

Strategic Equality, Diversity, and Inclusion Advisory Forum (SEDIAF) minutes –12 September 2024

SEDIAF members attendance list

Members present (virtually):

Shaun Gallagher	Chair
Dr Latifa Patel	British Medical Association (BMA)
Dr Chandra Kannengati	British International Doctors Association (BIDA)
Professor Geeta Menon	British Association of Physicians of Indian Origin (BAPIO)
Dr Caroline Bonner	Disabled Doctors Network (DDN)
Professor David Katz	Jewish Medical Association (JMA)
Dr Duncan McGregor	The LGBTQ + association of doctors and dentists (GLADD)
Dr Hina Shahid	Muslim Doctors Association (MDA)
Dr Nadeem Sajjad Raja	Association of Pakistani Physicians of Europe (APPNE)
Dr Louise Freeman	Doctors Support Network (DSN)
Dr Adaeze Chikwe	Medical Women's Federation

Others present (virtually):

Charlie Massey	Chief Executive
Her Honour Deborah Taylor	Chair of the Medical Practitioners Tribunal Service (MPTS)
Kuljit Dhillon	Assistant Director for Strategy, Planning and Inclusion
Gavin Brown	Executive Manager at the MPTS
Claire Light	Head of Equality, Diversity and Inclusion (ED&I)
Miriam Bonabana	ED&I Manager
Karun Maudgil	ED&I Manager
Yvonne Weir	ED&I Executive Administrator
Phil Martin	Assistant Director for FTP Policy and Business Transformation
Fionnula Flannery	Head of Section for Strategy Team
Javier Caballero	Chief Statistician
Dr Zeinab Ibrahim-Hashi	Clinical Fellow working in Education

Apologies:

Dr Mark Pickering	Christian Medical Fellowship
Dr Farah Jameel	Medical Women's Federation

Dr Harcharan Sahniuk
Aishnine Benjamin
Dr Ngozi Edi-Osagie

Sikh Doctors Association
BMA – Head of Equality Inclusion and Culture
Medical Association of Nigerian Across Great Britain
(MANSAG)

Dr Sanjoy Bhattacharyya
Ms Tamzin Cumings
Dr Ujjwala Mohite

BIDA
Association of Women in Surgery
BMA – SAS Doctors

Item 1 – Introduction and Welcome – Shaun Gallagher, Director of Strategy & Policy

1. The Chair welcomed everyone and acknowledged those who have not attended this meeting before (new member from the Medical Women’s Federation).

Item 2 - Actions from previous meeting and matters arising

2. Claire Light provided a summary of matters arising from the previous meeting held on 19 March 2024 – outstanding actions from the previous meeting were complete.
3. Claire also provided an update to members following the forums review, specifically focusing on the planned changes to the format of the meetings, which will now be virtual only and the timings. She also explained there will be improvements in governance and changes to membership.

Item 3 – Chief Executive’s update, Charlie Massey

4. Charlie, in providing his update, recognised this meeting was being held with a different government in place and said we are interested in talking to them about issues relating to the workforce; in particular issues relating to ED&I and the issues discussed at these meetings. He also updated forum members on the following:

UK riots and civil disorder

Charlie acknowledged that many members would have been personally affected by what happened and he wanted to reinforce our understanding of the impact and expressed we are keen to listen. He referred to the [statement](#) we published in response to this difficult situation and shared that we have also focused on the wellbeing of the GMCs staff as we know, although the level of disorder itself may have waned, it has brought to the surface concerns of racism and islamophobia.

Conflict in the Middle East

- Charlie also referred to the ongoing conflict in the Middle East. He reiterated our position that any form of antisemitism and islamophobia is completely unacceptable. He explained we need to [investigate any referrals](#) we have on their merits, and we cannot give blanket promises or approaches. Charlie also referred to the anxiety around weaponisation of referrals, highlighting we have been talking explicitly to employers about inappropriate referrals and the role we expect them to play in trying to identify those instances.

Regulatory reform – Physician Associates and Anaesthesia Associates (PAs and AAs)

- Charlie reminded members we are obliged by statute to begin regulation of PAs and AAs from 13 December 2024. This year we ran a consultation on the regulation of PAs and AAs which received over 3000 responses. He explained we are in the process of engaging with our Council about how we respond to the comments made, particularly around the detail of our rules and guidance. And that we are very aware of the commentary relating to PAs and AAs.

NMC report

- Charlie referred to the recently published independent [culture review at the NMC](#) carried out by Nazeer Afzal and Rise Associates commissioned following whistleblower allegations at the NMC. We have given serious thought to whether there are any recommendations within the report that should apply to us as we are not complacent.

