

# Strategic Equality, Diversity, and Inclusion Advisory Forum (SEDIAF) Minutes – 18th November 2025

## Attendance list

<b>Organisation</b>	<b>Representative</b>
Association of Pakistani Physicians of Northern Europe (APPNE)	Irfan Akhtar
Association of Pakistani Physicians and Surgeons of the United Kingdom (APPS UK)	Abdul Hafeez
Association of Women in Surgery (AWiS)	Felicity Meyer
British International Doctors Association (BIDA)	Anwar Tufail
British Medical Association (BMA)*	Amit Kochar, Kate Firth, Aishnine Benjamin
British Sikh Doctors Organisation	Harcharan Sahni
Catholic Medical Association (CMA)	Adrian Treloar
Christian Medical Fellowship (CMF)	Felicia Wong
Centre for Race Equality in Medicine (CREIM)	Chandra Kanneganti
Disabled Doctors Network (DDN)	Caroline J Bonner
Doctors Support Network (DSA)	Louise Freeman
The Association of LGBTQ+ Doctors and Dentists (GLADD)	Duncan McGregor
Jewish Medical Association (JMA)	David Katz
Medical Women's Federation (MWF)	Adaeze Chikwe
Muslim Doctors Association (MDA)	Enam Haque

\*Shared attendance/cover for the full meeting

## Apologies

Muslim Doctors Association (MDA)	Hina J Shahid
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## GMC Staff

Name	Role
Paul Reynolds	Chair
Charlie Massey	Chief Executive
Shaun Gallagher	Director of Strategy and Policy
Kuljit Dhillon	Assistant Director - Strategy, Planning & Inclusion
Claire Light	Head of ED&I
Saaika Mubeen	ED&I Manager
Yvonne Weir	ED&I Executive Administrator
James Gooding	Principal Data Modeller
Dean Riddell	Research and Insight Analyst
Rose Clout	Policy Officer
Angela Breingan	Policy Manager
Frances Stannard	Policy Manager
Sam Stone	Policy Officer
Tim Aldrich	Assistant Director- Reg Reform
Anna Stringer	Communications Manager (Operations & Liaison)

## Item 1 – Introduction and Welcome – Paul Reynolds, Director of Strategic Communications and Engagement (Chair)

- 1 Paul welcomed everyone to the meeting and acknowledged those who have not attended before (APPNE and CMF colleagues were standing in for members. BIDA had a new representative in attendance).
- 2 Members were informed that we are not able to accommodate AI note taking for IS security reasons without prior assessment. If you require accessibility support, please contact the ED&I team in advance on [equality@gmc-uk.org](mailto:equality@gmc-uk.org).

## Item 2 – Actions & matters arising - Claire Light, Head of ED&I

- 3 All outstanding actions were complete from the meeting held on 15<sup>th</sup> May 2025. Two actions from earlier meetings remain open-to update SEDIAF on the ban on conversion

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therapy and consider the implications of the EHRC new statutory code on service provision.

## Item 3 – Chief Executive’s update - Charlie Massey

4 Charlie provided an update on recent GMC related activity including:

### IMGs struggling to find work and PLAB places

- We are seeing a reduction in the number of doctors who are wanting to sit PLAB and come practice in the UK.
- Decisions around the shape and makeup of the workforce are for governments to make – we do not determine the number of people joining the UK workforce from overseas.
- Our role as the regulator is to make the process as seamless as possible and ensure that all those in training meet the relevant standards and expectations, including fair and transparent recruitment.
- Following forum member feedback, we’ve updated the PLAB web pages to make it clearer that PLAB places do not guarantee work in the UK. Links below:
- [Information on booking a PLAB 1 place - GMC](#)
- [Information on booking a PLAB 2 place - PLAB 2 guide - GMC](#)

### Handling of antisemitism and islamophobia cases

- The UK government has announced a review to tackle antisemitism and other forms of racism in the NHS including professional regulation.
- We are clear that any form of antisemitism, Islamophobia, or any other type of racism is unacceptable, we welcome the review and will work with Lord Mann to inform this.
- Over the last year, we have received more referrals for hate speech and have created a dedicated legal team and draw on external specialist legal advice which enables us to handle the increasing volume of those referrals with consistency.

