General Medical Council

Strategic Equality, Diversity and Inclusion Advisory Forum (SEDIAF) Minutes –27th April 2026

Attendance list

Organisation	Representative(s)
Association of Pakistani Physicians of Europe (APPNE)	Nadeem Sajjad Raja
Association of Pakistani Physicians and Surgeons of the United Kingdom (APPS UK)	Abdul Hafeez
British Association of Physicians of Indian Origin (BAPIO)	Geeta Menon
British International Doctors Association (BIDA)	Anwar Tufail
Sikh Doctors and Dentists Association (SAAD)	Harcharan Sahni
Catholic Medical Association (CMA)	Adrian Treloar
GLADD - The Association of LGBTQ+ Doctors and Dentists	Duncan McGregor
Jewish Medical Association (JMA)	Fiona Sim
British Medical Association (BMA)	Aishnine Benjamin
Disabled Doctors Association	Caroline J Bonner
Disabled Doctors Network	Charlotte Cuddihy
MPTS Chair	Fiona Monk

Guest Speaker

Queens University Belfast	Gerry Gormley

Apologies

Muslim Doctors Association (MDA)	Hina J Shahid
Muslim Doctors Association (MDA)	Enam Haque

British Medical Association (BMA)	Amit Kochhar

GMC Staff

Shaun Gallagher	Interim Chair
Charlie Massey	Chief Executive
Kuljit Dhillon	Assistant Director - Strategy, Planning & Inclusion
Claire Light	Head of ED&I
Saaika Mubeen	ED&I Manager
Anna Bailey	Senior Employer Liaison Adviser
Jessica Watkin	Policy Manager
Mariam Ifzal	Data, Projects and Training Officer- Observer
Tanja Schubert	Head of Strategic Engagement
Miriam Bonabana	ED&I Manager
Mary Vingoe	Strategic Comms Manager
Martha McKnight	Social Media Specialist
Sondra Roberto	Assistant Director- Outreach
Esther Barrot	Assistant Strategic Engagement Manager
Colin Barker	Head of MPTS Comms and Corporate

Item 1 – Introduction and Welcome – Shaun Gallagher, Director- Strategy and Policy (Interim Chair)

1 Shaun informed members he is stepping in to chair this meeting.

2 Shaun welcomed SEDIAF members and those who have not attended before (Fiona Sim - Jewish Medical Association, Judge Fiona Monk -MPTS) and welcomed our external speaker- Professor Gerry Gormley, Queens University Belfast.

3 Members who submitted agenda items were thanked specifically, which included Professor Gormley- this was an item suggested by Charlie at a previous SEDIAF meeting last year, MANSAG requested an item on promoting professional behaviours and Professor Geeta Menon provided the update on the charter mark GROW.

Item 2 – Actions from previous meeting and matters arising, Head of Equality, Diversity & Inclusion Claire Light

4 Claire provided a summary of matters arising from the previous meeting held on 18th November 2025. Only one action was taken, and it is ongoing. The action included input from the Disabled Doctors Network, who have identified a lead to provide further information on an NIHR-funded mixed-methods study on disabled doctors' experiences and career barriers.

Item 3 – Chief Executive's update, Charlie Massey

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

Regulatory Reform – launch of DHSC Consultation

- Charlie welcomed the DHSC consultation on legislation to reform professional healthcare regulation in the UK. Here is the link we sent to all members Reforming the General Medical Council legislative framework - GOV.UK
- The consultation seeks views on legislation that will modernise the GMC's regulation. It remains open until 23 June 2026.
- Patients rightly expect assurance that doctors, PAs and AAs are safe to practise and can be held to account if serious concerns are raised. These proposed reforms will allow us to respond more quickly and flexibly when patient safety is at risk.
- They will also allow us to further improve our efficiency and effectiveness, while at the same time enabling us to help patients navigate the complaints and concerns process more easily.
- This is an important and long-awaited step towards a more responsive and compassionate approach to healthcare regulation.
- We have examined the DHSC's draft legislation in more detail before submitting our official response to the consultation.