NTS webinar

- Finally, Charlie thanked members for attending the dedicated webinar held on 7 August 2024 on the NTS discrimination questions which was helpful to our teams in terms of understanding how we should approach the analysis of the data to think about what are the actionable insights that come from it.
- Following Charlie's update, forum members responded and raised the following points:

PLAB Doctors and job opportunities/placements - Members raised concerns about the number of doctors who are taking PLAB and are unable to find jobs or suitable placements. These issues are particularly impacting IMG doctors and members asked if, or how, we can support these doctors? Charlie recognised this is an issue and for the first time we have seen an easing of demand for PLAB places, after a significant increase over recent years. We have only opened our fourth Clinical Assessment Centre this year and over that period, we have quadrupled our capacity to enable doctors to go through PLAB and get their UK licence to practise. However, employment and deployment of registered doctors is beyond our remit, but we are ensuring IMGs get the support they need in terms of transition into UK practice. What is hard to assess, is whether this a short term

or longer-term issue. We look forward to future conversations with NHS England and the Department of Health about this issue. **Action: GMC to explore what insight are available from our data on this issue and ensure we engage and discuss with system stakeholders.**

10. **Increasing training posts** – *Members raised concerns about expanding the number medical schools and therefore trainees and, and whether there will be enough people employed to train the students when they finish and what post will they go into?* Charlie agreed ambitions around expansion need to be matched with capacity to teach students and train doctors, and we have been calling for a clearer and more granular plan for delivering that aim. Charlie said he is aware NHS England and the DHSC are very focussed on this and that there is greater determination to connect and plan for the expansion of medical school places and the journey that follows.

Item 4 – Regulatory reform

11. Phil Martin, Assistant Director for Education Policy, provided an update and overview of our work around the future of career development and Education. Phil also highlighted some key areas for change as follows:
12. Future of Career Development and Education is a five-year programme of work focusing on the GMC's review of its education framework which we are aiming to publish in 2029.
13. Through this programme of work, we want to support an increasingly diverse workforce, provide better supported educators, supervisors, trainers and mentors; respond to wider national ambitions for increases in medical school capacity, support career development and use our education framework to enable flexible, fair and innovative learning and practice.
14. Following Phil's update, forum members responded and raised the following points and questions:
15. **ED&I considerations for the framework** – *Members expressed positive feedback around the work which shows real commitment to development in this field but queried whether ED&I would be considered throughout (i.e. in undergraduate, postgraduate) and all protected characteristics considered?* Phil confirmed the team will be considering all feedback. He also touched on outcomes for graduates, which is the outcomes for medical schools, which has few references to ED&I. He said this is something we can look to review and we are already discussing the importance of ED&I and the different impacts on the different populations within society, for example LGBTQ health.

-
16. **Collaboration** – *Members asked how the collaborative process will work; how will we bring this together?* Phil explained we have harder levers and softer levers that we can utilise like our quality assurance process to focus on ED&I considerations and we are also in communication with various national bodies and health services in the four countries to push that message.
 17. **Apprenticeship Model** – *Members raised concerns about the apprenticeship model and the four-year undergraduate degree and how the curriculum will be met. How can we reassure members, doctors and students who are concerned that squeezing a five-year degree into a four-year degree?* Phil stated these are the questions we will be raising in the review when we are talking about apprenticeships and four-year degrees, though we do have the MLA coming in which is an extra level of assurance that quality is being met. Phil also stressed we will take into consideration both the quality of the education provided and whether it's achievable for the students who are undertaking those degrees.

Action: Provide members with email address to liaise with Education colleagues.

Item 5 – New corporate strategy

18. Kuljit provided an update on work for the next corporate strategy and sought feedback on how the next strategy could better serve and engage with registrants with protected characteristics, and any thoughts on specifically education and becoming a multi-professional regulator.
19. Following Kuljit's update, forum members commented:
20. **What influence can we utilise?** - *Members queried the soft and hard levers we have, not just in what we do but also those organisations that look to us?* Kuljit explained that we are focusing on upstream regulation which means it's about influencing the broader system in helping us deliver our regulatory activities effectively and supporting our registrants to work.
21. **ED&I considerations, training and support** – *Members raised concerns about employers' responsibility in terms of implementation of policies and guidance and queried if the next strategy would include specific commitments to ED&I, accountability and ensuring workplaces are equipped to be able to implement our expectations?* Kuljit thanked members for their comments and suggestions and stated we would take the feedback away for consideration and bring this item back at a later meeting.

