Equality, diversity and inclusion

Targets, progress and priorities for 2023

General Medical Council

Equality, diversity & inclusion (ED&I) Targets, progress and priorities for 2023

Contents

Annexes

Executive summary

1 In 2021, we set a range of targets for our work as a regulator and as an employer, to tackle persistent areas of inequality. In setting these targets, we committed to creating a sustained focus on the delivery of improvements across the health system.

2 In 2022 we reported that we had made strong progress in embedding these targets. We established three programmes of work that will help us to meet these aspirations called fairer employer referrals (FER), fair training cultures (FTC) and inclusivity within the GMC. And we started to regularly report our progress to Council.

3 A year on from our last report, we continue to see that there is a great deal of activity and a willingness to work together to drive improvements. While system pressures are ever present, there is also a recognition that reducing inequalities within the workforce must remain high on the agenda.

4 Our goal has always been to continue to shine a light on these issues across the system. While we remain cautious about drawing conclusions at this early stage, the progress we've seen is encouraging. However, there is no room for complacency and continued efforts are needed.

5 **Our progress against the measures has seen**:

- a consistent improvement for all fairer employer referrals measures, which is forecast to continue.
- some year-to-year improvement for four out of five education and training measures, with one measure deteriorating. Data from some education initiatives we're piloting with other organisations shows some promising results.
- improvement in some inclusive employer measures, with a decline in others.

6 Overall, there is encouraging progress in all areas. But there is also evidence of the challenging nature of the task at hand, and a reminder of the need for us to maintain a momentum into 2023.

7 We have made significant progress in delivering the first phases of work across all three workstreams. And we have refined all our plans to set new deliverables for 2023. Table one shows the key progress.

Table 1 – Summary of progress in 2022

Workstream	Key findings
Fairer employer referrals (FER)	• forecasts for FER key performance indicators show that the **disparity in referrals made to the us by employers should reduce** by the end of 2026. • FER have **completed phase one** of our plans and have defined phase two of our activity. • there is **significant activity underway across the system** to address disproportionality in disciplinary proceedings and we are seeing interest from organisations to make a difference.
Fair training cultures (FTC)	• of the five index measures we currently track, four show a narrowing of the gap. This includes the measures for education performance, inclusive environments, postgraduate exams and the annual review of competency progression (ARCP). However, the gap for F1 preparedness has widened. • interim findings from a pilot exam preparation course in Core Psychiatry show the attainment gap closing, with **substantially improved pass rates** for the trainees involved. • evaluation of an educator workshop pilot shows trainers involved have increased awareness of the barriers faced by overseas qualified trainees and built better knowledge of the support available. They were also **more proactive in supporting** of **international medical graduates (IMG) trainees.** • there is **strong participation, engagement and collaboration** with education and training bodies through working groups, events, and collective initiatives.
GMC Inclusivity as an employer	• our progress towards our overall **workforce target is on track** and it's likely that 20% of our workforce will be from an ethnic minority background by 2026. • our **management profile is not yet meeting the 2023 target.** To reach this target we will need to appoint a higher percentage of ethnic minority candidates to management roles. • **turnover trends have reversed,** and we now have a higher proportion of ethnic minority leavers than white.

	• **progression rates for ethnic minority staff have lowered in comparison to last year**, with fewer ethnic minority staff progressing (9.4%) than white (11.2%). • differences in engagement scores for ethnic minority and white colleagues have reduced and the **score on our inclusion index has increased by 1% from last year.**

8 We have established a process for forecasting progress for all measures (see Annex D). Some forecasts are not yet reliably informative due to lack of available data and the lack of a detectable trend. However, over time, forecasts will become more valuable in helping us to understand the impact of the programmes of work that we and stakeholders across the system have developed.

9 We have published a review into how we approach fairness and bias, which has important findings and recommendations on how we will actively seek out and address potential biases in our decision-making. We have accepted all recommendations and are assessing how we can embed greater fairness assurance controls in our regulatory functions. The work to implement the Regulatory fairness review forms part of our ED&I programme, to make sure that our processes, procedures, and decisions are fair and consistent for colleagues, doctors, and patients. An internal board has been established to oversee the delivery of the recommendations.

10 We recognise that we must make more progress in understanding wider inequalities, for other characteristics and on a more nuanced level. This involves breaking down data monitoring for different groups and for intersectional characteristics. In this report we evidence some of the early progress we have made in that area, and we will build on this in 2023.

11 This report also evidences the breadth of collaborative efforts to address long-standing inequalities across the system. While it's encouraging to see how much effort and commitment has gone into driving change, there is some evidence that system pressures are affecting organisations' ability to deliver some of the changes we're calling for.

12 The progress seen so far demonstrates that concerted effort can deliver change. But it does require leaders to ensure that ED&I remains a top priority in their organisations and in their workforce plans.

13 We will continue to use this report and opportunities throughout the year to share progress and reiterate our calls for action. System leaders must not give way to pressure to de-prioritise ED&I initiatives. The case for doing so is clear - doctors who work in inclusive environments where they can maximise their career potential will provide better and safer services for patients. Achieving inclusive environments is key for the future sustainability of the workforce.

14 For our own part, we will continue to prioritise our ED&I commitments, both as an employer and a regulator.

15 We continue to build a greater understanding of how we can and will use our levers and our regulatory remit to increase the pace of change. This year we've seen clear evidence that the existence of our ED&I measures and the work we have started has been a direct catalyst for others to address inequalities in ways that they haven't before.

Progress on our ambitions and targets

In February 2021 we committed to eliminating:

- Disproportionality in fitness to practise referrals from designated bodies based on ethnicity and place of primary medical qualification (PMQ) by 2026.
- Discrimination, disadvantage and unfairness in medical education and training by 2031.
- Differentials within our own staffing performance, in ethnic minority recruitment, representation across staffing levels, retention, progression, pay and employee engagement by 2026.

16 Our corporate strategy for 2021-2025 renewed our commitment to foster a culture of ED&I in everything we do as a regulator and employer. We set our equality targets to highlight the need for meaningful action to address longstanding inequalities and the impacts of racial discrimination and disadvantage.

17 In 2022, we published *The state of medical education and practice in the UK: The workforce report,* which explores changing workforce trends. It shows that the workforce in England and Wales is becoming more ethnically diverse, as the number of IMGs joining the UK medical workforce rapidly increases.

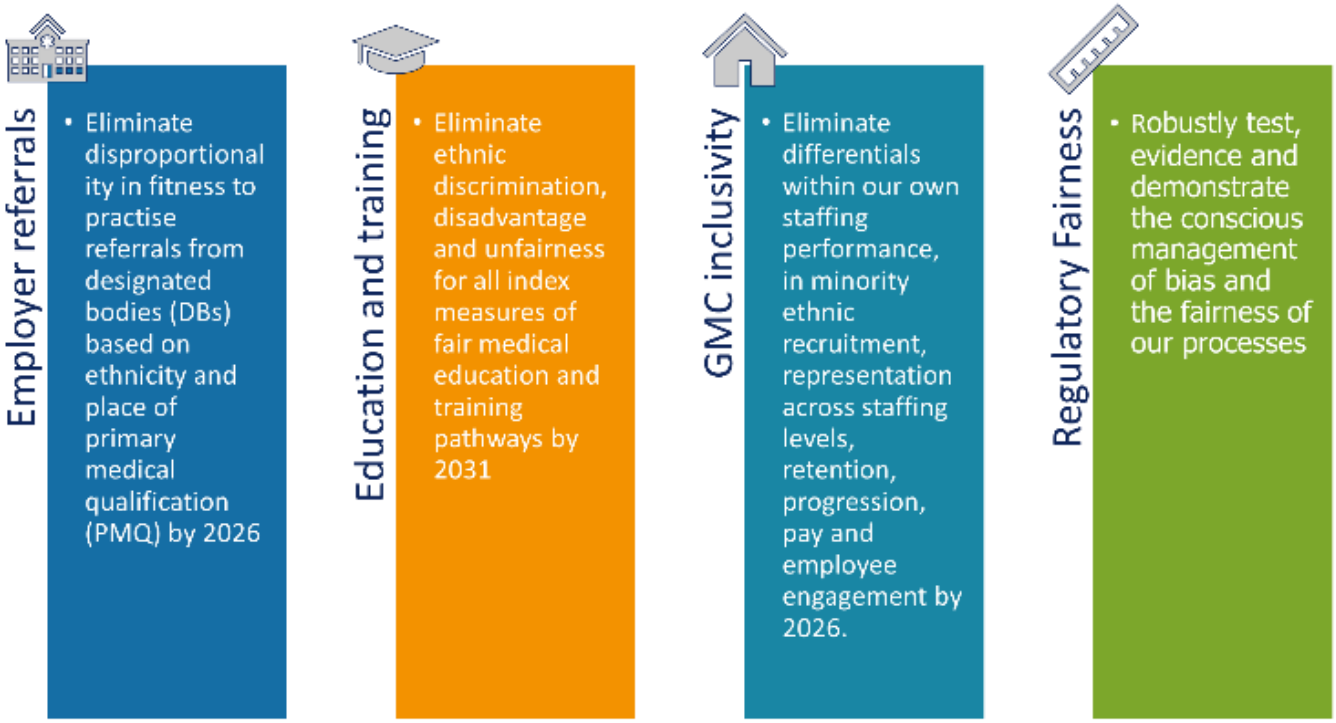
18 As the demographics and backgrounds of the workforce continue to evolve, it is even more important to make sure all doctors work in supportive environments where diversity is embraced, and inequalities are addressed. Reporting on our targets and the progress we see across the system creates an important moment of reflection and an opportunity to refocus our efforts and help influence change.