UK graduate prioritisation for postgraduate training

- The government proposals have now become law; the bill has become an Act.
- It is legitimate for Government to plan training places and to prioritise UK-trained doctors, given the significant public investment in medical education and postgraduate training. However, longstanding bottlenecks in training capacity must be addressed, and policy should be grounded in a strong evidence base.

- It's important that as those proposals take shape and are implemented, the rhetoric both from government and from others, continues to value the role that overseas trained doctors play in the NHS.
- One linked point is the question of PLAB and the call for the GMC to ration its PLAB places given that overseas trained doctors who are passing PLAB are finding it harder to find work. We brought attention to this in our last SOMEP report in the autumn.
- Our position is that we don't see PLAB as a workforce planning tool. It would be hard to ration PLAB places and try to come up with criteria to determine who is deserving of a place. Following stakeholder 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

New survey of SAS and LE doctors

- We launched the new survey of SAS and LE doctors on **21 April that remained open until 2 June** and Charlie encouraged as many SAS and LE doctors as possible to share their views.
- Since we last ran our survey in 2019, SAS and LE doctors have continued to play a crucial role in providing good, safe patient care across all four countries of the UK. There has also been a rapid expansion of those in LE roles, making them the fastest growing group of doctors on the medical register.
- Our new survey will establish an up-to-date picture of the experiences of these distinct groups of doctors. We will publish the data from the survey alongside a high-level analysis of results before the end of this year.
- The findings will inform our major review of how medical education and training is designed and delivered in the UK, helping to develop a more inclusive and flexible system that will enable these highly skilled doctors to build their careers in a meaningful way for the benefit of patients.

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

- **MTI schemes** - A concern was raised about schemes being cancelled and similar schemes that might be exploitative to international doctors and impacting on patient safety. What is the GMC view on training schemes that sit outside MTI and has the GMC got similar concerns about its own sponsorship schemes?
- *MTI schemes can provide an ethical approach to overseas recruitment that enables doctors with appropriate sponsorship and support to learn and develop in the UK before returning to the countries where they've been previously working. Our understanding of the NHS England (NHSE) position is that it doesn't stop MTI schemes from happening altogether, and it is fine for employers or others to provide sponsorship, but it does stop the sponsorship of those schemes through the arrangement that the NHSE had with Royal Colleges. The GMC doesn't run any sponsorship schemes; we connect with those*

sponsorship schemes that exist as a means of satisfying registration requirements. We will always want to make sure that those sponsorship arrangements are operating as intended. So, we do have a quality assurance role. Our powers exist in relation to the granting of the sponsorship arrangements in the first place.

- **Impact of Act on specialists**- Historically GP and psychiatry specialities have relied more on IMGs. This year, as far as GP register is concerned, there were UK graduates who passed the exam were not offered training places. How will this impact in terms of our future specialists?
- *There's been a lot of debate about competition ratios, and we know that there are a number of doctors who have decided to leave the UK temporarily, and so it's quite hard to tell you precisely what those longer term trends are going to be- year by year you do see some differences between specialties.*
- **Comment on alternate paths to specialist register** - some IMGs are unable to find a speciality training program. There will be more dependence on the alternate paths to the speciality the register.
- *You will be aware that a few years ago we did persuade the government to change the legislation relating to CESR and CEGPR to simplify that to enable us to create the portfolio pathway, which makes it easier for doctors not in formal training to go through the portfolio pathway and join the specialist register. This may be a growing mechanism for people to join the specialist register. We are working with royal colleges to make sure that there is enough capacity to assess people who are wanting to make that application in that way.*
- **Lord Mann Review recommendations in regulatory reform-** Has the GMC got any plans to discuss recommendations with forum members to respond?
- *Any organisation can respond to the government consultation on regulatory reform, which also includes specific proposals that we know that Lord Mann is making in relation to our right of appeal and the PSA's right of appeal of MPTS decisions. Lord Mann's full review and recommendations will be published in the next couple of months. Once we have finalised legislation the GMC will consult further on the implementation, that will be coming in 2027 and 2028.* ***UPDATE:*** *The full review was published on* 4th June Lord Mann review on antisemitism and other forms of racism in the NHS - GOV.UK

Item 4 - Immersive Active Bystander Training - Professor Gerry Gormley, Queens University Belfast

7 Professor Gormley shared insights into simulation-based training designed to develop medical students' agency and confidence when intervening in situations involving unprofessional behaviour.

