# Strategic Equality, Diversity, and Inclusion Advisory Forum (SEDIAF) Minutes –15th May 2025

## SEDIAF members attendance list

### Members present (virtually):

|  |  |
| --- | --- |
| Mark Pickering | Christian Medical Fellowship (CMF) |
| Keshav Singhal | British Association of Physicians of Indian Origin (BAPIO) \* |
| Geeta Meenon | British Association of Physicians of Indian Origin (BAPIO) \* |
| Duncan McGregor | The LGBTQ + association of doctors and dentists (GLADD) |
| Irfan Akhtar | Association of Pakistani Physicians of Europe (APPNE) \* |
| Felicity Meyer | Association of Women in Surgery (AWiS)\* |
| Kate Firth | British Medical Association (BMA) \* |
| Latifa Patel | British Medical Association (BMA) \* |
| Amit Sinha | British International Doctors Association (BIDA)\* |
| Enam Haque | Muslim Doctors Association (MDA) |
| Caroline Bonner | Disabled Doctors Network (DDN) |
| Tamzin Cuming | Association of Women in Surgery (AWiS)\* |
| Sai Pillarisetti | British International Doctors Association (BIDA)\* |
| Adrian Treloar | Catholic Medical Society (CMS) |
| Nadeem Raja | Association of Pakistani Physicians of Europe (APPNE)\* |
| Louise Freeman | Doctors Support Network (DSN) |
| Amit Kochar | British Medical Association (BMA)\* |
| Naomi Green (Higie) | Melanin Medics |
| David Katz  \*Shared attendance/cover for the full meeting | Jewish Medical Association (JMA) |
| Others present (virtually): | |
| Charlie Massey | Chief Executive |
| Paul Reynolds | Director of Strategic Communications and Engagement (Chair) |
| Shaun Gallagher | Director of Strategy & Policy |
| Kuljit Dhillon | Assistant Director for Strategy, Planning and Inclusion |
| Claire Light | Head of ED&I |
| Karun Maudgil | ED&I Manager |
| Saaika Mubeen | ED&I Manager |
| Rachel Qazi | ED&I Officer |
| Ellie Sime | Executive Administrator |
| James Gooding (for item 5) | Principal Data Modeller |
| Louise O’Neill (for item 6) | Senior Strategy Advisor |

### Apologies

|  |  |
| --- | --- |
| Hina J Shahid | Muslim Doctors Association (MDA) |
| Charlotte Cuddihy | Disabled Doctors Network (DDN) |

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

1. The Chair welcomed everyone and acknowledged those who have not attended this meeting before (BMA and MDA colleagues were standing in for members).
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 – Sexual Misconduct in Surgery - Policy brief, Tamzin Cuming (Association of Women in Surgery)

1. Tamzin provided an overview of the policy brief released by the Working Party on Sexual Misconduct in Surgery (WPSMS) jointly with the Royal College of Surgeons (RCS) of England called [**Turning the Tides report**](https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjfk7vroPCMAxWaWEEAHVZrCn0QFnoECBQQAQ&url=https%3A%2F%2Fwww.rcseng.ac.uk%2Fabout-the-rcs%2Fabout-our-mission%2Fdiversity%2Fsexual-misconduct-in-surgery%2Fturning-the-tide-sexual-misconduct%2F&usg=AOvVaw2vyTwzC2F6VwIkGRydLl6b&opi=89978449). This was a follow up report from the ‘Breaking the Silence’ report in 2023. Tamzin highlighted some key areas of work as follows:
   * + GMC and MPTS held an event on 6th May 2025 with representatives from the RCS & WPSMS to discuss the learning and insights from their work, the recommendations from the recent report, and to ensure that they have a greater understanding of our processes, how both the FtP and MPT stages operate, and why.
     + There are 8 priority actions and recommendations from ‘Turning the Tide’ including a national anonymous reporting mechanism and a call for more engagement by medical schools to address sexual misconduct.
2. Members responded positively to the report and raised the following points:
   * + BAPIO confirmed the Sexual Safety Charter is being looked at to go into medical schools. Also, Milton Keynes did work where they developed simulation training to change the culture successfully.
     + GLADD said the intersectionality of reporting is a key issue and one of the things the Northwest Deanery are addressing. As trainees are a particularly vulnerable cohort, the Deanery are implementing a peer reporting process, particularly in escalating and reporting.