19 Tackling barriers to career progression and the exclusion doctors can face will support workforce retention. It will help doctors build their skills and experiences, which will benefit healthcare systems across the UK.

20 We continue to advocate that positive cultures and inclusive leadership in workplaces are the most critical factors in enabling doctors to thrive and provide compassionate care. Eliminating the differentials seen in the measures will help to create more inclusive, supportive, and fairer local environments for all. And inclusive environments lead to better patient outcomes and satisfaction.

21 We and our partners across the health service have a shared goal of making the health service a better, more inclusive, and supportive place to work for all staff. This remains central to the NHS's operational planning priorities and will continue to be central to workforce plans across England, Northern Ireland, Scotland and Wales.

22 When we launched the targets in 2021, they were well received and supported by external stakeholders. And although we set internal targets for ourselves as an employer, we recognised there was more to do to consider ED&I in our own regulatory functions. As a result, we carried out an extensive review of all the steps we take in our regulatory activity to identify and mitigate bias. We've recently published the outcome of that review. Our work to implement the recommendations is the fourth pillar of our strategic ED&I programme and we will continue to publish updates on progress within this report and on a regular basis to Council.



23 This report shows strong progress in delivering the first phase of fairer employer referrals and fair training workstreams. All workstreams are building on and refining their plans of activity.

24 During 2022 we continued to strengthen how we monitor progress by regularly reporting to our Executive Board and through in-depth reports to Council for all workstreams.

Summary of progress in 2022

25 In 2021, we reported a mixed picture of overall progress against the measures, with some showing improvement and others showing little change. In this second report, the data shows continued positive progress on a number of the measures, but some areas show little progress or are falling back.

26 The fairer referrals measures have continued to improve, and the gap is closing for some of our education measures. However, while some of our inclusive employer measures have continued to improve, there are some areas where progress has stalled or fallen back.

27 This is only the second year we have monitored progress against our targets. We're still cautious drawing significant conclusions given the longstanding and persistent nature of these challenges, in particular for the measures relating to fair training cultures.

28 We continue to closely scrutinise progress. We're increasing the frequency of how we report on our measures within the organisation, including having useful comparisons to track changes over time.

29 This highlights the need and value for this annual reflection on progress and the refinement of plans across all workstreams.

Forecasting progress

30 We've refined how we track progress against the targets and how we assess the potential for us to see sustainable improvements. Forecasts for all the core measures are contained in Annex D.

31 The forecasts we're publishing this time for all workstreams, and particularly fair training cultures, must be considered preliminary due to the limited data available. Forecasts are more reliable when they include historic data and when such data carries a detectable trend. Such trends may be modified by implemented interventions.

32 More data accumulated over longer periods will lead to more accurate forecasts. It will also give us an increasingly clearer picture of potential trends to help us understand if the approach to tackling these inequalities needs to change. Success for us is about seeing sustained improvements over several years.

Fairer employer referrals progress

33 The data shows that **employer referrals have continued to move in a positive direction. The gap in referral rates has reduced further in 2022 across all measures** and the proportion of designated bodies (DBs) that show some disproportionality in referrals has also continued to slightly decline. The scale of improvement has increased this year in comparison to the level of improvement in 2021. We have seen fluctuations in the DBs that show disproportionality, reinforcing the need to keep focused on these issues to make sure we can quickly respond to any new developments. The forecasts indicate that we are seeing a sustained reduction in the measures of disproportionality for referrals.

Fair education and training progress

34 Across the five index measures for medical education and training that we reported last **year, four show a narrowing of the gap and one shows a widening of the gap.** This is based on the most recent data available compared to the benchmark year.

35 In **postgraduate specialty exams, pass rates have improved** for all groups of trainees. Results for ethnic minority and overseas graduate trainees improved more than other groups, narrowing the gap between them **by 2.5% and 4.1%**. More work is needed to understand the cause of this change.

36 Our ability to include data in the report depends on when data becomes available. We do not, at the time of writing this report, have a complete set of updated metrics to inform our overall assessment of 2022. Postgraduate exam and ARCP data will be available later this year and published in the next report in 2024.

37 During 2021 and 2022 we carried out the first collection of undergraduate assessment data from medical schools. This data is very new and has not been fully validated yet. We remain in consultation with the Medical Schools Council over the publishing of this data.

38 There is a significant amount of activity underway across the system to bring about the organisational and systemic changes needed to close the gaps. We are making **good progress in demonstrating that interventions can improve educational outcomes** through small pilots with education bodies. Interim findings from a pilot exam preparation course in core psychiatry show the attainment gap for UK ethnic minority participants reduced to 1% compared to 11.8% for all trainees. The gap for IMG ethnic minority trainees also fell from 59.8% to 21.1%, reflecting a real reduction in disadvantage being experienced. We will use our evaluations and emerging evidence of what works to demonstrate to the system that targeted interventions can change behaviour and improve outcomes, and we will encourage

organisations across the system to build on these findings to support different groups of doctors.

Inclusivity within the GMC

39 In 2021 we reported significant progress in our ambitions to become a more inclusive employer. We established several programmes of work spanning all our employment functions and we saw improvement across all the measures.

40 In 2022 we have made **further progress on ethnic minority staff representation brings us closer to our overall target of 20% of our workforce by 2026 has continued and we should be on track to achieve this.** If current trends continue, we expect to exceed our target by between 1% and 2%.

41 Our **management profile targets are more challenging**. Progress on both management representation indicators is not at the level that would mean we are likely to meet the target. We will need to monitor the progress of these measures monthly in 2023 to ensure we identity opportunities where we can make further progress.

42 The data also shows that, in terms of attracting applicants, we exceed our expectations, but that representation falls as the recruitment processes progress. Representation of ethnic minority candidates drops as job applications convert to interviews, and again as these convert to job offers. Further work is needed to understand the reasons for the disparity. We need to consider what factors are driving this trend.

43 The proportion of staff receiving promotion and grade progression within the organisation was higher in 2021 and decreased in 2022 for both ethnic minority and white staff. This decrease is more pronounced for ethnic minority staff, and **fewer ethnic minority staff progressed or achieved a promotion** (9.4%) than white (11.2%).

44 In 2022 we saw a 3.7% gap in turnover rates, with **more ethnic minority staff leaving the organisation than white**. This contrasts to 2021 when the gap in turnover rates was 0.8%. The difference in turnover rates between ethnic minority staff and white staff is outside our target ±2 %.

Priority commitments and calls to action for 2023

45 Many organisations are working towards the same goals, and we have been able to collaborate with other stakeholders on a number of initiatives. This report reflects on some of their key initiatives, as much as our own. But as we think about the year ahead, it is

important that we continue to highlight the calls to action we think are relevant for other stakeholders.

Calls to action for designated bodies

- DBs to share how they identify and use effective and impartial checks process to address disproportionality.
- DBs to share good practice with their peers on tackling disproportionate referrals.
- Our Outreach teams will work with DBs to develop a range of initiatives to assist them in supporting specialty and specialist grade (SAS) doctors through formal and informal methods and to develop a range of initiatives to support them.

Calls to action for system leaders

- For the NHS across the UK (and Health and Social Care in Northern Ireland) to mandate the recently launched induction for new international medical graduates (IMGs) that includes Welcome to UK practice, and covers the topics highlighted in the *NHS induction programme for IMGs*.
- For system regulators / improvement bodies to consider how they are developing frameworks for assessing workplace fairness and to understand the impact of these frameworks. For example, how the Care Quality Commission framework for assessing disciplinary actions for ethnic minority staff is progressing.
- To identify national and regional opportunities to collaborate with system partners and key stakeholders, including NHS England Medical Workforce Race Equality Standard (MWRES) team, to ensure our priorities are aligned and we are amplifying each other's efforts.
- System leaders to prioritise ED&I activity through organisational change and workforce plans, as it is central to ensuring a well-supported workforce.
- Integrated care boards (ICBs) / integration joint boards (IJBs) / integrated care system (ICS) and other system leaders to make sure they monitor and measure the overall impact of ED&I activity and interventions. While activity and interventions are a route to achieving outcomes, they are not an end in themselves.

Calls to action on education and training

- All medical royal colleges and faculties, and postgraduate training organisations (PTO) must be willing to respond to the growing evidence that targeted interventions can improve outcomes. We would like to see more organisations actively contribute to that evidence base, through testing interventions on:
  - enhanced exam preparation
  - mentoring and peer support
  - adapting trainers' supervisory practice to the needs of IMG and ethnic minority learners
- For the Academy of Medical Royal Colleges (AoMRC), Conference of Postgraduate Medical Deans (COPMeD) and other system partners to embed ED&I targets in the standards, policies and guidance which underpin the quality management of medical education and training.
- For medical royal colleges and faculties, postgraduate training organisations to submit annual organisational action plans and medical schools to describe their work to address the attainment gap for IMG and ethnic minority learners via our quality assurance processes.
- For all medical educational and training organisations to engage with and support the new measures and mechanisms to drive improvements and be willing to hold themselves to account.
- For education and training bodies to deepen their understanding of educational disparities between ethnic groups, and the compounding impact of socio-economic status, religion, and disability on the attainment gap for ethnic minority learners.
- For Medical and Dental Recruitment and Selection (MDRS) to lead an ED&I impact review of recruitment and selection processes as co-chairs with us, and to identify system improvements for the statutory education bodies.
- For all training organisations to use the new data being gathered through the national training survey and other evidence sources to improve understanding and focus attention on key issues, such as racism in the workplace and access to mentoring.
- To continue to collaborate with us to build our evidence on what's working and to evaluate pilot initiatives.