8 Key Highlights:

- As part of GMC Outreach work in Northern Ireland, we have collaborated with Queens University Belfast (QUB) to develop a pilot workshop for doctors in General Practice training. The aim of the workshop was to provide an immersive learning experience with a focus on equality, diversity and inclusion, supporting interactions with patients

and colleagues. Professor Gormley led on the immersive bystander element of this workshop.

- The presentation covered innovations in theatre informed simulation practice that have now been embedded as core teaching within the QUB Medical Degree Programme.
- It supported members in understanding emerging innovations in simulation-based education and consider how these methods may be adapted or transferred to other medical schools and training contexts, including postgraduate education.
- Professor Gormley outlined the pedagogical underpinnings of this approach and presented evaluation data from more than 500 medical students who have completed the course.
- **ACTION:** Share the presentation and video link https://www.youtube.com/watch?v=mnOFNvv16EA (Completed)

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

- In terms of the types of things that were being intervened- was it patients, colleagues or both?
- *The content of our simulation case study was based on a student experience. The incident used is where a patient is showing microaggressions and making racist comments towards a patient.*
- How will this training develop further? It should be part of the core curriculum, simulation or techniques. There is a greater need for IMGs because they are the subject of this kind of behaviour.
- *Evidence around simulation is developing and blossoming around professional interaction and social interaction. But we realised when you get a group of people who you support, they feel safe and suddenly you can start to express. It's about empowerment, agency being able to say, look, if I feel this experience I have permission to do something here because I've shared it with others.*
- I was reflecting 20 years ago when I was SHO and one of my consultants' behaviours towards the medical students didn't feel right. And perhaps we as SHO didn't feel psychologically safe really to call it out. It's important for everyone to have this training, but especially for IMGs, because we do not know whether it's a norm, the way things have been said, the way things have been communicated. It should be considered as part of the induction for IMGs or a hospital induction.
- *We are doing a piece of work around this about cultural humility in Northern Ireland with our IMG doctors. It's okay to give handouts and talk about this, but it's the feeling and this thing that we call embodied pedagogics. That's the feeling that comes whenever you experience this. And it's really, that's where the space that we're working at to hopefully help empower everybody in the future.*

Item 5 - New Chair of MPTS - Judge Fiona Monk

10 Judge Fiona Monk gave a brief introduction as Chair of the Medical Practitioners Tribunal Service (MPTS), who took up the role in Jan 2026.

11 Key Highlights:

- Fiona succeeds Judge Deborah Taylor and joins from the War Pensions and Armed Forces Compensation Chamber of the First Tier Tribunal.
- Fiona has been undertaking a lot of engagement with various stakeholders, organisations and individuals who have an interest in the work of the MPTS.
- Fiona emphasised she wants to listen, acknowledged recent concerns around sexual misconduct and discrimination cases and communicated the benefits of new Guidance for MPTS Tribunals. Fiona would be happy to meet directly with any groups present if they feel that would be beneficial. Email address is MPTSChair@mpts-uk.org
- One of the key areas of focus is training and how we can best support our tribunal members with additional training and to make sure that the quality of their decisions is good and that they reach fair and independent decisions.