**Action:** **Duncan to share details of the Associate Dean to Tamzin. ED&I team to share Tamzin's contact details with Duncan (Complete)**

1. Charlie explained Queen's University Belfast showed a piece of simulation training on the active bystander issues using some of their theatre students, which was excellent, and we could encourage other schools to replicate.

**Action: ED&I team to share details of the work with Tamzin as best practice (Complete)**

1. BMA confirmed they have surveyed medical students about experiences of sexual misconduct and sexism at medical schools and on clinical placements. Initial findings are to be published in June 2025. The BMA will be engaging with stakeholders before the full report is published in October 2025.

**Action: Kate to share the initial findings report with members when it is released.**

**Action: Further questions from members have been shared with Tamzin to respond. (Complete)**

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

1. Charlie updated forum members on the following:

#### Race Equality Forum (REF)

1. The first meeting of the new REF was held in February 2025. This now sits alongside SEDIAF as an important part of the picture of our ED&I engagement. We will be publishing a note of these meetings on the GMCs website, as we do with SEDIAF.

#### Supreme court ruling

1. Members were updated on GMC’s current position following the Supreme Court ruling on the legal definition of a woman under the Equality Act 2010.
2. The EHRC will be providing a new statutory code, and we believe that the NHS will also be issuing guidance.
3. We are reviewing the judgment and carefully considering its relevance to our own policies and processes. As we consider the implications of the Court’s ruling, we will do so in a careful and compassionate way and in line with our values of treating everyone with dignity, respect and inclusivity for all.

#### UK graduate prioritisation & impact on IMGs

1. Charlie acknowledged the level of concern and the experiences of IMG doctors in this context.
2. Charlie reminded members that decisions around the shape and makeup of the workforce are for governments. The GMC does not determine the number of people joining the UK workforce from overseas, and do not decide on the number of medical school places.
3. Charlie acknowledged that there is a wider challenge around making education accessible to more doctors, and we are considering options around this as part of our FutureEd programme.
4. SoMEP workforce report, Charlie focused on some of the findings we are about to publish in this year's SoMEP workforce report (Autumn 2025). The report highlights the changing nature of the country’s medical workforce.
5. Some of the key findings will be:
   * + The number of doctors on the UK medical workforce continues to rise – now at the highest rate since we first published this data in 2011. The growth is being driven by non-UK graduates joining the register.
     + Clinical and educational supervisors are under increasing pressure as they’re overseeing growing numbers of doctors. We know from our [workplace experiences report](https://www.gmc-uk.org/-/media/documents/somep-workplace-report-2024-full-report_pdf-107930713.pdf) that trainers are reporting unsustainably high workloads and more than half are at risk of burnout.
     + We now have more women than men, and more ethnic minority doctors than white doctors on our register.

### The abolition of NHSE and implications

1. Charlie touched on the Prime Minister’s announcement on 13 March 2025 to abolish NHS England (NHSE). He acknowledged that it would take some time before there is clarity about how key NHSE functions will be delivered.
2. We are continuing to seek reassurance about how NHSE's education and training functions will be delivered, and standards met​. As well as clarity about the continuation of NHSE's role in convening UK wide medical education and training forums/initiatives and other areas of work where our organisations interface.

### Following Charlie’s update, members raised the following points:

* + - Intersectionality is an increasingly important issue as it is where we see some of the greatest inequality and disadvantages and we must understand it better through our data.
    - Members raised concerns about the management of PLAB candidate numbers linked to actual NHS workforce demand. There is a perception of a two-tier system in place. UK graduates have access to teaching, training, career progression, and IMGs find themselves without access to all these opportunities.
    - Differential attainment remains a significant concern. IMGs continuously face lower pass rates in their postgraduate exams because of inadequate preparation, resources, lack of mentorship or familiarity with the UK system and systemic bias.