### CQC workforce race equality and inclusion roundtable

- In June, we hosted a successful joint regulators roundtable supported by the CQC and NHS Race and Health Observatory, which aimed to align and strengthen efforts on tackling inequality. The [Voices of Care podcast](#) sets out our commitment and why ED&I is so important.

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## 10-year plan (10YP) and 10-year workforce plan (10YWP)

- On 3 July 2025, the government published its 10-Year Health Plan to transform the NHS. We welcome the plan and support its training and standards ambitions, which align with our education programmes for the future.
- We recognise the importance of retaining homegrown talent while valuing the vital contribution of IMGs to the NHS workforce. The proposed increase in specialty training places is positive but must be matched by more trainers and support.
- In our submission to the 10-Year Workforce Plan call for evidence we argued that, among other things, providing SAS and LE doctors with better access to sustainable careers, through recognition of their learning, needs to be a priority that is explicitly recognised. We also argued that the consequences of plans for overseas doctors must be well understood by policymakers.

5 Members raised the following questions and comments for consideration. Responses to these queries are also outlined below:

- There's a recent increase in PLAB registration fees. How does the GMC justify the financial burden placed on IMG's?

*The principle for PLAB is to charge the cost of PLAB.*

- There is ongoing challenge on social media about government workforce planning and the BMA have passed a motion to prioritise UK graduates for jobs. Is there any guidance GMC can issue doctors to ensure respect to each other, irrespective of country of origin?

*It is legitimate for governments to have these conversations, but it must be done in a way that is not sending a message that those doctors are any less valued or celebrated. One of the things the GMC can offer is help to policy makers in making sensible evidence-based decisions. [The state of medical education and practice in the UK. Workforce report 2025](#) sets out some of the data in a way that will help to inform government thinking. We have clear expectations in our professional standards and guidance on social media use as a medical professional:*

<https://www.gmc-uk.org/professional-standards/the-professional-standards/using-social-media-as-a-medical-professional>

- How will the review on antisemitism and Islamophobia make tangible differences for people who are dealing with such discrimination at the moment?

*We cannot say yet what the actions or decisions Lord Mann will take. We have set out our overall position that any form of racism including antisemitism is unacceptable. We have shared with the review team the work we have been doing, including increased engagement, raising awareness of the underlying issues around antisemitism and anti-Muslim hate, in collaboration with Tell MAMA and the Community Security Trust, and work MPTS is doing to improve its quality assurance processes. We have plans to work with Responsible Officers*

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given the important role employers have, and we are developing an enhanced training package for GMC staff.

- What conversations has the GMC had internally in context of disability alongside other discrimination?

*We reiterate the unacceptability of any form of discrimination, not just in terms of race and religion. This is an area where we can use our data to look at other forms of discrimination doctors are facing and in relation to disability specifically, that is an area that we will focus on in [The state of medical education and practice in the UK. Workforce report 2025](#)*

## Item 4 - Non-UK PMQ doctors workplace experiences and early career choices - James Gooding, Principal Data Modeller, Dean Riddell, Research and Insight Analyst, GMC

6 James and Dean presented insights on Non-UK PMQ doctors' workplace experiences and early career choices, along with changes in disability reporting and experiences of disabled doctors.

7 Key highlights:

- The workplace experiences report is based primarily on the results of our annual barometer survey of doctor's workplace experiences. Overall, the message is doctors that graduated outside the UK tend to have more positive workplace experiences and tend to be less likely to be at high risk of burnout. UK graduates were less likely to be struggling with their workload.
- After years of substantial growth, the number of non-UK doctors taking up a licence has plateaued. At the same time there's also been an increase in doctors leaving the workforce who first qualified abroad. However, if we look at this in the context of the whole workforce, the proportion who left in 2024 remains very low (4.3%).
- The UK as a whole has now reached gender parity but it's not the same in all geographies and in all areas of medicine.
- We also include the doctors declaring a disability data which has seen a marked increase of 7000 doctors declaring a disability across all training programmes, with younger doctors declaring at far greater rates.
- Disabled doctors have had consistently poor reported experiences. In 2024, we introduced questions asking about reasonable adjustments- the doctors who need reasonable adjustments reported poorer experiences in some areas than doctors with a disability overall.