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

- Several IMGs have spoken about reflective practice. For many doctors from ethnic minority backgrounds reflection can feel inherently risky as it may be perceived as an admission of guilt rather than a constructive learning exercise.
- There is a perception among some doctors – due to media rhetoric, that being Muslim and of Pakistani origin may increase the likelihood of adverse outcomes in GMC, MPTS processes. What specific safeguards are in place to ensure that unconscious bias does not influence tribunal decisions, particularly in cases involving doctors trained outside the United Kingdom?
- *Where we've analysed decisions in relation to whether there is disparity in outcome, what seems to impact most is the engagement with the process. We factor the point on unconscious bias into our training. Our tribunals must be accessible. We don't often have arrangements for interpreters, but that should mean that we're alert to difficulties where people are struggling to understand the process or finding it difficult to engage with the process. It is important that we keep all that under review. Perceptions of bias and the work we're doing around quality assurance gives me confidence that we will pick up those cases where there might be a suggestion that the panel could perhaps not have approached things as well as they might have done.*
- When we are looking at all these sanctions, sometimes people, especially coming from overseas, they always feel they cannot defend themselves as effectively. How do we balance the doctors' inherent right, how do we support them and strike the right balance right?
- *There are some very good resources for those who are representing themselves on our website, (*Hearing resources for doctors - MPTS *) but it's also incumbent on the panels themselves to make sure that they facilitate the hearing to ensure that best evidence is got from the doctor concerned and that the hearing is conducted fairly.*
- A doctor in a long professional life probably on occasions is involved in disciplinary meetings, disciplinary hearings and particularly in appraisals as well. Doctors open up and honestly give their opinions and their positions. Is it all confidential information?

- *The materials that are around appraisals and reflective practice are confidential and there's not a requirement to disclose.*

  Action: Issue information post meeting to confirm confidentiality on materials related to reflective practice and appraisal.

- What processes were being instigated to protect those who are inappropriately referred because of disability and those who are referring in because of the need to assess any support that's required for them?

- *The MPTS deals with any every case that is referred to it by the GMC. In terms of the basis of the referral, we'll assess that when it comes to us and decide based on the evidence before us. We're always looking at making sure there's adequate support for the doctors, recognising that it is a very stressful process that they are being taken through.*

Item 6 - Promoting professional behaviour and supporting management of concerns– Dr Anna Bailey, Senior Employer Liaison Adviser

13 The session explored our expectations as set out in Good Medical Practice, the relationship between the standards and Fitness to Practice, members' experiences of discriminatory behaviours and work we undertake in Outreach to support the promotion of professional behaviours and the implementation of GMP in local engagement.

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

- What is the GMC role in supporting people who do not have faith that unprofessional behaviours are going to be taken seriously and that they can report without negative impacts.

- *The Outreach perspective is that a big part of what we do is listen and learn about our organisations. Then there's our guidance to support, we have recently consulted on our About Raising and acting on concerns - GMC guidance to update it. We also have the Ethical hub - GMC where we can really draw out what the standards mean in practice.*

- There are concerns raised with the standards that you set out- namely number 52- we've got to be nice to each other. If lots of people are failing the mandatory must standard of the GMC, people can begin to pick on who they single out to be disciplined.

- *We recognise that the registrants that we work with are under unprecedented pressure. Asking professionals to be kind to each other and not to discriminate against each other and to behave in a professional way towards each other is not too much to ask.*

- It's quite a difficult area to unmask that kind of behaviour, especially when its coming from some very senior, reputable consultants in the department. So, you begin to compare yourself to the treatment of others in the same role. This is very difficult to speak up about. Medical students are encouraged to write feedback to the university. Does GMC liaise on that front as well, or is it only with the NHS?

- *Our RLAs do lots of engagement with medical students and we're looking at that superiority group this year and how we can do more with medical students.*
- There are disabled doctors who have experienced behaviours that are completely unacceptable and are fighting to get the right support and the right adjustments. What support is in place?
- *We can put the standards out there, but this is a change that's going to take time and it's going to take real commitment from everybody and really influence it. We're really trying to break down that idea that you don't question the senior consultant, and those walls that exist still. The raising concerns guidance will be helpful there. We also use the outcomes of the National Training Survey results to help us to have those conversations with leaders and organizations where we've identified that things like bullying or fear of speaking up can be a problem.*

Item 7 – Interim update on GROW (Gender Respect Opportunity Award)- Professor Geeta Menon, Medical Women's Federation (MWF)

15 Professor Geeta Menon, National Dean for Inclusive Integrated Careers at NHS England shared an update on work progressed with the MWF Doctor's Gender Equality charter. This is a streamlined, sector-specific initiative that encourages organisations to commit to gender equity through practical measures.