46 We recognise that there is a significant amount of activity underway across the system to bring about the organisational and systemic changes needed to address these inequalities. We remain fully committed to working with partners across the system to continue to make progress.

Fairer employer referrals (FER)

Fairer employer referrals

47 We set two performance measures to underpin this target. They reflect the nature of the challenge, which requires attention by employer designated bodies to assure themselves that their processes are fair and free from bias. It also requires attention from all employers, across regulators and system partners to affect change.

- **KPI1: the percentage of DBs with evidence of disproportionality in their referral, for either ethnicity or PMQ region**
- **KPI2: the difference in rates of employer referral between ethnic minority and white licensed doctors and between 'UK PMQ' vs 'non-UK PMQ'**

48 Though these metrics only measure referral disproportionality about ethnicity or PMQ region, we also monitor disproportionality about the other five protected characteristics that we collect. These are: age, sex, disability, sexual orientation, and religion. We initially focused on ethnicity and PMQ region as indicators, but we also recognised that a local system could produce disproportionate referrals based on other characteristics. We expect that action to improve proportionality about ethnicity and PMQ region will help to make working environments more inclusive for groups defined by all other characteristics.

49 A small number of DBs continue to move in and out of the group of DBs with disproportionate referrals. However, 91% of the DBs in the disproportionate group (the basis of KPI1) in Q4 2021 were still part of that group in Q4 2022. We have compared the group with disproportionate referrals with the groups of DBs that we know are proportionate. This has helped us to identify learnings, which we've shared in our conversations with employers.

50 We are working towards eliminating differentials in employer referrals by the end of 2026, but we recognise that there may be factors or developments that emerge during this period which might impact on our ability to eliminate differentials altogether. Regular monitoring will allow us all to keep scrutinising this and review mechanisms to continue in the right direction.

Table 1 – Fairer employer referrals measures

TARGET: Eliminate disproportionality in fitness to practise referrals from DBs based on ethnicity and PMQ by 2026				
		2016-2020	**2017-2021**	**2018-2022**
KPI1: % of DBs with evidence of disproportionality, for ethnicity or PMQ	**Ethnicity or PMQ**	**5.6%**	**5.3%**	**4.4%**
KPI2a: Difference in rates of referral between ethnic minority and white doctors	**Ethnicity**	**0.28%** 0.58% ethnic minority 0.30% white	**0.24%** 0.50% ethnic minority 0.26% white	**0.19%** 0.41% ethnic minority 0.22% white
KPI2b: Difference in rates of referral between UK and non-UK doctors	**PMQ**	**0.42%** 0.28% UK 0.70% non-UK* (*made up of 0.73% IMG and 0.63 % EEA)	**0.34%** 0.25% UK 0.58% non-UK* (*made up of 0.59% IMG and 0.56% EEA)	**0.27%** 0.21% UK 0.48% non-UK* (*made up of 0.48% IMG and 0.45% EEA)

51 From our initial benchmark (2016-2020), KPI1 has dropped 1.2%, representing an improvement of about 21%. Similarly, KPI2 metrics have dropped 0.09% and 0.15%, respectively, in relation to our initial benchmark, representing corresponding improvements of about 32% and 36%. All FER KPIs also improved in 2021. We will continue to measure the efficacy of these performance metrics over time and formally review progress against the measures at the mid-way point.

52 After two years of monitoring, our view remains that these KPIs can in principle be reduced towards zero. The five-year rolling period is necessary for robust analysis, due to the small number of referrals per DB. However, it also means that if disproportionality improves in the first year, it will take time to show in the KPIs. If the improvement was small, it could take up to five years to be evident.

53 In 2022, we analysed data on the ethnicity composition of referrals. We explored the types of employer referrals and looked at if a referral from a responsible officer (RO) made in conjunction with an employer liaison advisor differed to those made without. We also examined whether the data differed for referrals made by employers that aren't ROs. We found that there was no marked difference, and that there were already a higher number of ethnic minority doctors within local disciplinary processes compared to the population of licensed doctors.

54 This evidence suggests that action should be focused much earlier on the local processes and consider what factors are leading to a higher number of doctors entering local disciplinary processes. For example, the 'Fair to refer?' report discusses a need to focus on long-term disadvantage and the processes leading into local concerns' processes, rather than focusing on the referrers themselves e.g. ROs or non-RO employers. We've encapsulated the need to encourage and support the local resolution of concerns before a doctor enters the local disciplinary process into our phase two action plan.

Forecast performance

55 See Annex D for full forecasts.

56 For each FER KPI, we produced a forecast of the current direction of travel and contrasted it with another reference forecast of what would be expected from 2021 if nothing had changed. They all show that FER KPIs are expected to move towards our aspired targets and are likely to be near them by the end of 2026.

Key finding: forecasts show that FER KPIs are expected to move towards our targets and are likely to be near them by the end of 2026.

Work programme activities in 2022

Completion of phase one

57 The first phase of our FER action plan was completed in July 2022. We've been embedding the changes introduced over the past two years and these are contributing to driving change. This included:

- **Fairness conversations with ROs** – We had fairness conversations with all DBs to emphasise their duty to provide supportive and inclusive working environments and to explore how they are implementing the findings of the '*Fair to refer?*' research.
- **RO referral form changes** – We updated the form that ROs use to make a referral to us. It now includes additional questions about how they've considered systemic issues, the support they've provided locally, and the impartial checks they've undertaken to ensure the referral is fair.
- **Feedback mechanism for ROs about GMC referrals** – To facilitate learning, we developed and implemented a mechanism for case examiners to be able to provide feedback to ROs at the end of an investigation about the outcome of concerns referred to us.
- **Training for assistant registrars** – We developed and delivered an interactive programme of reflective learning about bias to our triage decision makers, specifically about counteracting authority bias when dealing with employer referrals.
- **Shared narrative about fairness in disciplinary matters** – We collated the evidence available across the system which demonstrates the ethnicity gap in employment experiences and opportunities. We used this to draft a narrative which we shared with NHS Resolution as part of our support for phase two of their '*Being Fair*' programme, which brings together a range of stakeholders to collaborate on ED&I matters.

Key finding: we have completed phase one of our plans and have defined phase two of our activity.

Phase two underway

58 We collaborated with colleagues across the organisation to develop our phase two action plan. We identified four key areas to focus our activity, based on what we've learnt so far:

- **Reviewing the changes we made to the RO referral form** – we undertook an initial 6-month review of the changes and identified some immediate actions. A formal 12-month post-implementation review is now underway to assess the impact of the changes.
- **Extending anti-bias training** – we developed a plan to extend training to all fitness to practice decision makers and key staff, such as our Outreach team. We've also identified the key refresher sessions and reflection exercises that need to take place to ensure an ongoing conversation and focus.
- **Developing a mechanism to feedback to ROs about referrals which do not pass our triage threshold** – we developed a process to allow feedback to ROs where their referrals have not met our triage threshold for investigation, similar to the case examiner feedback mechanism we implemented earlier in 2022. The mechanism for triage feedback will be implemented in Q2 2023.
- **Internal survey to consider how to maximise our levers to deliver the FER target** – we started work on a pre-workshop survey to support an audit on whether we are using all our levers to maximum effect to deliver the target. We're currently scoping the workshop, which will take place in May 2023.
- **Worked with NHS England (NHSE) Patient Safety Incident Response Team & Healthcare Safety Investigation Branch teams** – to explore how their experience can help us and identify future collaboration opportunities.*

Future focus for 2023

59 Our action plan for phase two focuses on four key areas:

Ensuring we use all the levers that we have at our disposal to address disproportionality	• carrying out an audit of our current levers and how we might maximise them to reach the target. • reviewing the effectiveness of changes to the RO referral form and new mechanisms to provide feedback to ROs about their referrals. • reviewing how we deal with additional allegations.
Supporting effective local pre-disciplinary activity	Working with NHS Resolution to:

* Activity across the four nations is detailed in Annex A

and handling of concerns	• map the local process for addressing concerns and identify key organisations and individuals to target improvements. • collaborate on its 'Being Fair' initiative. • support 'compassionate conversations' training which is designed to help all involved in a local concerns process. To support the effective pre-disciplinary activity and handling of concerns: • reviewing the impact of the NHS patient safety incident response process and the Parliamentary and Health Service Ombudsman (PHSO) standard investigation process on disproportionality. • every regional liaison adviser to deliver the professional behaviours patient safety training programme, which includes how to address unprofessional behaviour at an early stage while considering cultural difference. • commissioning independent research to capture effective interventions by proportionate DBs to share with the system. • reviewing our data to better understand disproportionality in primary care, which will inform targeted activity in our phase three plan.
Encouraging supportive and inclusive working environments	• working with the NHSE to embed standardised induction for IMGs, which launched in 2022. • developing a database to identify, classify and store good practice on the provision of effective feedback. • scoping bespoke support offers for SAS and locum doctors, ensuring they receive good levels of support from their RO's.
Collaborating with other stakeholders to improve traction within the system and drive improvements	• working with key stakeholders to ensure priorities are aligned and that we're amplifying each other's efforts. • progressing a range of initiatives to support longer term cultural change. • joining the newly created NHSE Professional Standards working group to consider how to support primary care across a range of ED&I activities. • scoping our ask of NHS Boards and how to communicate effectively with them. • supporting initiatives to address disproportionality in all the nations.

