Up research when it is published.**

## **Item 6: Concerns that members want to raise**

- 23** Paul explained that one of the strengths of this forum is bringing together such a diversity of views, opinions and thoughts. One of the objectives of setting up the forum was to collaborate on shared issues of importance. This item is an opportunity for members to raise the issues they would like the forum to focus on to help inform our forward planner.

### **Testimonial from a GLADD member**

- 24** Duncan McGregor had circulated a testimony in advance of the meeting from a GLADD member sharing their experiences of changing gender on the register. Duncan explained these issues are significant, for a minority of doctors. GLADD has heard that members also find the process of changing gender stressful and complex, but many are reluctant to raise these concerns, which is the reason why experiential evidence like this testimonial is so important.
- 25** Claire Light explained the importance to the GMC of receiving testimonials like this. We are currently looking at the way we record protected characteristics. There is some flexibility within our processes that perhaps doctors don't realise, for example, we would accept alternative ID. We must, however, follow legal requirements set out under the Gender Recognition Act to prevent any disclosure of the doctor's previous gender, and this is why we currently issue a new GMC number. GLADD would welcome a meeting to discuss.
- 26** Aishnine Benjamin asked if the BMA could also be involved in these discussions as they have received feedback from trans doctors about changing their gender on the medical register as well. Anthea Mowat said the Medical Women's Federation (MWF) would also like to be involved in this conversation as they also have trans members.

**Action: The GMC to meet with GLADD, BMA and the MWF to discuss issues for doctors changing their gender on the register.**

## **Verbal statement from the Catholic Medical Association (CMA)**

- 27** Dermot Kearney read out a statement from the CMA related to the issue of abortion pill reversal therapy provided by Dr Kearney and another member of the CMA to women who requested this treatment. Dr Kearney explained that he had already given a detailed report of the role of the CMA in providing this service to women at the previous Strategic ED&I Advisory Forum in April 2021.
- 28** The statement relates to concerns raised about action taken by the GMC and MPTS against Dr Kearney and another CMA member. There are two key concerns that Dr Kearney would like to raise:
- i** It is a matter of great concern to the CMA that this complaint against doctors on the basis of their religious faith has been fully endorsed by the GMC. And that Catholic doctors may not be independent and following the correct pathway, in sourcing counselling and advice before prescribing the treatment, because of their faith and personal beliefs.
  - ii** Potential for the GMC not to be impartial, in correspondence between the GMC and representatives of the abortion providers.
- 29** Paul said he was pleased that Dermot felt comfortable raising these concerns to the forum and thanked the CMA for taking the time to prepare this statement. He said the GMC will pick up these concerns with Dermot outside of the meeting.

**Action: The GMC to meet with Dr Kearney to discuss concerns raised by the Catholic Medical Association about abortion treatment.**

## **Royal College of Surgeons report**

- 30** Dr Meyer informed members about the [RCS independent review into the diversity of the leadership of the surgical profession and of the College](#). She suggested the GMC circulates the report (embedded link) and that the forum keeps a watching brief on how effectively the recommendations are implemented.

**Action: The GMC to consider an opportunity at a future meeting to discuss progress of this report.**

## **British Association of Physicians of Indian Origin (BAPIO)**

- 31** Satheesh Mathew who is standing in for Dr Ramesh Mehta, fed back that there continues to be an ongoing perception from BAPIO members that they would not be treated as fairly as white doctors. He made six requests for data and information:

- i Data on internal processes in the GMC e.g. outcomes on ethnicity across the different stages of FTP and MPTS processes and cases that the GMC appealed by ethnicity.
- ii Action that the GMC has taken against disproportionate referrals from Responsible Officers and Medical Directors.
- iii Numbers of doctors whose revalidation has been deferred by ethnicity and revalidation not granted by ethnicity.
- iv The diversity of GMC staff including decision makers and how we handle concerns raised about the fairness of GMC decision makers.
- v Whether the GMC compares the numbers of doctors who pass PLAB with the jobs available in the UK.
- vi BAPIO has heard that the majority of medical students expelled from medical schools are from a BME background so it would be helpful to understand the GMC's role and influence with medical schools.

**Action: The GMC to recirculate information provided previously linked to the above requests and also provide information for the remaining items where available.**

### **Doctors Support Network (DSN)**

**32** Disabled doctors continue to provide feedback about the challenges they are experiencing in receiving reasonable adjustments, and there does not seem to have been a positive shift, despite the work and focus on mental health in recent years. The BMA is undertaking some work to try and shift the culture, and this includes case studies, bringing to life how adjustments can be made in the workplace. The DSN invites the GMC to play more of an active role in influencing the system and would welcome the opportunity to further collaborate on this issue. Anthea Mowat from the Medical Women's Federation added that reasonable adjustments for neuro-diversity are also an issue in the workplace.

**Action: The GMC to meet with the DSN (and others interested, e.g. the MWF are) to understand more about the challenges that disabled doctors are facing.**

### **Medical Women's Federation (MWF)**

**33** The MWF is working on addressing barriers to progression experienced by doctors who share parental leave and also doctors who work less than full time. Anthea

suggested that this issue could be picked up under the ensuring a sustainable medical workforce item as part of the forward planner for this meeting. In addition, the MWF wants to ensure in any review or changes that the GMC undertakes to the curricular in the Foundation Programme and the PLAB exams, that this considers the needs of refugee doctors. The key imperative is to ensure we don't lose the opportunity of facilitating refugee doctors being able to start work as soon as possible.

**Action: Consider including issues raised through the MWF's feedback on the forward planner.**

## **The British Medical Association (BMA)**

**34** The BMA has just launched their [Sexism in Medicine](#) report – there will be a stakeholder event in November. In a similar vein, the BMA are also planning to launch a racism in medicine survey shortly, and the BMA would be grateful if SEDIAF members can promote to their networks. The BMA are also setting up disabled and neuro-divergent groups. An [interfaith webinar](#) will take place on 11 October which members are welcome to join – about how faith can influence a doctor's identity and how workplaces and colleagues can best support doctors. The BMA also asked for guidance from the GMC about zero tolerance on discrimination from patients and when doctors can refuse to treat a patient.

**Action: The GMC and BMA to pick up outside the meeting about guidance from the GMC about treating patients who discriminate against doctors.**

**35** Dr Kochhar (BMA SAS Drs Committee) added that he would welcome more transparency about data on revalidation and deferrals. He would also welcome a dedicated discussion about differential attainment and involvement / triangulation of data with other stakeholders for example medical royal colleges – Paul said we would consider this as part of our forward planner.

**Action: The GMC to consider tabling an item on differential attainment as part of the SEDIAF forward planner.**

## **Closing Remarks**

**36** Charlie and Paul thanked the members, and Russell and Leonie for taking time to attend the meeting.

**37** Charlie hoped discussions go some way towards reassuring those who remain concerned about the fairness of the GMC's activities, our commitment to tackling inequalities and being open and transparent about our work. We are committed to ensuring members inform the content of the standardised data package - this will demonstrate transparency and give stakeholders confidence and assurance about the

fairness of our work. And we remain committed to working with stakeholders and using our influence to tackle inequalities. As we recover from the pandemic over the coming years, the importance of ensuring a fair and inclusive culture that retains the workforce, and facilitates access for overseas and refugee doctors, will be crucial and we are committed to working with stakeholders and using our influence to achieve this.