1. Charlie responded as follows:
   * + The GMC doesn't have any responsibility for job allocations and job decisions. PLAB is not the only route to get GMC registration in the UK, but it is the most common route. Therefore, we are explicit in our engagement with doctors from overseas that there is no job guarantee in the UK.
     + There is concern about the welfare of doctors and trying to support the induction of doctors into UK practice.
     + We have embarked on a programme called Future Ed, which is about trying to work with governments and Royal Colleges to reform education and training and address differential attainment.
     + Members appreciated the assurance Charlie provided around the supreme court judgement.

**Action:** **Duncan asked to share information on the Supreme Court ruling with his members**

## Item 4 - Actions from previous meeting and matters arising, Claire Light

1. A summary was provided of matters arising from the previous meeting held on 12 September 2024 – all outstanding actions were complete. One point remains which is Duncan (GLADD) requested an update on any work that the GMC is planning to do around conversion therapy.
2. The standards team aren’t planning to progress this work in the near future, as we await further progress on the government’s plans.

## Item 5 - IMG Recruitment, Retention and Participation in Postgraduate Training - James Gooding

1. The State of Medical Education and Practice (SoMEP) Workforce report details the trends and patterns we see in our workforce data, including demographics and the geographies of where doctors work.
2. James facilitated a discussion on recent changes to IMG employment opportunities and the proportions of IMGs entering postgraduate training. He offered the latest data and interpretation, and members shared lived experiences of the employment market and entry to formal postgraduate training.
3. Two key topics were discussed, the changing employment market for non-UK PMQ doctors in 2024 and non-UK PMQ participation in formal post graduate training.
4. James asked members to share insights /experiences,

Members comments included:

* + - The data confirms that oversees doctors or IMG’s are finding difficulty in securing their first job after passing PLAB 2 and obtaining GMC registration.
    - We are seeing this trend increase, and it's due to a mix of different things; the PLAB part is just the academic side of things, there are other factors contributing.
    - There are also issues around clinical attachments and lack of proper induction into the UK system. Also, understanding how they get into specialty training.
    - IMG’s are starting to rule out certain specialities.
    - Some members are trying to address these challenges through their own wider differential attainment work.
    - Members suggested a programme similar to Welcome to UK practice - but more aimed towards someone who has not yet started a job, something akin to a structured pre-induction helping to find a job in the UK.

**Action: Members to contact James Gooding if they want further insights behind the data.**

1. Members shared their lived experiences and asked for data on graduates who are coming out of medical school and how long they are taking to get into training pathways. For example, non-UK graduate female surgeons appear to end up in SAS roles rather than in training and it would be interesting to know what the data tells us broken down by gender.
2. One member asked about the introduction of the MLA for all medical graduates and how it related to PLAB how the GMC intend to ensure parity between the 2 exams.

**Action:** **GMC to respond to this question outside the meeting. Response provided in** [**Annex 1**](#_ANNEX_1) **(Complete)**

**Action-: James Gooding to return to SEDIAF in 2026 and offer to share further insights into this subject.**

## Item 6 - Developing the GMC Corporate Strategy 2026-2030 Louise O’Neill

1. Following the last SEDIAF meeting in September 2024, Louise presented an update to members on our work to develop the next corporate strategy. Louise sought feedback on how the next strategy could better serve and engage with registrants with protected characteristics, and any thoughts specifically on the EQIA.
2. Members were pleased to see a firm commitment to ED&I work will remain part of the next strategy and provided further comments as follows:
3. A member raised a question about how the GMC measures trust and confidence amongst registrants and patients, as what they think and perceive is key. Paul Reynolds confirmed that we undertake a tracking and perception survey across all our audiences, including members of the public, registrants and other key stakeholders. Perception surveys are undertaken annually and help inform our communications and engagement work.
4. Members would like to see more on intersectionality. Louise confirmed the strategy team are working with the ED&I team on how we might address that more effectively in the next strategy.
5. Claire Light also commented that we have recognised this need, and members may recall a piece of work in the past: the enhanced progression work and the data that was published with intersectional analysis. Conversations are continuing with the strategy team about how to evolve and advance our capability in this area to ensure we capture, and then monitor data on intersectionality so we can understand better differentials.
6. Also, members commented if we are talking more around the concept of intersectionality and looking at multiple marginalised groups, we should bear in mind the themes of discrimination will be very different for some communities. For example, the LGBT+ community may not experience the same degree of differential attainment. Therefore, moving to intersectionality does not mean having a universal approach, it still requires some degree of nuance and specificity.

