

Strategic Equality, Diversity, and Inclusion Advisory Forum (SEDIAF) minutes - 8 March 2023

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

1. Shaun Gallagher welcomed everyone and introduced those who had not previously attended.
2. Her Honour Judge Deborah Taylor, newly appointed Chair of the Medical Practitioners Tribunal Service (MPTS), attended the meeting for the first time.

Item 2 - Actions from previous meeting and matters arising

3. Claire Light, Head of Equality, Diversity, and Inclusion (ED&I) provided a summary of matters arising from the previous meeting held on 12 October 2022.

Item 3 – Chief Executive’s update, Charlie Massey

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

Regulatory Reform

5. Charlie reminded members the Department of Health and Social care (DHSC) had published its consultation on the legislation that will bring Anaesthesia and Physicians Associates (AAs/PAs) [into regulation](#). And that this legislation will also be the blueprint for how we regulate doctors in the future.
6. Charlie highlighted the future [benefits of regulatory reform](#), including cases being concluded more quickly and processes becoming less adversarial.
7. On the Good medical practice (GMP) review Charlie thanked forum members for their active engagement, and explained that the team is now analysing consultation responses, before producing a final version for our Council to consider in the coming months.
8. Charlie also expressed a desire to engage with forum members on how we implement the guidance to support change in practice on the ground.

Action: Update on GMP review at the next meeting in September 2023.

Progression of UK (United Kingdom) doctors in training

9. Charlie referred to the recently published report which highlights our latest data on the progression of doctors training. He explained the data identified white trainees have a 79% pass rate compared to 68% for Asian trainees and 62% for Black trainees. In addition, there was also analysis by faith which found there was a difference of just over 20% for trainees with no faith, compared to those who are Muslim, Hindu, or Buddhist.
10. He said these data sets underline the importance of tackling barriers that exist in medical education and training, and emphasised they are part of how we want to achieve our ambitions to eliminate differentials by 2031. Charlie also reiterated that publishing data regularly is an important part of holding the mirror up to the system to think about what we can do, but also for others to think about what they need to do as well.

Sex, gender, and gender identity project (SGGI)

11. Charlie informed members that since the update in March 2022, we have carried out more stakeholder engagement and research about how people use the gender data on LRMP (List of Registered Medical Practitioners). He said that our intention is to consult on proposals later this year.

Action: Liaise with members who would like to discuss the SGGI project in more detail.

12. Following Charlie's update, forum members responded and raised the following points and questions:
 - *Progression of UK doctors in training: what are the next steps and where are we going with solutions?* - Charlie encouraged those who had not engaged with us, to link in with the team leading this work to ensure we are having solutions focused conversations. He also highlighted some case studies from the report, including one on cultural barriers, which shows the positive impact of mentoring and peer support.
Action: Forum members to let the ED&I team know if they would like to discuss this work with relevant GMC colleagues.
 - *Members asked if there is going to be a consultation on the proposed changes to GP (General Practice) Specialist registration?* - Charlie explained we have lobbied for these changes for some time. And while we don't want to create an impression that we're undermining the importance of formal training pathways, there's much more we can do to enable a doctor to evidence their skills and experience without an excessive amount of paperwork.

Action: Update members on developments and any consultation or engagement activity on the proposed changes to GP Specialist registration.

- *Members asked if there was anything being done to push the colleges, not just on how training is provided but to ensure examinations are culturally competent and equitable? What is the GMC's role in mandating that the colleges must ensure the examinations are culturally competent?* - In response Charlie explained we approve postgraduate curricula and signposted to our guidance explaining our role and requirements. Claire Light also mentioned that we are updating our current guidance on considering the equality impact of changes to curricular and assessment. Charlie affirmed that when we set out our ambitions to eliminate differential attainment, and eliminate the disproportionality fitness to practise referrals, we are holding ourselves accountable for the influence we can exert in that process.

Item 4 – Welcome and introduction from Her Honour Judge Deborah Taylor, Chair of the MPTS

13. Deborah Taylor introduced herself to forum members and provided a background about her experience.

Item 5 – Regulatory fairness review and the review of the GMC's handling of a fitness to practise (FtP) case, Claire Light (Head of ED&I)

14. Elizabeth Jenkins, the GMC's Assistant Director for the Legal team, was unable to attend this meeting so Claire Light provided an update on her behalf. Claire summarised the recommendations for the GMC and outlined how FtP colleagues are considering them together with those that have come from other external or internal reviews. As a result, a significant programme of work is underway, and progress has been made in a range of areas including: -
 - reviewing our guidance on dishonesty for any necessary updates
 - delivering training to all case examiners specifically on the legal test for dishonesty
 - identifying how to support and enable colleagues across fitness to practise teams to speak up when they have concerns about a case
15. Claire presented to members an update on the implementation of our regulatory fairness review and confirmed Shaun Gallagher (Director Strategy and Policy) will be the strategic sponsor for the work. She informed members we are in the process of reviewing the recommendations and refining time scales for implementation.