Working with stakeholders

60 Given the significant activity underway by a range of stakeholders across the system to address disproportionality in disciplinary proceedings, we're cautious about drawing inferences about the impact of our activity on the overall KPIs. We are, therefore, developing a range of supporting measures to allow us to assess and report on the impact of specific activities and interventions. This will provide us with clear indicators of the effectiveness of our current action plan and inform our strategy for future phases.

61 There are a number of opportunities to work with key stakeholders launching publications to reinforce our activities, looking at issues relevant to referral targets and sharing examples of good practice, such as the MWRES First Five document and the development of the NHS Resolution Being Fair guidance.

Key finding: there is significant activity underway across the system to address disproportionality in disciplinary proceedings and we are seeing interest from a range of organisations to make a difference.

Fair Training Cultures

Fair training cultures

62 Since 2015, we have used an index of five key measures to track progress in undergraduate, foundation and postgraduate training. And each year we've reported on the persistent and consistent attainment gap that exists.

63 There is a significant amount of activity underway across the system to bring about the organisational and systemic changes needed to close the gaps. It will take time for change to be embedded and there may be a lag before the impact on trainees' outcomes can be observed.

64 Across the five index measures for medical education and training that we reported last year in the most recent data available, **four show a narrowing of the gap – Educational Performance Measure (EPM), inclusive environments, postgraduate (PG) exams and PG ARCP. One, F1 preparedness, shows a widening of the gap**. The full data is shown in table 3 below.

Key finding: of the five index measures, four show a narrowing of the gap (EPM, Inclusive environments, PG exams and PG ARCP), and one (F1 preparedness) shows a widening of the gap

65 In PG specialty exams, pass rates have improved for all groups of trainees. The results for ethnic minority and overseas graduate trainees have improved more than other groups, with **the gap narrowing by 2.5% and 4.1% respectively.**

66 More work is needed to understand the cause of these changes and the role that different factors may have played. This includes the impact of changes to clinical practice, ARCP and exams during the COVID-19 pandemic, and work is underway to identify beneficial pandemic-related changes that could be retained.

67 Interim findings from a pilot exam preparation course in core psychiatry show the attainment gap for UK ethnic minority participants reduced to 1% compared to 11.8% for all trainees. For IMG ethnic minority trainees, this reduced from 59.8% to 21.1%. As part of this intervention, we commissioned an external evaluation to verify results and provide insights into the reasons for its effectiveness. This evaluation of interim findings will be published in the first half of this year.

Table 2: Index Measures for Fair training cultures

2020/21 caution note: ARCP and exam results for 2020 and 2021 are likely to be affected by changes arising from COVID-19: ARCPs introduced new COVID outcomes, and many exams were postponed or cancelled. Caution should be applied when interpreting those year's results, and any year-on-year change in the attainment gap* Annex B - explanation of index measures

Index measure		2019	2020	2021	2022
Undergraduate EPM scores Difference between mean Educational Performance Measure (EPM) scores.	White Ethnic Minority **Difference**	6.05 4.93 **1.12**	6.09 4.92 **1.17**	6.16 4.94 **1.22**	6.17 5.11 **1.06**
Undergraduate assessments Difference between mean medical school assessment pass rates.	DATA NOT YET AVAILABLE				
Foundation year 1 preparedness (NTS) Difference in self-reported preparedness for first F1 post.	White Ethnic Minority **Difference**	70.2% 62.4% **7.8%**	NOT INCLUDED IN COVID-ERA SURVEY	76.3% 65.8% **10.5%**	68.5% 58.2% **10.3%**
Postgraduate – inclusive environments (NTS) Difference in perceived inclusivity of training environment.	UK White UK Ethnic Minority **Difference** All UK All IMG **Difference**	QUESTION FIRST INCLUDED IN 2020	81.6 77.2 **4.4** 80.1 76.0 **4.1**	83.0 80.0 **3.0** 82.0 77.3 **4.7**	82.1 79.1 **3.0** 81.0 77.7 **3.3**

* Note: There is natural fluctuation in the data so year on year changes may not be indicative of a material improvement or deterioration.

Postgraduate ARCP outcomes Difference in proportion of 'Developing' ARCP outcomes for foundation and specialty trainee.	UK White UK Ethnic Minority **Difference** All UK All IMG **Difference**	4.8% 7.1% **2.3%** 5.6% 15.7% **10.1%**	3.2% 4.5% **1.3%** 3.9% 11.4% **7.5%**	3.2% 4.6% **1.3%** 3.7% 11.5% **7.8%**	DUE Q3 2023
Postgraduate specialty exams Difference in mean exam pass rates for specialty trainees.	UK White UK Ethnic Minority **Difference** All UK All IMG **Difference**	77.7% 65.4% **12.3%** 73.2% 43.9% **29.3%**	78.4% 66.3% **12.1%** 73.9% 45.9% **28%**	81.8% 72.0% **9.8%** 78.1% 52.9% **25.2%**	DUE Q3 2023

Forecast performance

68 Please see Annex D for full forecasts.

69 We are committed to tracking the impact of systemic changes on the educational experiences and outcomes of doctors by sampling key data which we refer to as our index measures. Phase one of the FTC work programme is focusing on piloting and developing the interventions. We then expect them to be implemented more widely during phase two. Because of the length of training pathways, we expect the impact of the changes will take time to show up in outcome measures.

70 For each index measure, we have produced a forecast of the current direction of travel and a reference forecast of what would be expected from 2021 if no change took place. At this early stage of the programme, the insights are limited, and the forecasts cannot provide assurances about whether we will achieve the targets. The forecasts provide a tool ready to identify improvements which we can learn from. The lack of available data means that our current-direction forecasts are unable to detect change in most of the index measures.

71 It may also reflect that key interventions are only being piloted at a small scale or are in early development.

Key finding: Forecasts are unable to detect change in most index measures, due to lack of available data and because key interventions are still early in development.

Work programme activities in 2022

72 Fair training cultures has made strong progress in 2022 delivering phase one of our work programme. We focused on:

- holding postgraduate deans and medical royal colleges and faculties accountable, requiring them to submit an 'organisational action plan' **which demonstrates the actions** they are taking to tackle the attainment gap.
- focusing **quality assurance activity** around critical milestones in the education journey such as recruitment and selection outcomes and high-stakes assessment.
- testing the **impact of interventions** to support for learners and trainers.
- deepening our **understanding of inequality** on different ethnic groups and the compounding effect of factors such as deprivation, religion, and disability.
- broadening our **data collection to include medical school outcomes** and access to reasonable adjustments.

73 We have outlined the activities included in phase one of our work in greater detail below:

74 **Evaluation of an enhanced exam preparation** – together with Health Education England (HEE), we've commissioned the Royal College of Psychiatrists to pilot a two-day clinical exam preparation course. Edge Hill University are formally evaluating the impact and how the findings can be applied more widely.

75 Interim findings show substantially improved pass rates for IMG ethnic minority learners attending the course: **72%, compared to a 33% average pass rate for this group over the previous 5-years period**. This data is based on a very small sample size, and a final evaluation of all 200 participants will be available by the end of 2023.

Key finding: Interim findings from a pilot exam preparation course in Core Psychiatry show the attainment gap closing – with substantially improved pass rates (the pilot is still live).

76 The interim data has been presented to college presidents, postgraduate deans and AoMRC Assessment Committee members as well as at Developing Excellence in Medical Education conference (DEMEC) and Ottawa conferences (*Aspiring to excellence in Assessment and evaluation*).

77 **New AoMRC Principles on exam preparation and feedback** – In May 2022 we hosted a joint event with AoMRC and members of the medical royal colleges. The aim of the event was to share good practice and interventions which aim to address differential attainment. The AoMRC are developing new principles for colleges that will aim to ensure that exam preparation materials are inclusive and support candidates from all backgrounds. These principles will reflect the lessons learned from GMC commissioned research and also findings from the exam preparation pilot. In June 2023 we will jointly host a further event with AoMRC and COPMED which will focus on learning and sharing and on the examination preparation.

78 **Published a new evaluation of educator workshop 'Embedding compassionate, courageous, cross-cultural conversations into training'** – We funded the pilot and the evaluation of the workshop, which aims to improve awareness of the cultural barriers that contribute towards the attainment gap. The workshop aims to build skills, confidence, and compassion, which helps trainers to better support IMG trainees. It's been delivered to 129 trainers in core psychiatry, internal medicine, and core surgery across five regions.

79 Our recently published evaluation report shows that trainers awareness of the barriers faced by overseas qualified trainees increased as a result of the workshop. It also developed their awareness of the support available within their deanery and led to them being more proactive in their support for trainees.

Key finding: evaluation of the educator workshop pilot shows trainers increased awareness of the barriers faced by overseas qualified trainees, built better knowledge of the support available, and were more proactive in supporting IMG trainees.

80 **Evaluating the impact of mentoring and peer support on preparedness for F1** – We are working with Melanin Medics to evaluate the impact of its enrichment programme[*] over two cohorts in 2021/22 and 2022/23. The 10-month programme comprises of peer support, mentoring and workshops that prepare students of black African or Caribbean heritage for the transition from medical school to foundation training. An interim report[†] published in March 2023 found mentoring to be repeatedly highlighted as the most helpful aspect of the programme. A final evaluation will be published in 2024.

[*] https://www.melaninmED&Ics.com/enrichment-programme
[†] The Enrichment Programme 2021 - 2022 Evaluation Report (melaninmedics.com)

81 **Equality assessment: Specialty recruitment, selection, and allocation** – New analysis shows poorer outcomes at all stages of the recruitment, selection and allocation process for ethnic minority and IMG applicants. This means less choice of specialty and of training location, which has long term impacts for career progression and contributes to the attainment gap seen throughout PG training.