## Item 7 - BMA Disability and Neurodivergence Survey 2025 - Kate Firth

1. Kate spoke to members about the BMA launching a disability and neurodivergence survey. The survey is open to all doctors and medical students (including non-members) in the UK who identify as disabled, neurodivergent and/or have a long-term health condition.  She asked members to promote the survey within their organisations and complete the survey to see if the barriers faced by disabled doctors have changed since the last survey was completed in 2020.
2. The BMA will be publishing initial findings in June and will be working with stakeholders to put a report together and recommendations. Link was shared with members.

**Action: Caroline (DDN) requested contact details for Kate. (Complete)**

**Action: BMA to present findings to SEDIAF in November.**

## Item 8 - BIDA’s conference ‘Prevention is better than cure’ - Amit Sinha and Sai Pillarisetti

1. BIDA are working with the GMC on training and mentoring initiatives, involving academic research on culture to help support the work in trusts. They are also looking to work with CREiM and the CQC. They updated SEDIAF members on progress with the collaborative work that they are doing and shared details of the conference ‘P*revention is better than cure*’.
2. BIDA supports the [Centre for Remediation Support and Training - University of Greater Manchester Medical School](https://medicine.bolton.ac.uk/centres/centre-for-remediation-support-and-training/) Centre for Remediation, Support and Training (CRST), which is set up to help doctors in difficulty, and supports those with enhanced learning needs to return safely to clinical practice.
3. Amit also discussed the work BIDA undertakes to prepare new IMGs and introduced the independent internal security panel. Amit spoke about the work they are doing regarding an early resolution model for IMGS at risk of being referred to the GMC. An article on this is coming out from the GMC in August 2025.
4. The idea is to now launch this work on a national level and help deliver that locally within member trusts as well. If members are interested, please contact Sai Pillarisetti at BIDA

## Item 9 – Update from each organisation

1. **GLADD:** Duncan read a statement asking for an update on the GMC's previous work on conversion therapy and the GMC’s project to consider the removal of gender as the only publicly viewable protected characteristic from the online medical register.

**Action: GMC to update GLADD when the government's plans and timescales on the ban on conversion therapy are clear.**

1. Duncan also raised concerns on behalf of a GLADD member who is worried about the implications of the Supreme Court ruling and the impact that will have, and is having, on transgender colleagues and students. He also mentioned the possible role the GMC may need to play in supporting and protecting them. This colleague shares that there is currently little to no guidance on transgender support and existing guidance on intimate examinations by the GMC is too broad to provide adequate reassurance.
2. Duncan has requested that the GMC support transgender colleagues by producing some guidance that will reassure them that they will not be investigated or sanctioned by the GMC for maintaining their own right to privacy in such situations.

**Action: GMC to engage with GLADD once we have more clarity on the implications of the supreme court ruling on the definition of sex in the Equality Act linked to the previous work under the Sex, Gender and Gender Identity Project.**