16. Claire stated we are aiming to make progress at pace but sought reflections from members on the findings from both reports and on the critical success factors in delivering change. We will update our Council on progress in June 2023 and regularly after that. Members raised the following in response to the presentation:

- How decision makers are trained is critically important.
- Members requested a future update and more clarity on the timeline. Members also felt we needed to think about what success would look like.
Action: Update forum members on the timeline for implementation of the Regulatory Fairness Review at the next meeting.
- Members felt this is an excellent programme of work and they hope it will be implemented well. They also expressed their hope we will be looking at the outcomes of cases to provide assurance, potentially through external scrutiny.

Item 6 – Internal ED&I targets and ambitions Andrew Bratt, Assistant Director, People, and Kate Warner, Head of Resourcing and Associate Services

17. Andrew Bratt and Kate Warner provided an update on our internal ED&I targets and the work we are doing as a Disability Confident employer.
18. Andrew highlighted some of the insights into our data, the changing profile of our workforce and some of the trends that are driving it. He explained we have been focusing on our targets as an employer but continue to want to make the workplace experience more consistent across all our workforce. This is measured through our staff surveys and Andrew explained we have seen variation in engagement scores for some groups.
19. The ED&I data we hold is detailed enough to give us insights, including long term established trends for our management profile, with significant underrepresentation of women at senior management level. There are some gaps in our sexual orientation data as some colleagues choose not to share that information. Our disability data is quite good, although there is still a small number of staff disclosing this information and colleagues with caring responsibilities have increased over time. In future we will have more tailored interventions to focus on groups of colleagues or areas where we are not being as successful.
20. Kate shared that we have implemented the disability confident scheme which helps employers recruit and retain people, challenge the attitudes and increase understanding of disability. We have achieved Level 1 status which involves offering a scheme for interviewing candidates with a disability. We have supported the scheme by changing our

job descriptions, delivered training to recruiting managers and provided advice and support throughout the recruitment process.

21. Following Andrew and Kate's update, forum members raised the following:

- *Do we hold any data on the faith makeup of our staff?* We have data on religion, but we also have a higher percentage of staff who preferred not to provide that information.
- Members felt increased diversity was important, particularly as evidence shows that diverse teams make better, less biased, decisions.
- *What is our comparative for the data for our offices in Manchester and London? How do we know whether we are being representative and who are we comparing with in terms of intersectionality?* We look at the labour markets in the areas we operate in and the census data. We have a Recruitment Engagement Officer now in post so we will be working on more granular data.
- *Do we have a transitioning policy and menopause menstruation policy?* We have both and we work with the staff networks and the ED&I team to produce and review internal policies.
- *Have we analysed people leaving the organisation and looked at protected characteristics and intersectionality?* We have an exit interview process which we would like to use more effectively to understand the issues that are driving people to leave the organisation.

Action – update members on the improvements made to the exit interview process.

Item 7 – BMA discrimination surveys, Aishnine Benjamin, Head of Equality Inclusion and Culture, BMA

22. Aishnine provided an update on the results of all the BMA surveys into experiences of discrimination and inclusion for doctors of diverse backgrounds and highlighted the key findings from each of the surveys.

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

- Is the BMA planning on doing any surveys related to faith? - Aishnine explained there was a question in the race survey about religion which provided data to build on. The BMA also hosted a Ramadan online seminar with the British Islamic Medical Association (BIMA) and the (Muslim Doctors Association (MDA), to tease out intersectional issues .

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- Members expressed their thanks and gratitude for the work the BMA has done and encouraged the GMC to consider how we can offer further support.
 - Members referred to disability discrimination and the disadvantages that some doctors face when it comes to occupational health advice which can be conflated with training requirements and operational delivery. It would help to promote that the GMC's guidance, [Welcomed and valued](#) is about assessing someone's ability to safely practise as a doctor and fulfil training competencies, not to fulfil the requirements of a hospital rota that needs to be covered.
 - Members also highlighted the disparity in uptake of shared parental leave.
 - Aishnine highlighted that her team is already working with the Doctors Support Network (DSN) but suggested that they could work together more to gain a better understanding of what is happening on the ground. She informed members that the BMA now have a [disability hub](#) on their website, and they are trying to produce case studies in terms of best practice, so they could include one on occupational health and potentially one on shared parental leave as well.