82 We presented our findings to the MDRS and asked them to identify actions to improve equity and fairness. We've established a new ED&I working group which met in January 2023, co-chaired by the MDRS and GMC.

83 **Sharing good practice event with the AoMRC** – We co-hosted a workshop *"Eliminating inequality in medical education – the role of Royal Colleges"* attended by 60 senior college staff to discuss interventions and share good practice.

Key finding: there is strong participation, engagement and collaboration with education and training bodies through working groups, events, and collaborative initiatives.

84 **Royal college action plans** – As part of our quality assurance requirements we asked royal colleges and faculties to submit action plans for the first time. Colleges were asked to report on monitoring the diversity of examiners and initiatives to improve support for exam preparation and feedback.

85 **Enhancing the progression reports** – We've published enhanced progression reports which allow more refined analysis of educational outcomes by different groups. We have disaggregated 'Ethnic minority' and 'IMG' to reveal the variation that exists within these groups. And we've published new analysis on religion, sexual orientation, disability and the compounding effect of inequality. This adds to the data we already publish on gender, age, and socio-economic status.

86 **Ethical hub topic on racism in the workplace** – We've published new resources to provide advice on tackling racism in the workplace. It sets out principles from our guidance, signposts to resources from other organisations, and provides real-life case studies from doctors.

87 **Good medical practice review, ED&I considerations** – ED&I has been embedded into all stages of the *good medical practice* review, and the consultation generated a diverse range of responses from professionals and the public. The consultation has now closed, and the review will conclude later this year.

88 **Physician and anaesthesia associates, education framework and curriculum** – The draft pre-qualification education framework, including a curriculum for each profession, has been informed by our ED&I targets and research around fair training cultures.

Understanding the wider inequalities

89 The index of measures is a useful tool that spotlights potential issues to be addressed. However, aggregating data at this level masks a significant amount of complexity and doesn't reflect other important factors such as gender, disability, and deprivation.

90 We've recently released new interactive reports that allow users to explore trainee outcomes in more depth. These include different ethnic groups and look at the compounding effect between different demographic characteristics.

91 Our accompanying report explores the extent that inequalities exist. For the first time we show that **UK black trainees average exam pass rate is 62% compared with 79% for UK white, 68% for UK Asian and 74% for UK mixed ethnicity trainees.** They are also twice as likely as UK white trainees to require an extension to training time.

92 Our data shows that **ethnic minority doctors are disproportionately represented in the lower socio-economic groups, with 34% of UK black trainees from the least economically privileged backgrounds compared to 4% of UK white and 16% of UK Asian trainees.**

93 However, when comparing trainees from the most deprived socio-economic background a 17% gap in pass rates remains between UK white and UK black trainees.

Key finding: UK black trainees have a lower pass rate than other ethnic groups and are twice as likely as UK white trainees to require an extension to training time.

94 Our new data also highlights a difference in declarations of disability. **2% of IMG Asian and black trainees declare a disability to us compared to over 10% of UK white, black, and mixed ethnicity groups**. We are collecting new data on access to reasonable adjustments to understand this finding further and the potential impact in accessing support.

Key finding: 2% of IMG Asian and black trainees declare a disability to the GMC compared to over 10% of UK white, black, and mixed ethnicity groups, and may lead to fewer IMG trainees accessing support

Future focus for 2023

95 In 2023 we will continue to strengthen our standards, guidance, and quality assurance requirements.

96 **Using our evaluations and emerging evidence of what works to change our standards and the support we and others offer.** Our evaluations demonstrate that targeted interventions can change behaviour and improve outcomes.

97 **Sharing good practice and creating a community of interest.** A key role for us is to bring together stakeholders to reshape systems based on evidence form pilots. We will host discussions with COPMeD, AoMRC and Medical Schools Council, in addition to disseminating our findings in journal articles, and conferences.

98 The Outreach team is developing **a new training programme aimed at educational and clinical supervisors** reflecting the findings of our educator workshop pilot.

99 **Sustainably scaling up initiatives, core psychiatry exam preparation pilot.** PG deans and colleges each share responsibility for supporting trainees to prepare for high-stakes exams and we'll bring these groups together to look at sustainable options to maintain and expand the improvements shown in the core psychiatry exam preparation pilot.

100 **Embedding better quality exam preparation and feedback, the AoMRC principles.** New principles will be published in 2023 on the development of inclusive exam preparation and feedback which consider the diverse needs of all trainees preparing for high-stakes exams. These will be embedded into our quality assurance systems.

101 **Recognition of trainers framework and guidance.** Trainers play a critical role in protecting vulnerable trainees from the negative impact of inequality and can act as a mentor, sponsor and coach. The education policy team will launch a review of the quality assurance framework which determines the standards required of trainers in educational and clinical supervisory roles.

102 **Evaluation of mentoring and peer-support.** The second cohort of medical students will complete the Melanin Medics enrichment programme in summer 2023, and a final evaluation report will be published at the end of the year.

103 **Generic professional capabilities (GPCs) framework review.** The GPCs set out the essential capabilities that doctors need to demonstrate during training. This includes skills relevant to creating an equitable and inclusive working and learning environment, and to developing

the next generation of trainers. We will start a review of the framework, with the ED&I targets as a core objective.

104 **ED&I guidance underpinning our core standards, Promoting excellence and excellence by design.** We will update the ED&I guidance which supports these standards to bring these in line with research and evidence around eliminating the attainment gap. In phase two of the FTC programme, we will review the core standards themselves to strengthen our expectations around ED&I, support for trainees, trainers, the learning environment, curricula and assessment.

105 **Good medical practice, implementation of the new standards.** ED&I has been at the core of the review of the professional standards. The updated standards will be finalised and published in 2023.

106 **Formative feedback.** Our Marx fellow will continue to lead a piece of work looking at implementation of the recommendations of **Good conversations, fairer feedback** with specific focus on improving the quality of formative feedback for ethnic minority learners.

107 **Fair recruitment, selection, and allocation.** The ED&I working group will develop recommendations for a fairer and more equitable recruitment, selection, and allocation systems.

108 **Quality assurance of medical schools.** Following the collection of UG exam data in 2022, we will ask medical schools to provide annual ED&I updates from the academic year 2023/24. We've shared analysis of the assessment data with medical schools to show the presence and scale of the attainment gap and we're asking schools to tell us how they are implementing the MSC ED&I guidance **Active inclusion: challenging exclusions in medical education,** which we endorsed, and the ED&I guidance in our recently published **Guidance on undergraduate clinical placements.**

109 **National training survey and wider data to deepen our understand the attainment gap.** We're introducing new survey questions on everyday discrimination, access to mentoring and preparedness for foundation training as well as collecting new data on access to reasonable adjustments to improve our understanding of the attainment gap. In addition, we're planning to publish multivariate analysis of educational outcomes.

Assuring Fairness within the GMC

110 In 2021 we started a regulatory fairness review (RFR). Its primary aim was to test and assure that the existing controls on mitigating bias, monitoring differentials, and promoting fairness across our regulatory functions are as robust as possible for now and the longer-term.

111 The review did not aim to demonstrate that there was no bias in our processes. A fundamental principle of our approach was to systematically look for the risk of bias in our activities and assess the controls we have in place to manage that risk.

112 The **review and associated reports** were published in February 2023, and contained recommendations, which fall into five main areas:

- **Our approach to auditing the fairness of our work** – these will be more frequent. They'll always involve seeking feedback from those who experience our processes, or organisations who represent doctors and patients.

- **Introducing a single set of decision-making principles** – these will be applied across the organisation to promote consistency across all our different functions. They'll be supported by a review methodology to assess anti-bias controls and will provide assurance in high stakes decision points in all areas of our activity. A new professional network of decision makers to share learning and good practice in identifying and mitigating the risk of bias will also be established.

- **Tailoring ED&I training** – to meet the specific learning requirements of staff in different roles.

- **Publishing more detailed data about our fitness to practise processes** – to hold ourselves to account on how the changes we'll make will work in practice.

- **Continue to embed fairness and ED&I into how we'll work in the future** – specifically when the Department of Health and Social Care (DHSC) introduce a new regulatory framework for health professionals.

