General
Medical
Council

Strategic Equality, Diversity, and Inclusion Advisory Forum (SEDIAF) minutes – 6 September 2023

SEDIAF Forum Members Attendance List

Members present:

Shaun Gallagher	Chair
Aishnine Benjamin	British Medical Association (BMA)
Caroline Bonner	Disabled Doctors Network (DDN)
Charlotte Cuddihy	DDN
David Katz	Jewish Medical Association (JMA)
Duncan McGregor	The LGBTQ + association of doctors and dentists (GLADD)
Geeta Menon	British Association of Physicians of Indian Origin (BAPIO)
Mark Pickering	Christian Medical Fellowship (CMF)
Nadeem Sajjad Raja	Association of Pakistani Physicians of Europe (APPNE)
Shabi Ahmed	APPNE
Adrian Treolar	Catholic Medical Association (CMA)
Amit Sinha	British International Doctors Association (BIDA)
Amit Kochar	BMA
Chandra Kannengati	BIDA
Farah Jameel	Medical Women's Federation
Harcharan Sahniuk	Sikh Doctors Association
Irfan Akhtar	APPNE
Latifa Patel	BMA
Louise Freeman	Doctors Support Network
Ngozi Edi-Osagie	Medical Association of Nigerian Across Great Britain
(MANSAG)	
Ujjwala Mohite	BMA – SAS Doctors

Others present:

Charlie Massey	Chief Executive
Her Honourable Deborah Taylor	Chair of the Medical Practitioners Tribunal Service
Kuljit Dhillon	Assistant Director for Strategy, Planning and Inclusion
Claire Light	Head of Equality, Diversity and Inclusion (ED&)
Miriam Bonabana	ED&I Manager
Karun Maudgil	ED&I Manager
Shaz Surti	ED&I Executive Administrator

The GMC is a charity registered in
England and Wales (1089278)
and Scotland (SC037750).

Elizabeth Swatkins	Head of Specialist Applications
Claire Garcia	Policy Manager in the Standards Team
Laura Tivey	Strategic Communications Manager
Alasdair McFadyen	Clinical Fellow

Apologies:

Hina Shahid	Muslim Doctors Association (MDA)
Ibe Odonde	Association of Women in Surgery
Sanjoy Bhattacharyya	BIDA
Tamzin Cumings	Association of Women in Surgery

Item 1 Welcome – Shaun Gallagher, Director of Strategy and Policy (Acting Chair)

1. The Chair welcomed everyone and introduced those who had not previously attended.

Item 2 - Actions from previous meeting and matters arising

2. Claire Light, Head of Equality, Diversity, and Inclusion (ED&I) provided a summary of matters arising from the previous meeting held on 8 March 2023.

Item 3 – Chief Executive's update, Charlie Massey

3. Charlie provided an overview of our work and updated forum members on the following:

Good medical practice review update

4. Charlie reminded members of the recent launch and publication of the updated *Good medical practice* on 22 August 2023 (will come into effect on 30 January 2024).

5. He referred to the renewed emphasis on workplace cultures to tackle bullying, discrimination and harassment as well as focus on teamwork, leadership and multidisciplinary working.

6. Charlie highlighted the support SEDIAF members have provided in terms of engagement with the process so far. He stressed our aim was to continue engagement and work with stakeholders, particularly around how we reinforce the focus on respectful, fair and professional behaviours.

Sex, Gender and Gender Identity project (SGGI)

7. Charlie informed members we intend to consult this autumn on our approach to the publication of data about sex, gender and gender identity of our registrants. Since the meeting we have been reviewing our approach to this work and have decided against changing our approach to publishing gender data on the Medical Register at this point in time. Therefore, we will continue to publish the gender data that we hold for doctors on the published Medical Register and won't be consulting on this issue. We do however intend to amend the Form and Content of the Register Regulations (2015) to no longer make it a legal requirement for doctors to provide details of their gender when they register. We also intend to give registrants the option to decline to provide information about their gender. We will not include the collection of gender information as a requirement in the Order for the regulation of PAs and AAs, and we will not publish gender data for AAs and PAs when they come into regulation.

Regulatory reform

8. Charlie reminded members of our ongoing work supporting regulatory reform and in particular the forthcoming consultation on new legislation to allow us to bring Anaesthesia Associates (AAs) and Physician Associates (PAs) into regulation. This legislation will form the blueprint for future reforms for doctors as well, so it's important we engage with a wide range of stakeholders on this.

9. He informed members we responded to the Department of Health and Social Care's consultation that ran earlier this year. We continue to work closely with them on the legislation and the detail within it. Charlie explained that if the Department meets its timetable, we will then run our own consultation on the detailed rules and guidance needed to bring PAs and AAs into regulation in the spring.