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- 8 Questions raised by members and responses to them are outlined below.
- How do we turn discussion into action? Disabled Doctors Association has previously requested to get a summit together on disabled doctors and their experiences.  
**Action:** GMC to consider the next steps and how to best use these insights to drive change. The following has been posted on our website which reflects on these issues: <https://gmcuk.wordpress.com/2026/01/15/disabled-doctors-the-hidden-fight-and-what-the-data-tells-us/>
  - There's evidence that doctors with multiple protected characteristics experience higher rates of inequality- is there a plan to explore this further?  
**Action:** Members to get in touch with James or Dean with the characteristics that are most of interest or with the broader research questions that we can take time to fully consider in a research project.
  - What happens to the doctors who are unable to get a job for number of months? Is there any time frame after which the GMC will say your registration is expired?  
*The link below gives further information on registration following PLAB*  
*PLAB2 validity - - [What do you do after the exam - PLAB 2 guide - GMC](#)*

## Item 5 - Personal beliefs and LMRC guidance - Sam Stone, Policy Officer, Frances Stannard, Policy Manager, GMC

- 9 Frances provided a high-level overview of the *Personal beliefs and medical practice* guidance, which outlines how doctors, PAs, and AAs can practise in accordance with their beliefs and values while ensuring patients receive respectful, equitable care.
- 10 Sam gave an update on the review of the *Leadership and management and the Raising and acting on concerns about patient safety (LMRC)* guidance. These documents focus on workplace culture, fairness, and processes for raising concerns, considering both the perspective of those raising concerns and those in leadership or management roles responsible for acting on them. The two guidance reviews are at the consultation planning and consultation stage respectively, and the presentations gathered member insights to inform the development of these.

**Action completed:** Members were encouraged to respond to the consultations by 21 January.

- 11 Reflections raised by members and responses are outlined below: -
- The issue of conscientious objection and getting the balance right is very important. It's important that people can object, however, there is a real need to support people from minorities in being able to have a conscience objection and letting them know how they can express that.

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- Personal beliefs are not necessarily related to faith; this problem is cultural as well and the overlap between those two is important.
  - The guidance needs to provide some clear scenario-based examples of what counts as acceptable versus unacceptable and inappropriate expression of personal beliefs. There should also be guidance on creating inclusive and respectful workplaces, where diverse beliefs are supported and more practical advice on shared accountability in complex systems.

The importance of looking at the barriers to raising concerns and the impact of speaking up and the fear of reprisal and that nothing will happen.

**Action:** Standards team to meet the Disabled Doctors Association about the review of the LMRC guidance.

**Action:** Members to reach out to Frances or Sam for more in-depth conversations.

**Action:** This topic will come back to a future SEDIAF meeting

## Item 6 - Regulatory reform and the GMC Order- Tim Aldrich, Assistant Director, Regulatory Reform, GMC

- 12 Tim updated members on regulatory reform and next steps, providing an opportunity for SEDIAF to contribute to our ED&I considerations. Tim shared a summary of our position on key policy areas and invited members to respond to the DHSC consultation when it launches. We expect that early in 2026.
- 13 Tim mentioned that we'd worked with a panel of patients, doctors, PAs and AAs to help inform how we're changing as a regulator. We recently published a report on this engagement panel - [read about the findings and lessons learned](#).
- 14 Questions raised by members and responses to them are outlined below.
  - Is it the GMC that has the final political views or are there any other authorities or bodies involved in this process as well?

*The Medical Act is primary legislation, and the GMC order will be secondary legislation as a statutory instrument. No other authorities will be involved in the process.*

- We might have a legislation in place talking about PA terminology, is that being taken into account?