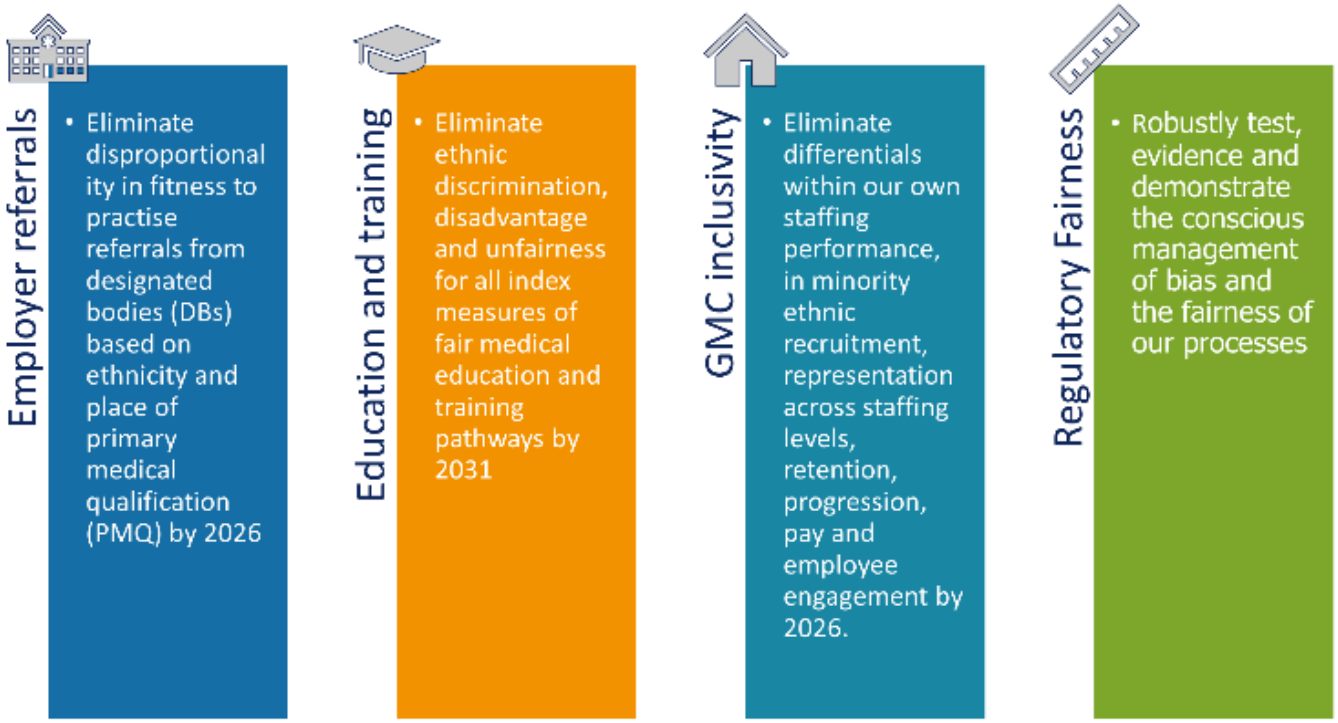
113 We'll take forward all these actions and have clear timeframes to deliver them. Many actions are underway. These actions represent a step change in the way that we monitor, assess, and assure fairness in our decisions.

114 We will develop an approach to implementation to fully embed the culture change needed across the business.

Governance and implementation plans

115 We have established a board to co-ordinate the implementation of the recommendations from the RFR. The board will be chaired by our Director of Strategy and Policy and includes senior leads from all parts of the GMC and MPTS. We have developed a proposed approach to governance, scope, terms of reference and membership.

116 The programme of work to implement the recommendations is the fourth pillar of our ED&I aspirations and one that will sit alongside our other long-term commitments.



117 Progress updates are integrated into the annual reporting to Executive Board and to Council.

Understanding wider inequalities

118 The targets we set in 2021 related specifically to ethnicity and primary medical qualification, as these are the areas where evidence shows existence of the greatest inequalities by experience and outcome. Nevertheless, our wider ED&I commitments must engage inequalities across all protected characteristics. We must be able to demonstrate a greater level of sophistication in terms of understanding inequalities for specific groups through disaggregating categories, and for intersectional inequalities.

119 Our ability to understand inequalities for groups who share protected characteristics has in the past been hampered by poor data quality. Our campaign to improve ED&I data for registrants in 2019 means that we now have better data and have the capability to report on and analyse it in more detail.

120 We have mapped where we have started to monitor, report, or analyse all characteristics – this is disaggregated and where we can, we will take an intersectional approach. Some examples include:

- all protected characteristics are published in the 2021 SOMEP reference tables.
- we have published enhanced ED&I data on the progression of UK doctors in training. For the first time, the data can be split by specific ethnicity groups and the results can be filtered by a wider range of characteristics, including religion and sexual orientation. This gives us a greater insight into the outcomes and experiences of doctors from different backgrounds.
- we are also monitoring disproportionality of referrals by the other five protected characteristics we collect. These are age, sex, disability, sexual orientation, and religion.
- we capture all characteristics in all our research and surveys. Where relevant and possible, our analysis of findings will consider all, disaggregated and intersectional characteristics.
- our staff survey results and aspects of our employment data are analysed on an intersectional basis and reported to the ED&I steering group.
- multivariate analysis models have been used to understand more about the factors that are driving differentials in aspects of our processes. These models draw in all protected characteristics, other characteristics, and wider factors.
- the implementation of the RFR recommendations will apply across all characteristics, so that we build assurances around fairness in decision-making that are not limited to specific groups.

Inclusivity as an employer in the GMC

Inclusivity as an employer

121 Council has agreed a series of employment targets relating to ethnicity. These are:

- **A more ethnically diverse workforce with 20% of ethnic minority colleagues and a management profile that reflects this.**
- **Close pay gaps and maintain alignment on pay where it exists.**
- **Create a more consistent workplace experience across all our workforce, measured via our engagement and inclusion index.**

122 Our aim, by 2026, is for 20% of our workforce to be ethnic minority and for our management profile to reflect this. We are on track to meet these targets if we maintain the progress of the last two years.

Recruitment

123 To support our workforce representation targets we have also set targets for representation at the different stages of recruitment, and track how those flow through the process.

124 The changes we have put in place to attract more diverse candidates show positive results. The representation of ethnic minorities in applications for jobs at all levels has increased since the targets were set and is 7.9% above the target (34.9% of applicants). This strong applicant representation is converted into strong representation at interview stage. Although this is just below target our attraction rates are positive and this has fed through to the interview stage of our process with the level of job offers being close to our target.

125 For management level roles (level 3 and above), application rates have also increased, and are above target. This is also true of representation at interview stage. However, when it comes to job offers the representation of ethnic minority candidates drops and is significantly below target.

126 As a result, our workforce representation rates at these management levels are not currently growing at a rate that would achieve our 20% target for 2026.

Overall workforce

127 Progress towards our overall workforce target of 20% by 2026 is on track.

128 Our progress has been helped by an improvement in retention rates for ethnic minority staff in 2021, but we have seen a slight drop in 2022. We have also seen a higher turnover of staff below management level where the cohort is more diverse. This emphasises how important supporting the career progression of ethnic minority staff is to achieving our ambitions. In 2023, we are likely to increase the proportion of internal recruitment campaigns to support this.

Key finding: Our progress towards our overall workforce target of 20% by 2026 is on track.

Management profile

129 Our management profile targets are more challenging, as the cohorts are smaller and therefore vacancies and turnover patterns will also be lower.

130 The workforce representation at level 3 and above has increased slightly from 14.3% in 2021 to 14.7% in 2022. We need to see an improvement on the progress made in 2022, and deliver progress more in line with 2021, to meet our 2023 interim target and our 2026 target. But given the relatively small number of posts that impact our forecast, we will make adjustments to our approach in 2023.

131 The representation at level 2 and above (more senior management roles) showed a greater improvement in 2022, rising from 10.8% of ethnic minority staff to 12.7%. Both management representation indicators are 1.3% off the 2023 target. We will need to monitor the progress against these measures carefully during the coming year on a month-by-month basis to make sure we understand what is driving the outcomes we are seeing. We will also act on issues that might impact our progress towards our targets as soon as they are identified.

132 Turnover is a particularly important factor for management roles, and we want to retain the flexibility to use voluntary severance to increase it if required.

Key finding: Our management profile performance is not yet meeting the 2023 target and to reach target we will need to improve on 2022 performance.

Turnover

133 Turnover rates have increased for all staff. In 2021 we saw the differentials in turnover rates reduce, but in 2022 that trend has reversed. In 2022 we saw a 3.7% gap in turnover rates, with more ethnic minority staff leaving the organisation than white staff. The difference in turnover rates between white and ethnic minority staff is outside our target of ±2 %.

134 We need to understand more about what is driving our leaver rates and why there are currently adverse differences between the turnover rates for white and ethnic minority staff.

Key finding: Turnover trends have reversed, and we now have a higher proportion of ethnic minority leavers than white staff.

Progression

135 The proportion of staff receiving promotion and grade progression has been decreasing for both ethnic minority and white staff. This decrease is more pronounced for ethnic minority staff and is therefore adversely impacting on us achieving our aspirations, to close the gap in progression rates that existed before we set the measures. In 2021 the gap had closed, and we saw slightly more ethnic minority staff achieving progression than white. In 2022 that trend reversed and we now have fewer ethnic minority staff achieving progression (9.4%) than white (11.2%).

Key finding: Fewer ethnic minority staff are achieving progression (9.4%) than white (11.2%).

Pay gaps

136 There is no statutory reporting requirement or standard formula for ethnicity pay gaps. We report on pay gaps by pay band, based on average salaries (full time equivalents). If we did report a single figure for a GMC ethnicity pay gap it would be in the region of 10%, which is a reduction in the pay gap for 2021 which was 13%.

137 This gap is partially explained by our workforce profile. While 16.7% of our workforce is from an ethnic minority, representation in management roles is below this level: 14.9% at level 3; 13.2% at level 2 and 10% at Assistant Director level. Reducing the organisational ethnicity pay gap is closely related to our workforce targets at management level.

138 Looking at ethnicity pay gaps by each pay band; we are currently meeting this target in four of our ten main pay bands. A further four are within 3% of our target. Our annual pay

settlement for staff seeks to reduce pay gaps by focusing on progression for staff at the lower end of each pay band, so we expect to see a further reduction in these pay gaps.

Workplace experience

139 We reported to Council in November on our targets to reduce the difference in staff survey engagement levels for specific groups who share protected characteristics within 5% of the organisation's average. We also shared our progress with improving our inclusivity index score in the staff survey.

140 The inclusion index was introduced in 2020 as a pilot. We set a broad target to improve year on year and have continued to use it as a more focused measure. The questions are focused on workplace experiences, with questions on inclusion, bullying, harassment, and career development.