10. Following Charlie's update, forum members responded and raised the following points and questions:

- *Members queried what we would like them to do in response to the proposed changes to regulation?* - Charlie stated it is important for those in leadership roles to continue to promote the importance of regulatory reform. Specifically, how it will give us much more discretion, be less adversarial, and allow us to conclude FTP procedures through an accepted outcomes process rather than many cases needing to go through a MPT process. It will also give us much more nuanced powers in our education role.

- *Members asked about the ongoing work around the sex, gender and gender identity project and whether they will be provided with an update at the next forum or once the work is further along?* - Charlie explained we are about to provide an update to Council

around this work and will expect to come back to this forum before we have concluded on our responses to that consultation. (See previous update at paragraph 7).

- *Members raised concerns from doctors (some on social media), particularly a lot of BMA members, that there are a number of PAs, using the title Doctor. How are we addressing these concerns?* - Charlie acknowledged the concerns and explained since AAs and PAs are not regulated by us yet, we would want to collect our thoughts on this with colleagues about what we could possibly do. He also emphasised the workforce crisis in healthcare currently, which the AAs and PAs have a role to play in addressing and said members have the power to instil slightly more constructive and positive conversations with colleagues and the profession. Particularly on how we understand, embrace and develop the role of AAs and PAs play alongside doctors and clarify the differences.

- *Members asked if the position of anonymisations of MPTS referrals is still the same or are we moving forward to ensure impartiality and fairness in the process?* Charlie explained it is about trying to understand what works best in terms of reducing the disproportionality we are all worried about. He referred to the review carried out by Professor Iqbal Singh and Martin Forde KC in which it was suggested we should do a lot more around cultural competency. Having this in place will mean anonymisation would not be required because in order to be culturally competent, you will go into decision making with a much clearer understanding of the cultural background of different registrants.

- *Members asked two questions about the MLA and the graduates who have applied for the exam this year. Firstly, how are we supporting these international graduates? Secondly, UK medical students will have their own assessment so how will we make sure that's equitable?* Charlie firstly explained PLAB will be MLA compliant in 2024 so we will make sure we communicate this message to reassure international doctors. In addition, we are working with medical schools to make sure that their assessments are compliant with the same MLA requirements. Charlie also highlighted the work we have done, and continue to do, around induction and the need to make sure we are supporting the doctors in UK practice and doctors coming into UK practice, including our own Welcome to UK practice programme.

Item 4 – *Good medical practice* review/implementation and more detailed guidance

11. Claire Garcia, Policy Manager in Standards, provided an overview to forum members on how we have addressed equality, diversity and inclusion (ED&I) in the context of the *Good medical practice* review, including the more detailed guidance that supports it.

12. Claire informed members the purpose of the more detailed guidance is to expand on the high-level principles in *Good medical practice,* and where we think additional detail will help

doctors apply the standards in practice. She sought feedback from members during the meeting on the changes the team are making to the more detailed guidance.

13. Claire reminded members about how we have approached ED&I throughout the project, highlighting the following:

- The key changes to the professional standards which are intended to tackle discrimination, champion fair and inclusive leadership and create fair and compassionate workplaces.

- The work we are doing to implement the updates to the professional standards, to maximise positive benefits for doctors sharing protected characteristics.

- How we could help SEDIAF members to mobilise and harness their influencing power, to use the updated professional standards to lobby for better outcomes for doctors sharing protected characteristics.

- The diversity of responses received to the consultation. We monitored by personal characteristic which allowed us the opportunity to take the appropriate action. If we identified underrepresented groups, we reached out to channels and organisations that would help us to reach those particular doctors.

- Developing an influencing strategy, so we can focus on influencing the people that can change things, including recognising people who share protected characteristics who may be at greater risk of bullying, discrimination and harassment.

14. Following Claire's update, forum members responded and raised the following points and questions:

15. *Members raised concerns (some on social media) about the being 'kind' expectation, how that could be interpreted and might become weaponized against certain people and certain colleagues, in appraisals.* - Claire referred to the consultation in which we asked, and took into consideration, from a variety of respondents, what kindness meant to them when considering the wording of this expectation. She was aware there has been significant debates around the term on social media and doctors around the differing perceptions of the definition 'kind'. For examples individuals who are neuro diverse, and women perceived as being more 'kind' than men, as well as factoring in cultural nuances and how they can be misinterpreted or used to bully people.

16. *Our position on sexual harassment in the guidance is welcomed but what are we doing about the concerns that have been highlighted in the recent report across various trusts? Will there be training for how the guidance will be implemented?* Claire highlighted we are

being explicit in our guidance that if sexual harassment experiences are happening in the workplace, this is unacceptable and that speaking up is vital. She emphasised this principle is an evolution of what was already there, and what was already an implicit expectation, however we recognise these experiences of sexual harassment continue to be very prevalent.