Item 8 – Update from each organisation

24. **BIDA** – will share learning points from the meeting within the wider workforce such as international doctors, hospital trusts and GP surgeries.
25. **BMA** - wished all forum members a 'Happy International Women's Day' and signposted to the relevant content on their website.
26. **BMA SAS (Specialty and Associate Specialist) Doctors** – will provide an update after the next SAS UK meeting on 17 April 2023.
27. **CMF** – raised LGBTQ conversion therapy, highlighting the complexities around this topic and the range of concerns they have. It was agreed that we would speak to CMF representatives separately on these issues, outside of the forum meeting.
28. **DDN** - in addition to supporting individual doctors, they are working on issues related to occupational health and will pick up with the BMA on this. They received a research grant to do a systemic review on the experiences of doctors with disabilities.
Action: Liaise with DDN to provide an update on their review on experiences of doctors with disabilities at the next meeting in September 2023.

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29. **DSN** – have continued their coaching initiative which is offering career coaching to doctors. They have received investment for work on COVID; and to support the diagnosis of autism spectrum disorder via practitioner health, in collaboration with the MDU (Medical Defence Union).
 30. **GLADD** – referred to their involvement with the development of the updated '[Trans healthcare hub](#)' on the GMC website. They also again highlighted their medical school charter on conversion therapy, inviting all attendees including the GMC, to sign it.
Action: Arrange a meeting with GLADD & CMF to discuss the charter on conversion therapy in more detail.
 31. **JMA** – have been looking at a range of issues, particularly with observant Jewish doctors or Jewish foundation year doctors who are having difficulty with placements and being distant from where their communities are living.
 32. **MWF** - there have been changes within the MWF, specifically their council, which they will officially announce soon. They are also continuing to support individual doctors and have a conference on 17 March 2023.
 33. **MDA** - the focus is on preparing for Ramadan and getting health information about working during Ramadan available for doctors in the UK.
 34. **SDDA** – the focus is on aiming to advance health education and health group promotion in various activities.
 35. **BAPIO** – are doing some work linked to the 'dignity at work' standards and have created a framework, in collaboration with the GMC, Health Education England and others. The standards are due to be piloted in three organisations.

Item 9 – AOB and close

36. DSN asked whether it was possible to return to the topic of assessing the reduction of our fees on professional income instead of total income.
Action: Fees review is still ongoing but consider when it might be appropriate to provide an update to forum members on the progress.
37. Shaun and Charlie thanked everyone for attending the meeting and for their comments, suggestions, and feedback.

Annex 1: Attendees

Confirmed attendees- face to face

Name	Organisation (new members highlighted)
Duncan McGregor	GLADD (The LGBTQ+ association of doctors and dentists)
Mark Pickering	Christian Medical Fellowship

Confirmed attendees- virtual

Name	Organisation (new members highlighted)
Aishnine Benjamin	British Medical Association (BMA) (For item 7)
Charlotte Cuddihy	Disabled Doctors Network (DDN)
David Katz	Jewish Medical Association (JMA)
Geeta Menon	British Association of Physicians of Indian Origin (BAPIO)
Harcharan Sahniuk	UK Sikh Doctors Association (SDDA)
Ibi Odonde (or Chloe Orkin)	Medical Women's Foundation (MWF)
Irfan Akhtar (a.m. only)	APPNE (Association of Pakistani Physicians of Northern Europe)
Louise Freeman	Doctor's Support Network
Sanjoy Bhattacharyya	BIDA (British International Doctors Association)
Shabi Ahmed	APPNE
Ujjwala Mohite	BMA SAS Doctors

Apologies

Name	Organisation
Latifah Patel	British Medical Association

GMC Attendees (Virtual indicated by (v))

Name	Role
Charlie Massey	Chief Executive (v)
Shaun Gallagher	Director of Strategy and Policy (Chair)
Kuljit Dhillon	AD for Strategy, Planning, and Inclusion
Claire Light	Head of ED&I
Miriam Bonabana	ED&I Manager
Karun Maudgil	ED&I Manager (V)
Natalie Randhawa	ED&I Executive Administrator
Her Honour Deborah Taylor (for item 4)	MPTS Chair
Andrew Bratt (for item 6)	Assistant Director, People's Services
Kate Warner (for item 6)	Head of Resourcing and Associates
Helen Johnson (observing)	Head of Strategic Communications (V)
Kirsty Crowe (observing)	Clinical Fellow (V)