141 Our engagement scores for ethnic minority colleagues are now within 5% of the GMC average. On inclusion the trends are more positive. The index is up 1% on last year, but with more significant improvements in scores across all minority groups with two exceptions: a low score for white and black Caribbean and a 1% fall for white Irish but on a very high score.

142 This suggests that some of our work on career development, professional behaviours, speaking up and the positive impact of our networks is translating to some improved experiences. However, these scores also highlight the very different feedback from some groups, in particular, a less positive workplace experience for black colleagues correlating with pay.

143 Our ambition is for all groups to have average scores within 5% of the GMC average. This will require further consideration in 2023.

Key finding: differences in engagement scores for ethnic minority and white colleagues have reduced and the score on our inclusion index is up 1% on last year.

Table 3: Inclusivity in employment measures

2022 measures		Actual performance						Target measure		
		2020 (%)	2020 (Vol)	2021 (%)	2021 (Vol)	2022 (%)	2022 (Vol)	2023 target	2022 percentage points from 2023 target	2026 target
Increase ethnic minority representation at Level 3 +	Applications	22.8%	170	32.1%↑	253	34.9↑	236	27%	+7.9	30%
	Interviews	15.2%	118	22.4%↑	60	23.1↑	42	22%	+1.1	25%
	Offers	14.6%	36	32.1%↑	16	12.1⇩	6	17%	-4.9	20%
	Workforce	11.1%	64	13.3%↑	77	14.0↑	88	16%	-2.0	20%
Level of ethnic minority representation at Level 2+		8%	18	10.8%↑	23	12.7↑	27	14%	-1.3	20%
Level of ethnic minority representation at level 3		12%	46	14.3%↑	54	14.7↑	61	16%	-1.3	20%
Increase ethnic minority representation at all levels	Applications	29.4%	663	40.0%↑	1,332	44.4↑	1,697	37%	+7.4	40%
	Interviews	18.2%	118	27.4%↑	260	28.1↑	260	32%	-3.9	35%
	Offers	18.2%	36	30.2%↑	88	24.3⇩	61	27%	-2.7	30%
	Workforce	14.3%	211	16.0%↑	247	17.3↑	278	17%	+0.3	20%
Reduce differential turnover rates for ethnic minority staff		0.8%	-	Ethnic Minority (%)	White (%)	Ethnic Minority (%)	White (%)	1-2%		1.0%
				8.2%↑	7.8%	12.8⇩	9.1			
Proportion of ethnic minority staff receiving promotion and grade progression is proportionate to our workforce at the relevant grade/level **difference is not set against the 2023 figure, the target is that the proportion of staff will be equal across BME and Non-BME*		-1%	-	Ethnic Minority (%)	White (%)	Ethnic Minority (%)	White (%)	18%		18%
				17.7↑	14.3	9.4⇩	11.2			
Pay differentials within a confined band limited to 2% from 2023[1] *(table shows the proportion of bands that are outside of the tolerance)*		50.0%	6/12	41.7%	5/12	58.3%⇩	7/12	2.0%		2.0%

Forecast performance

144 Please see Annex D for full forecasts.

145 For each measure of inclusivity within the GMC, we produced a forecast of the current direction of travel and contrasted it with another reference forecast that we would expect from 2021 onwards. The insights from those indicate good chances to achieve the aspirations in some areas, while highlighting other areas that still need further improvement to do so.

146 Both in past data and in the forecasts, there is a pattern across metrics of conversion from job applications to interviews, to offers where the representation of ethnic minorities drops from one stage to the next. This is apparent for jobs at all levels. Further work is needed to understand why there is a disparity between the perception of applicants that their profile is suitable for the role and the suitability determined during selection processes.

147 For overall workforce representation, our projections are sensitive to turnover, which could be impacted by changing economic conditions. But, by 2026 current trends, we would expect to exceed our overall representation target by between 1% and 2%.

148 Our management profile forecasts are the most concerning. They show that on current trends, ethnic minority representation at levels 3 and 2 would be considerably below target and would lead to higher proportions of ethnic minorities in levels 4 and below.

149 The difference in turnover rates is forecasted to plateau outside the target band. Promotion and grade progression rates are declining, are substantially below target, and are forecasted to worsen considerably without further interventions.

150 The percentage of pay bands where the ethnicity pay-gap is below 2% has plateaued substantially below our target and is forecasted to remain there. This is driven by our successes on diversity in recruitment, where new starters are at the start or lower end of pay bands.

Work programme activities in 2022

151 Our 2022 work programme to support diversity and inclusion has been completed, with two exceptions. Our plans to update our job evaluation framework will be undertaken in 2023, and the programme of work to support career development for ethnic minority colleagues is being redesigned and re-tendered.

152 We established **learning and development programmes to support the progression of diverse talent** and provided **managers and leaders with guidance and skills to foster a more inclusive working environment**. We experienced challenges with the delivery of these

programmes so we will refine and redefine these plans as we move forward with them in 2023.

153 In 2022 we have continued an extensive programme of supporting and **training recruiting managers**. We have delivered **intern and graduate programmes** with diverse intakes. We also now have an **outreach function within the recruitment team** to work with current and prospective job candidates.

154 We have also implemented the **disability confident interview scheme (previously known as the guaranteed interview scheme) as part of our disability confident accreditation** at level 1. We are now moving on to consider further accreditation requirements at level 2.

155 Since setting our targets we have seen significant challenges within the recruitment market. We have made changes to our processes in response to these conditions including more CV based campaigns and the use of agencies. While we might have expected this to impact on recruitment trends, our experience has remained broadly positive and consistent.

156 We have an established a programme of work to support inclusive cultures, including running a **dedicated programme of activity to address bullying, harassment, and discrimination**. Our **professional behaviours training** for all staff has been well received and we will further reinforce our values and expectations through an updated 360 feedback process for all colleagues. Our **freedom to speak up** work continues to play an important role too, recognising that not all issues are raised or reported.

157 In 2022 our people survey provided greater insights on intersectional issues. We have appointed a new provider for 2023, with increased capacity to run tracking and pulse surveys. This will help us to understand more about the drivers of staff engagement and perspectives.

Future focus for 2023

158 Our priorities for 2023 are:

- to further develop our approach to recruitment engagement and make sure we **maintain our progress on recruitment** and appointment.
- to closely **monitor progress at management level** and intervene if it's clear that workforce representation at level 3 and above will not meet our target.
- sustain our **improvement on engagement and inclusion** scores from our people survey and achieve progress in areas where scores lag our GMC benchmark.

- improve **feedback on bullying, harassment, and discrimination.**
- support **career development** for ethnic minority colleagues in the form of redesigned talent and leadership programmes.
- make further progress on **reducing pay differentials.**
- implement a new **programme of career support.**
- implement processes to improve our **understanding of the reasons for staff leaving** at the point of exit, including reviewing our current exit interview process.

Recruitment

159 Over the last two years the main trend within our recruitment processes has seen us converting a highly diverse applicant pools into hires, although we are still seeing differential attrition rates in recruitment campaigns. To help address this, our new recruitment outreach resource will be taking forward work on supporting candidates at the application stage and managing appointable candidate pools. We also hope to continue our intern and graduate work and expand our apprenticeship programme.

160 For management roles we will make some adjustments to our approach. We know that our improvement in this area is driven mainly by existing staff. As our level 4 tier becomes more diverse, internal recruitment for level 3 roles is more likely to produce diverse short-lists.

161 Good career support is crucial, and we must do more. We will better support development secondments, which provide an opportunity for staff to work in a different role or at a different level. And we will develop a new suite of career support that will be more integrated and have closer links to career progression.

162 We also have aspects of our recruitment experience that we need to analyse further. Our attraction rates are high, which is a long-term trend, but we do see some drop off in candidates at middle stages. A particular trend we need to understand further is why our appointment process sees ethnic minority female candidates fare much better than males.

Inclusion and engagement, bullying and harassment

163 We have an established programme of work dedicated to addressing bullying, harassment, and discrimination. Our professional behaviours training for all staff has also been well received, and we will further reinforce our values and expectations through an updated 360 feedback process for all colleagues during 2023. We have also embedded inclusion within our performance management system and will continue to assess the impact throughout the year.

164 In line with other aspects of our employment arrangements, we will need to undertake more work on why there are significant differences on inclusion and engagement between groups, as there is on pay and recruitment.

Pay

165 Our overall pay gap will fall as we become more diverse at all levels within the organisation. Progress on pay differentials is impacted by our progress on recruitment, new joiners with shorter service periods are more diverse, and we need to do more to reach our targets.

166 Changes to our pay bands applied in February 2023 will help to narrow the pay gap. Our April pay award will help to address the current forecast.

Career support and training

167 We are tendering for a new programme for colleagues to support career progression working alongside existing measures on coaching, mentoring, and development secondments.

168 We have an established programme of work to support our aims in this area and will continue to run a dedicated programme of activity to address bullying, harassment, and discrimination.

Conclusion

169 Since launching the ED&I aspirations and targets in 2021, we have developed and further refined the programmes of work that will help us to meet them. We have established a process of monitoring progress and reporting this at regular points to Council. And we've refined how we track and forecast progress to assess the potential for long-term improvements.

170 In setting these aspirations and targets, we were willing to be ambitious. But equally we recognised the challenge in setting such targets on inequalities that are longstanding, with complex causes, and with levers that lie largely outside of our direct control.

171 Our decision to take this step has since been praised by many system stakeholders, and the Professional Standards Authority (PSA) has advocated that other regulators should follow our lead.

172 Shining a light on progress made and repeating the call for action to be sustained, is an important part of motivating further commitment to tackle these inequalities.