Action: Strategy team to consider how to further engage SEDIAF members in the development of the corporate strategy

Item 6 – Sanctions banding guidance

22. Her Honour Deborah Taylor, MPTS Chair, provided members with an overview of the proposed methodological framework and new sanctions bandings. She explained the aim of the guidance is to provide clarity on how tribunals will make decisions on sanctions (once impairment has been determined); to provide clarity on the likely sanctions for different types of impairment, and to make it easier for tribunals to make more consistent decisions.
23. Following Deborah's update, forum members raised the following points:
24. **Consideration of timeframe and tribunals** – *Members queried why there is no mention of timings as the delay of proceedings can cause huge financial stress* – Deborah said she recognised the strain of all parties to a hearing in going through our process. The MPTS are actively working with stakeholders to reduce adjournments and other delays. It is envisaged that this guidance will assist tribunals in coming to a decision more quickly.
25. **Make-up of the tribunal** – *members raised concerns around sanction considerations and fairness and bias*. Deborah explained the MPTS has a diverse pool of tribunal members and has a random selection process for individual cases. She thanked attendees for their assistance in encouraging their members to apply for roles during the recent medical tribunal member appointment campaign.
26. **Mitigation against bias** – *Members raised concerns about some of the language/ tone used in the guidance and requested clear distinctions and careful considerations, for example in the wording around health conditions*. Deborah thanked members for their observations and said this is certainly an area we are very keen to get the assistance of this group upon. She explained that cases are not referred to the MPTS because someone has a disability. This guidance will only apply to cases where the facts have been proved and impaired fitness to practise has been found. Deborah welcomed further support from members in making this distinction clear.
27. **Criteria** – *Members queried how is the criteria for GMC referral compared to criteria being used by the MPTS?* Deborah confirmed that the MPTS only deals with cases referred by the GMC and highlighted there has been a reduction in referrals to the MPTS which tends to suggest that there are more local resolutions and that more complaints are being dealt with by the GMC.

Action: Provide members with email address to liaise with MPTS colleagues.

Item 7 – Update from each organisation

28. **APPNE:** At the recent annual conference, Dr Andrew Hoyle, GMC, Assistant Director for Case Examiners, attended along with others and gave an impressive talk, on a broad overview of FTP and myth busting around the process. This event also included a session on freedom of speech and islamophobia.
29. **BAPIO:** Held an annual conference about rebuilding the NHS in Bristol on 22 September 2024 and highlighted the collaborative work they have been doing with us on IMG induction. They are trying to highlight the work being done which is really helping to get organisations aligned to what needs to happen.
30. **BIDA:** Will be holding a conference focused on, ‘prevention is better than the cure’. BIDA working with GMC on training and mentoring initiatives, involving academic research on culture to help support the work in trusts. They are also looking to work with CREiM and the CQC and hope to have an agenda item at the next SEDIAF meeting to update. Concerns were raised about the lack of job opportunities for PLAB doctors and asked for us to investigate this situation or be transparent about the job prospects for PLAB candidates once they have passed exams.

Action: BIDA to update SEDIAF on this work at the next meeting (possible agenda item)

31. **DDN:** Highlighted discussions happening about reasonable adjustments and the barometer survey. They have done work with other groups to create a more digestible format for welcome and valued guidance in supporting trainees. They have published a guide which is a simple version that could be disseminated.

Action: Liaise with DDN to share link to the guidance.

32. **DSN:** Are still offering coaching for doctors with concerns related to their mental health and received positive feedback from users highlighting that they find it very valuable.
33. **GLADD:** Thanked us for organising the follow up meeting on the apology project and referred to a commitment made at previous meetings to publish the GLADD updates/statements made at this meeting which are now on GLADD website. GLADD asked for an update around any work/cases relating to conversion therapy and about cases relating to “queer phobia” and want assurance whether these issues will be taken forward.

Lastly, they raised the issue around the representation of LGBTQ trainees and have offered to work with education colleagues to explore options for collaboration.

Action: update to GLADD on our work relating to conversion therapy

Action: education colleagues to have further discussions with GLADD

34. **JMA:** Provided positive feedback about [Good medical practice](#) stating it is a very useful & clear guidance. They highlighted contributions JMA have been involved with around ethics and raised the huge increase of Jewish doctors coming them to with complaints of antisemitism. The serious and numerous complaints have been vetted by the JMA, and they have only presented those complaints which they believe are breaches of GMP.
35. **MWF:** Recently held a conference in Cambridge bringing together all members and received positive feedback. Going forward, they are trying to collaborate with organisations representing black women in medicine about experiences of discrimination and will be looking into how black women and mixed-race women are treated in the workplace.
36. **MDA:** There is a survey they have shared with colleagues about how doctors have been impacted by events over the last 12 months and have scaled up work on reporting Islamophobia; are working with medical schools supporting students. They raised concerns about physician assisted dying which comes up and again from Muslim doctors and other doctors of faiths and asked what the GMC is doing in that space and if we aren't, MDA happy to share the work they have done. Lastly, the MDA highlighted that it is celebrating 20 years of work.

Action: ED&I team to link Standards with the MDA to seek an update and the MDA to share the work they are doing.

37. Shaun encouraged members to provide suggestions for future agenda items and can get in contact with the ED&I team via email.

Action: All members to consider future agenda items for 2025 meetings.

Item 9 – AOB and close

38. The JMA mentioned the work they are doing with the Race and Health Observatory.
39. Shaun thanked attendees for their comments, and feedback.

General Medical Council