17. *Members expressed the importance of language in Good medical practice and the use of the words 'should' and 'must'. They asked whether this guidance has had input from fitness to practise and case examiners?* Claire confirmed there was engagement with every team in fitness to practise around this guidance, including the case examiners and there was close collaboration throughout.

18. *Members raised concerns about the potential weaponisation of the GMC and our standards by employers.* Claire acknowledged the concern about weaponisation of the GMC. She highlighted there are times where highlighting GMC standards would be effective as a deterrent for some problematic professional behaviours, such as harassment, bullying and sexual misconduct. She also explained there are things that can be incorporated into trusts, for example appointing an independent person, from management, as a guardian so people feel more relaxed and confident to raise matters with them.

Action: ED&I team to share discussions slide with forum members to provide feedback/comments on outstanding questions we were unable to cover in the session.

Item 5 – Changes to how doctors demonstrate requirements for specialist and GP registration

19. Elizabeth Swatkins, Head of Specialist Applications, provided an update to forum members of the work on the changes to how doctors demonstrate they have the knowledge, skills and experience required to practise as a specialist and GP in the UK, when applying for registration via the CESR and CEGPR pathways.

20. In terms of the transitional arrangements, Elizabeth highlighted from the end of November 2023, the CESR and CEGPR pathways will be renamed the 'Portfolio pathway'. From 30 November 2023, doctors applying for specialist or GP registration via CESR or CEGPR pathways will need to provide evidence that they have the knowledge, skills and experience required to practise as a specialist or GP in the UK.

21. Elizabeth also highlighted the following key messages:

- The change is a result of new legislation, introduced by the UK government, which includes an updated description of how doctors can evidence they meet the requirements.

- There have been revisions to the legislation which gives us more flexibility to accept a broader range of evidence from doctors applying for specialist or GP registration, via these pathways.

- Doctors will no longer need to evidence that their qualifications or training are equivalent to a CCT (which are the current requirements). This is prescriptive, inflexible and means applications for specialist and GP registration are overly bureaucratic, complex, and burdensome.

- The change does not represent a different or lower expectation of applicants. It ensures consistency across all pathways to specialist and GP registration, now and in the future.

22. Following Elizabeth's update, forum members responded and raised the following points and questions:

    - *Members asked about overseas doctors and how they will provide the evidence they have the knowledge as they don't have revalidation in other countries?* - Elizabeth highlighted with every specialty within the UK, there is a specialty specific guidance produced which outlines the evidentiary requirements for an applicant making a portfolio pathway application in that speciality. This will benefit doctors who are seeking to join the register from an entirely overseas practice we are able to think more creatively and flexibly about the types of evidence that could be provided to speak to those curriculum outcomes. Lastly, she reiterated any qualifications an applicant held, whether from overseas or the UK, would be relevant within a portfolio application.

    - *Members highlighted within the UK training pathway, often people will have junior training and then higher specialist training and expressed it would be helpful to understand speciality specific outcomes.* Elizabeth explained the requirements vary from specialty to specialty and competencies would need to be evidenced in the portfolio application. The outcomes of the specialty curriculum do not necessarily deal with that kind of core medical training points, but it is important to hold those skills. In terms of the requirements around the specialty, it will be detailed with the specialty specific guidance and we are keen to look at the impact of these (there will be post implementation review).

    - *Members referred to the work we have done in support of refugee doctors and asked if there is something similar in terms of doctors who do not or cannot get evidence of their qualification?* Elizabeth stated there is potentially learning we can take from full registration to think about this concept more broadly within the specialist and GP context. She affirmed that any doctor who approaches us, who has refugee status or difficult in terms of gathering or having access to the evidence needed, we will work with the individual doctor and the relevant royal college or faculty to understand how we might be

able to think about the verification process more flexibly. In terms of the support we can provide applicants with applications, we would encourage anyone to contact us to discuss this in more detail.

- *Members queried whether general practice is beginning to become a speciality?* Elizabeth expressed the changes happening to the legislation, that take effect on 30 November 2023, only apply to secondary legislation so it does not impact on our ability to make changes to the specialist or GP registers.

Action: Share Elizabeth Swatkins contact details with forum members who expressed interest in this work.

Item 6 – Systemic review on the experience of doctors with disabilities

23. Dr Charlotte Cuddihy, Chair of the Doctors Disability Network (DDN) and Dr Caroline Bonner (DDN member) provided an update on the research sought to review the experience of working and career progression for doctors with disabilities in the clinical workplace.

24. The DDN referred to anecdotal evidence which highlighted that doctors are not getting the experience they should be, and there are barriers between what is being recommended at a System level and what is being experienced at grassroots level.