1. **AWiS—**The college has undertaken a lot of work regarding sexual misconduct, including a new code of conduct on the website. There's a lot of good documentation on the website if anyone wants to have a look.
2. A big focus this year is mentorship, so the Royal College of Surgeons now has a formal surgical mentorship pilot for women in surgery and SAS doctors. [Targeted Mentoring — Royal College of Surgeons](https://www.rcseng.ac.uk/standards-and-research/support-for-surgeons-and-services/professional-support-for-surgeons/mentoring/targeted-mentoring/)
3. [WinSpire School Outreach Initiative — Royal College of Surgeons](https://www.rcseng.ac.uk/careers-in-surgery/women-in-surgery/winspire-school-outreach-initiative/) has opened, which aims to go back into state schools.
4. AWis are working with the College in the [UK Surgical Workforce Census — Royal College of Surgeons](https://www.rcseng.ac.uk/standards-and-research/surgical-workforce-census/) to look at the data and analyse it to look at gender differences in surgical practice. Link was shared with members.
5. Also, the college is working on ‘returning to work’, doing practical virtual reality work with the augmented reality team. The pilot will be in November.
6. The conference is on the 17th of October and the theme is ‘Women at cutting Edge’. WinS conference registration: [Women at the Cutting Edge Tickets, Fri, Oct 17, 2025 at 9:00 AM | Eventbrite](https://www.eventbrite.co.uk/e/women-at-the-cutting-edge-tickets-1317330724659?aff=oddtdtcreator)
7. **BIDA:** provided an update in their presentation.
8. **DDN-** One of the challenges for many within the network is navigating medicine and medical careers with health issues, systems that are inbuilt with ableism, and the challenges that come around through that. DDN are aware of the importance of allyship and the support of other organisations to be able to reach a place of equality. As part of that, the Association for the Study of Medical Education, have got a [disability health educators’ network](https://www.asme.org.uk/groups/dhen/) that was launched in December 2024.
9. Research is being conducted in conjunction with NIHR, and a large project that will soon start will examine the barriers to career progression, specifically for doctors and medical students with disabilities.
10. **CMS—**Doctors feel threatened if anyone knows their faith or background, so they keep it as quiet as possible. We never mentioned the issues of faith at SEDIAF. We need to discuss what we are doing in this area and what problems doctors of all sorts of faith face.

**Action: GMC and members to consider topics relating to faith for future SEDIAF meetings.**

1. **APPNE**- Last month, APPNE held its fourth general election. They are organising a one-day seminar in Walsall Hospital. Invitation open to SEDIAF members.
2. They are organising the annual gala dinner on 15th of November in London. Invitation open to SEDIAF members. Also, APPNE are to organise regional meetings and seminars, particularly to teach doctors who are new to the NHS or who are planning to join NHS, what they can do and what they can't do.
3. **JMA-** Intersectionality is an issue for the JMA. Providing a definition of faith and ethnicity for Jewish doctors. A lot of time is spent concerned with anti-Semitism from members of the medical community.

## Item 10 – AOB and close

1. Paul Reynolds reiterated the request inviting SEDIAF members to present to the group at future meetings, so 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).
2. Also, we do have a dedicated web page for SEDIAF where we share our papers and minutes of meetings. We will share that link when we send out the minutes of this meeting.
3. Claire asked for the membership forms back to confirm organisations’ participation on the website. We are also keen to get out the letters confirming participation in this forum, this may help members to be released from work to attend the meeting.

## ANNEX 1

PLAB became MLA compliant last year, and there is further information about this [on our website](https://www.gmc-uk.org/education/medical-licensing-assessment/plab-and-the-mla). The compliance reports for PLAB can also be found [here](https://www.gmc-uk.org/education/medical-licensing-assessment/mla-compliance-reports/plab-test).

PLAB has transitioned to the MLA already, though it’ll keep the PLAB name for a little longer. The introduction of the MLA means that, for the first time, UK students and international candidates will take assessments that draw from the same topics, as laid out in our [MLA content map](https://www.gmc-uk.org/education/medical-licensing-assessment/mla-content-map), and meet the same requirements.

By introducing shared topics to the assessments taken by these two groups, the MLA will improve consistency in what we expect doctors new to the register to know, understand and be able to do. It’ll assure us and patients that they have the core knowledge, skills and behaviours needed for safe medical practice.

While the MLA will draw on the same topics for UK students and international graduates, it will also need to reflect the different levels of experience and training that the two groups have. That’s why the MLA will be tailored differently for UK students and for international graduates. This is necessary because they join the workforce at different points.

The MLA will build on the success of the PLAB test and complement the excellence of the UK’s medical schools. It’ll help us maintain high standards through a period of sustained change. By adapting to our changing landscape, we can safely welcome the variety of knowledge and experience offered by UK and international graduates, and build a workforce fit for the future.