16 Geeta and Jane Dacre are aiming to raise awareness and seek support from forum members on the charter mark called GROW.

17 Key highlights:

- There was a recommendation in the 2020 Gender Pay Gap in Medicine report (Mind the Gap) to create something along the lines of Athena Swan for the NHS. Since Athena Swan has been discontinued in Medical Schools, the increase in the number of women clinical academics has stalled.
- The proposed charter would be open to NHS trusts, medical schools, professional bodies, and other healthcare organisations. It would involve a light-touch application process, focused on demonstrating commitment to a core set of gender equality principles.
- The awards are in supporting women in the following areas: Staff development and career progression, flexibility in careers, safe place to work, women's health and wellbeing & women in leadership.
- The Charter will promote and support gender equality in all areas of medicine including primary care.

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

- Is there any work on expanding access to shared parental leave?

- *It's part of the metrics in the women's health and wellbeing section. So, parents shared parental leave and not just the policy, but how was the uptake etc is what's being measured.*

Item 8 – Update from each organisation

19 SEDIAF members shared updates on activities and opportunities for collaboration.

20 **APPNE** – Continuing webinars and online engagement across UK and internationally. Recently hosted a webinar on the Medical Training Prioritisation Act 2026 involving IMG organisations. Upcoming events include the annual event (26 September), CMA Day (October), CESAR workshop (Oct/Nov), and a summer sports event.

21 **BAPIO** – Held a virtual roundtable on the Medical Act due to high demand, with a report produced. Continuing engagement with IMGs through 1:1 meetings to understand concerns. Annual conference planned for November.

22 **BIDA** – Delivered IMG conference (April); planning International Congress (Sept/Oct) and annual leaders' conference in Manchester.

23 **BMA** – Successfully advocated for reinstatement of right to work for asylum seeker doctors after 12 months.

- Published Disability and Neurodivergence Survey (Dec), calling for improved intersectional data and support.
- Published report on sexism and sexual violence (with Surviving in Scrubs); convened medical schools (March 2026) with GMC and MSC contributing.
- Updated policy on trans and non-binary inclusion in healthcare; in May guidance was issued on the freedom of expression. You can read the full guidance here.

24 **SDDA** – Ongoing community-focused work providing medical advice via religious institutions and online platforms.

25 **Catholic Medical Association** – Welcomed BMA faith survey but raised concerns about omission of Christianity; will follow up with examples.

26 **Disabled Doctors Association** –Continued engagement with GMC on research, policy and surveys, including disability-related improvements.

- Network currently less active due to capacity constraints.
- Disability Health Educators Network (ASME) expanding, supporting collaboration in medical education.
- NIHR research project on barriers to career progression underway; recruitment launched for people to participate.

Action: Caroline to share information to pass on to members to encourage participation

27 **GLADD** – Raised concerns about MRCPsych exam centre in Qatar, citing risks to assessment integrity given constraints on discussing LGBTQ+ issues.

Action: Duncan has requested a meeting with Education and Standards team. (completed)

28 **JMA** – Highlighted concerns about antisemitism in healthcare environments and called for greater kindness and inclusion. Also raised scheduling conflict of a key online exam for applicants for graduate entry medicine with the Jewish New Year, disadvantaging observant applicants.

Action- To notify the Education Team of this concern (completed)

Item 9 – AOB and close

29 Shaun reiterated the request to invite SEDIAF members to present to the group at future meetings, so please get in contact with the ED&I team at equality@gmc-uk.org. The next meeting is to be held on **25th November 2026**

30 Shaun thanked all members for their participation and noted that further communication would be shared by the secretariat, including any follow-up on action points and distribution of the minutes.

31 Forum members were reminded we sometimes email information out post meetings and are receiving notifications of emails not being able to be issued. The main issue has been given as people not clearing their own internal inboxes, so we are unable to deliver rather than the email addresses being incorrect.