*Following the Leng review, if there are going to be changes to, for example the title of Physician Associates to Physician Assistants, that is a topic that needs to be addressed in legislation and will be taken into account when passing the legislation. We are having ongoing conversations with the UK government about how they will do that and through what mechanism.*

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- Technology is moving on with AI; these are the areas which also need to be taken into account in terms of any future legislation.

*The legislation is designed to be flexible in a way that enables us to better regulate change and respond to practice. Reform should have a degree of future proofing in them to enable us to continue to regulate effectively.*

- What role does the Professional Standards Authority (PSA) play in all of this?

*The PSA continue to play their role in the oversight of the professional regulators. They continue to set the standards, hold us to account through those standards and they continue to engage with the government on what the draft of the order will be.*

**Action:** This agenda item to return to a future SEDIAF meeting in 2027.

## Item 7 - Findings and recommendations from the BMA's 2025 survey of disabled and neurodivergent medical students and doctors - Kate Firth (BMA)

- 15 Kate presented the [interim survey findings](#) from the BMA's 2025 disability and neurodivergence survey. The survey had 801 respondents. SEDIAF members can contact Kate Firth to discuss the findings further at [kfirth@bma.org.uk](mailto:kfirth@bma.org.uk)
- 16 The survey of doctors and medical students across the UK who are disabled, neurodivergent or have a long-term health condition was a follow-on piece of work from a survey conducted in 2019. The BMA wanted to repeat the survey to ensure the work and calls for action continue to be informed by the voices of disabled and neurodivergent medics. No noticeable improvements were made since the last survey, which highlights the issues are long standing and deep rooted. The full results are [published](#) here.
- 17 The interim results highlight that:
  - 56% of respondents thought ableism was a greater issue in the medical profession than in wider society.
  - 78% said they worried about being treated or viewed unfavourably for disclosing their disability/neurodivergence/long-term health condition.
  - 73% hadn't received all the reasonable adjustments they need.
  - 43% said they had had to use their money to pay for reasonable adjustments they needed at their place of work/study.
  - 42% said they had been subject to performance management processes due to disability/neurodivergence sickness absences.
  - 42 % didn't think their place of work/study had a culture which was disability and neurodiversity inclusive.

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18 Recommendations involving the GMC include encouraging understanding of ableism and promoting safe, normalised discussions of disability and neurodiversity alongside other NHS leaders. These recommendations are not expected to be contentious.

19 Questions raised by members and responses to them are outlined below.

**Action:** Enam (MDA) to link Kate with the Medical Schools Council EDI Alliance on positive ideas for medical schools.

- One of the reasons there are so many issues is that with most other protected characteristics, you wouldn't get away with saying you're unfit to do your job because you are female, LGBTQ etc but with disability it is commonplace and accepted because of 'patient safety'.

**Action:** BMA to consider a conversation disability groups and faith groups.

- More people would be empowered to come forward if the message from the survey was there is significant improvements being made in the system.
- We have very weak systems in primary care in terms of support to occupational health, is the report also looking at that?

*The report mentioned some of the additional challenges for GP's, particularly around accessing occupational health services. But we'll be doing further work after this report.*

## Item 8 – Update from each organisation

20 Organisational updates were provided by individual SEDIAF members to share an overview of their activities and programmes, and to invite collaboration, support, or knowledge exchange.

21 **APPNE-** The 6th Annual Health Convention was a highly successful and memorable event, bringing together more than 800 doctors and their families. Thank you to GMC representation and Dr. Tom Dolphin, BMA UK Chair, joining as a key guest. Heads of numerous IMG groups also attended. Both the scientific and plenary sessions were extremely well-received, reflecting the high academic standard of the convention.

22 **APPS UK-** The organisation was established nearly 21 years ago; it has a charity element to it which raises funds and then provides scholarships/loans for people or doctors who are coming from abroad. In addition, they also support any complaints which can be from within the trust or from GMC etc.

23 **AWiS-** Work has commenced about parents in surgery, particularly guidance for pregnant surgeons in association with the other colleges. Also using augmented reality to do some surgical work getting people back to into surgery after they've not been operating and not been in surgical circumstances for some time. They are still liaising with the GMC and with the Medical Practitioners Tribunal service about sexual misconduct and there are still some concerns that all the secondary care trusts in particular have done all the work that they need to on that.