25. The DDN suggested getting more accurate data could help, suggesting that the National training survey (NTS) should consider questions around reasonable adjustments, as well as the existing ones on discrimination
Action – ED&I team to share suggestions around potential questions linked to reasonable adjustments for NTS with education colleagues.

26. The DDN emphasised the importance of understanding what challenges there are and how we can move forward with constructive solutions. They suggested pulling resources and bringing people together to have a conversation to really understand what the challenges are with disability.

27. The DDN underlined the need for support and education supervisors within a trust or board to recognise that the needs of doctors’ may be different to the typical training and education, understanding equality vs equity. The DDN stated people who have that specialist experience within a trust or board, to support trainees and doctors, would be really useful. Lastly, the DDN emphasised the importance of an inclusive approach to organising conferences, ensuring they are accessible for all as DDN members have reported instances where they have attended inaccessible conferences.

28. Following Charlotte and Caroline's update, forum members raised the following:

- Members expressed their interest and gratitude for bringing this item to the attention of this forum for an update and discussion.
- Members suggested, in terms of data collection, to possibly look at some thematic analysis because which could be really impactful, particularly if you do not have a large data set.
- Members informed the DDN of a new diversity group which is looking at what has been mentioned in the presentation about making sure trainees are assessed well in advance.
- Members also strongly agreed and endorsed for the need to ensure that all conferences that are held by organisations should be inclusive and accessible.

Item 7 – Update from each organisation

29. **MWF** – raising awareness of the experience of women doctors continues to be different, for example sexual harassment and partnering with others with ongoing campaigns and supporting, alongside resources (including newsletters).

30. **JMA** – have been involved in a lot of activity, having discussions about matters of concern to the Jewish community, particularly antisemitism in medicine, raising awareness about religious practices that overlap with work practices. Have created a Jewish Network within the NHS.

31. **GLADD** – highlighted they will be publishing their statements in this meeting for their members for transparency and accountability, to show that concerns are being represented and to assess how we respond to issues they raise. GLADD also raised awareness about social media cases where discriminatory and derogatory language was used in reference to the LGBTQ+ community.

32. **DSN** – are going to continue with the coaching initiative which was offering career coaching to doctors. They also continue to raise awareness of the pressures on the system at the moment, including the impact on doctors.

33. **DDN** – was invited to speak, on behalf of a charity, who support refugee doctors with health needs and disabilities to requalify in the UK and get back to work with reasonable adjustments.

34. **CMA** – continue to support doctors and raise awareness about religious practices overlapping with the profession.

35. **CMF** – in the early stages of a project and partnering with a number of other organisations to reach out particularly with international graduates and ethnic minority clinicians who are within the Christian community. Met with GLADD and the GMC to discuss conversion therapy and will have the first iteration of a small forum at the BMA annual representatives meeting to talk about faith in medicine.

36. **BMA** – are producing disability disclosure guidance and will come to members of this group for early consultation. They also asked for membership organisations with a disability lead, to get in contact to help push for disability champion interests.

37. **BIDA** – concentrating on supporting a number of international doctors who are coming to the UK and offering to match, doctors who pass their PLAB, with a hospital and their specialty where they wish to do a clinical attachment. The national conference was held in September with a focus on the workforce moral and the new workforce strategy.

38. **APPNE** – are doing some work linked to elderly patients and are in the process of bringing a think tank along with other organisation to provide strong platforms to all doctors. The national conference was held in October in Birmingham.

Item 9 – AOB and close

39. *Members raised concerns about the number of doctors in training, especially international medical graduates, who are qualifying but are struggling to find jobs. They asked for input from us because this is an evolving problem as people are getting disenfranchised with the UK health system for the lack of opportunities.* Shaun suggested a conversation with colleagues who work in the registration team, who oversee the PLAB examinations, but emphasised the limitations of our regulatory remit. He acknowledged that we would want to know about examples of where employment opportunities are diminishing, so we can understand what the future impact could be on the numbers of people wanting to take PLAB.

    Action – ED&I team to liaise with members who are interested in having further conversations with colleagues from Registration and PLAB teams.

40. *Members raised concerns about the tragic case of Lucy Letby, suggesting more strenuous rules and regulations need to be in place so this does not happen again.* The Chair informed members there is a statutory inquiry that will be in place and we expect to engage very strongly and fully and we will need to wait to see recommendations or findings.

41. Miriam Bonabana, ED&I Manager, shared with members details of an 'expert' (medical) recruitment campaign being run by colleagues in fitness to practice which will be launched

in October 2023.

Action: ED&I Team to engage with members who are interested in the campaign and liaise with legal colleagues.

42. Shaun and Charlie thanked everyone for attending the meeting and for their comments, suggestions, and feedback.