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- 24 BIDA-** had the national conference which was very successful and would like to thank the GMC for all the support. The early resolution training events which are taking place in the Northwest are a successful initiative.
- 25 BMA -** published a sexism and sexual violence towards medical students Survey report [BMA report into sexism and sexual violence towards medical students - webpage](#) . This report shines a spotlight on the urgent issue of sexism and sexual violence in UK medical education, as identified by medical students themselves.

Also BMA did a joint Union statement on anti-migrant rhetoric that was targeted towards the government because of the ongoing anti migrant rhetoric [20250706-trade-union-joint-statement-on-anti-migrant-rhetoric final-2.pdf](#) .

**Action:** Please share the statement with your networks.

The BMA has updated their policy position on trans and non-binary healthcare rights - providing some clarity.

<https://www.bma.org.uk/advice-and-support/equality-and-diversity-guidance/lgbtplus-equality-in-medicine/inclusive-care-of-trans-and-non-binary-patients>

- 26 BSDO –** The British Sikh Doctors Association discussed at their meeting the domains of the GMC *Good medical practice* guidance as compliant with the Sikh key principles. The second meeting held was about assisted dying which relates to the personal beliefs and this particular motion was not supported by Sikh doctors' association as it is against their faith teachings.
- 27 CMA-**The Catholic Medical Association stated the assisted dying bill is a grave concern to protect the patients, protect the vulnerable and the doctors and nurses who would be called to be involved.
- 28 CMF-** The Christian Medical Association are looking at how to make sure they are welcoming especially for international graduates. Also, the assisted dying bill will be something they are looking at - what does that look like in terms of conscientious objection and what we participate in according to our beliefs.
- 29 CREIM-** have been supporting a few doctors and some of the themes that come up is those who had been investigated and have the conditions removed are finding it very difficult to get interviews for the job offers. We need to think about how we can support them differently. Also offering the Early resolution training opportunities was really helpful.
- 30 DDN-** there's different groups across the UK who are exploring the issues of disability and challenges disabled doctors face. DDN will review structure to make sure that the work that we're doing is reflective of doctors wider across the country. Also, DDN is in collaborating on an NIHR funded qualitative and quantitative research project on the experiences of disabled doctors and barriers to career progression. And would really like to involve others for collaboration in that project.

**Action:** Caroline to share details of that research with ED&I team at [equality@gmc-uk.org](mailto:equality@gmc-uk.org) .Members to get in touch with Caroline if you are interested to get involved in the research.

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- 31 DSN** - is mainly about providing informal peer support for doctors and medical students with mental health issues. They continue to offer free focus short term coaching for UK based doctors who have career issues related to their mental health.
  - 32 GLADD-** Duncan read out a brief statement. Much of the work that we are interested in the GMC undertaking hangs on the outcome of the finalised guidance to be released by the EHRC. As well as some further information from the government about plans on so-called conversion therapy. I would like to strongly urge the GMC to take a decision to begin this work on the assumption that the government will continue to bury its head in the sand over this issue.
  - 33 JMA-** the amount of time, resource and energy that has been expended on antisemitism in the past couple of years has been enormous. This forum is hugely appreciated, and that the GMC holds a meeting like this is hugely appreciated.
  - 34 MDA** -November was Islamophobia Awareness month and the concern from Muslim doctors is with the rise of the far right, which is affecting a lot of our colleagues with different protected characteristics as well. Also, concerns about any vexatious complaints that could come with this climate of intolerance. It's great to see the GMC is looking at it through their personal beliefs document to support the rights of minority communities. The work the MDA are doing is to try and counter this negativity in terms of looking at the themes of role modelling and raising aspirations amongst the Muslim community.

## Item 9 – AOB and close

- 35** Paul reiterated the request to invite SEDI AF members to present to the group at future meetings. If you would like to add an item to the next agenda, please get in contact with the ED&I team at [equality@gmc-uk.org](mailto:equality@gmc-uk.org). the next meeting is to be held on **27th of April 2026**
- 36** Paul thanked all members for their participation.