173 Last year we saw tentative signs of improvement and were similarly tentative in commenting on those early signs of progress. At the two-year point, we can say more strongly that we know change is possible, and there is the potential for this to be built upon and maintained. Our goal has always been sustained change. We are certainly seeing evidence of encouraging progress, but we need to see more of this and on a sustained basis.

174 Our ED&I aspirations demonstrate that we are committed to this for the long-term. We recognise that ED&I must remain a top priority for us, both as an employer and a regulator. We want to ensure that ED&I also remains a top priority in organisations across the health system and is at the forefront of their workforce plans. Progress is evident and we believe there is the potential to see real long-term improvements.

Annex A - Working with others – four country contexts

England

We have also continued to make sure Outreach case-based conversations and development within the Employer Liaison Advisor (ELA) team have considered aspects of culture and inclusion, to build both our confidence and knowledge base discussing issues with ROs.

We have continued impactful engagement with employers and doctors, including:

- advising on fairness and consistency in local disciplinary handling processes.
- training doctors to address issues of racism if they witness it.
- working with ROs on processes for employing locums, feedback for locums, and to make sur concerns about locums are addressed.
- co-producing Welcoming and valuing IMGs with MWRES, British Medical Association (BMA), HEE and Medical Protection Society (MPS) – a standardised induction for IMGs - which launched in June 2022.
- supporting over 8000 new IMGs through Welcome to UK practice (WtUKP).
- securing diverse voices for a consultation on our core ethical guidance *Good medical practice,* meeting with over 4,500 stakeholders.
- engaging with diverse professional groups (including Sudanese Doctors UK, Medical Women's Federation, British Islamic Medical Association, British Association of Physicians of Indian Origin, and the British International Doctors Association) to ensure we listen to their members' concerns and offer support.

In one system in the South of England we are working with an Integrated Care Board (ICB) Chief Medical Officer (CMO) to support its development of a MWRES charter to include delivery of WtUKP, and engagement sessions for medical leaders managing doctors in difficulties. This will directly embed the learning from the Fair to refer? Report. We hope to use the model in this system to encourage other systems to work with us to deliver the same, as the relationships with ICBs mature.

In the North we are piloting a local Regional Liaison Advisor (RLA) offer of "Thriving in the UK" for IMGs six months after their initial WtUKP workshop. We are also delivering on other local and regional inductions for doctors new to the UK, including a collaborative model with HEE in the Northeast.

In the East of England, an ELA was invited to address Board members at West Midlands Trust (Walsall Healthcare) with the CMO, the Group CEO, Chief People Officer (CPO) and Group Director of Assurance on issues including fitness to practise, revalidation, fairness, and future challenges. The CEO described it as 'the best meeting of his day' even though we ran out of time

given the depth and breadth of conversation.

Also, in the East of England, we have been working with HEE to pilot enhanced induction for IMGs virtually. HEE have two projects focusing on ED&I. The first focuses on advancing equity for IMG GP trainees. And the second is an enhanced induction for all IMGs. The RLA has delivered four WtUKP workshops as part of these induction days. This pilot project has now started, and because of demand and positive feedback, it is being continued.

The Regional Head attended Midlands ICB Medical Directors Forum and started a quarterly engagement focused on supporting the workforce and cultures (fairness, locums, SAS/LED, clinical governance, fairness in local processes).

Within London, we have formed an MWRES Steering Group with key stakeholders including NHS London, the BMA and HEE, and we are prioritising three areas: support for SAS doctors, data to measure impact at a regional level, and embedding the IMG induction.

We also look to use our influence in a range of areas, such as when the ELA for a locum agency based in London had a detailed conversation with the RO around fairness and ensuring that information is shared properly to ensure locums are supported and patients are protected. This led to the RO changing their local policies.

Across England we have worked with RO's to discuss how local resolution of issues can be made fairer and to consider what support should be given to locum doctors. We've explored how we can help them to promote a range of areas including the new enhanced IMG induction and considering their SAS/LED workforce. We are also building our networks within integrated care systems to understand their readiness to engage with us around ED&I and fairness issues.

Northern Ireland

Northern Ireland (NI) has a comparatively low proportion of IMG and ethnic minority doctors. However, between 2017 and 2021 there was a 60% increase in the number of IMG doctors in NI. This is the biggest increase of all the UK countries.

3.4% of the general population in NI belong to ethnic minority groups, this has doubled in the last decade. Gender and sexual orientation continue to be of greater concern to our stakeholders when engaging on the ED&I agenda. Stakeholders reference the differences between NI's equality legislation and that for the rest of the UK.

In 2022 our NI UK advisory forum members cited examples of the challenges facing IMG doctors settling in NI, including examples of racism in and outside of their workplaces.

A number of ED&I initiatives have been implemented across the Health and Social Care (HSC) system:

- NI Medical and Dental Training Agency (NIMDTA) ran a 'New to Northern Ireland Trainee Survey' to inform the development of their support package for IMG trainees.

- A clinical fellow, based at NIMDTA, is developing an app to signpost doctors, new to NI, to sources of support and information.
- HSC Trusts have implemented ED&I schemes, including the Southern HSC Trust IMG Academy.

Queen's University of Belfast has developed a suite of resources and training for staff and students, including active bystander training, pastoral support for students on clinical placement, a Muslim student handbook, unconscious bias training for examiners, and a workshop for international student taking Objective Structured Clinical Examination (OSCEs).

In 2023 the NI team is working with NIMDTA to provide WtUKP sessions for all new IMG trainees during the first week of their induction. We are also facilitating an event to showcase ED&I initiatives across the five HSC trusts and encourage a regional approach to support including induction for IMGs.

We are continuing to engage with the NI responsible officer forum and HSC Leadership Centre to share our position regarding compassionate regulation and encourage fair and compassionate leadership.

Scotland

A priority for our Scotland team was to collaborate with our partners to work towards meeting our ED&I targets, and in doing so, to promote a fair and inclusive workforce. To help inform and shape policy decisions, we shared our ED&I data with the Scottish Government, education bodies, and medical representative organisations.

We fed in thoughts to the Scottish Government's new Improving Wellbeing and Workforce Cultures strategy. This is due for publication soon, and one of the sections is on equalities. It includes actions introducing diversity in recruitment for senior executives in health, and the development of a diversity allyship programme.

With a view to improve the fairness of healthcare training and working environments for ethnic minority doctors and IMGs in Scotland, we joined forces with the NHS National Ethnic Minority Forum, and BMA Scotland's Race Equalities Forum to create the Scottish Fairer Working Cultures Joint Working Group.

We also engaged and collaborated with the Scottish Government's Leading to Change Equalities Sub-Group which aims to create, support, and embed an anti-racist culture across health, social care, and social work.

We continue to deliver WtUKP workshops and we have collaborated with health boards and NHS Education for Scotland to expand the induction support we can offer to IMGs. We are also working with these organisations with the intention to ensure that all IMGs joining the NHS in Scotland attend a WtUKP session.

Our employer liaison adviser continued to support responsible officers to address emerging

fitness to practice concerns, consider local resolution where appropriate, and confirm the steps ROs have taken to make sure GMC referrals are fair and consistent.

Meanwhile our liaison advisers led sessions with trainers, consultants, students, and equalities groups on ED&I and our *Fair to refer?* Report, to highlight the role they can play in reducing the disproportionality that exists in employer referrals and educational attainment.

Wales

We play a part in making healthcare environments fairer by working with employers, staff and representative organisations to create awareness of the problems, gain support for solutions, and help deliver some of those solutions through our outreach work.

We sit on the Health Education and Improvement Wales (HEIW) IMG/SAS Doctor Expert Advisory Group which brings together leaders from across NHS Wales, HEIW and the GMC. The aim is to identify and share learning, and develop strategies to support early years IMG doctors, including SAS doctors, across Wales. We are co-writing a report that identifies areas of good practice across Wales where IMG doctors are being effectively supported and developed, particularly in their early careers.

In response to differential referral figures, we have created and led bespoke enhanced induction programmes for IMGs at Aneurin Bevan University Health Board and Cwm Taf Morgannwg University Health Board. At these full and half day sessions, attendees work through various ethical scenarios to help put key GMC guidance into context as well as covering communication skills and multidisciplinary working. The sessions also allow doctors to network and gain peer support at an early stage in their careers in Wales. Feedback from these workshops has been superb so far, including *"A lot of new and useful information, very necessary for safe practice"* and "*Overall excellent initiative, induction events and information are very useful to doctors new to the NHS."* The induction events are followed up with further evaluation questionnaires 8 – 10 weeks post workshop to identify how useful the event was in practice and to identify any further training/support needs. Going forward, they will be held two to three times per year in line with recruitment.

In 2021, we responded to the Welsh Government's consultation on the national Race Equality Action Plan – now called the Anti-racist Wales Action Plan. Following our response, when the final plan was published in 2022, it contained our differential attainment figures and improvements to be made in this area.

Annex B – Workstream action plans

Fairer employer referrals action plan

2021 **Launch**	2022 **Phase one**	2023 **Phase two**	2024 **Phase three**	2025 **Phase four**	2026 **Phase five**
Complete: Shared narrative on the disciplinary gap Review of Additional allegations of impairment AR training on handling employer referrals Amend RO referral form Enhance feedback to ROs on triage and investigation outcomes	**Complete:** Collaborate with system partners on the disciplinary gap Analysis of RO referrals and outcomes Ongoing review of our approach to referrals Cycle evaluation: Progress against agreed activities Learning & feedback (internal/ external) to inform next cycle	**Action plan:** Ensuring we use all the levers that the GMC has at its disposal to address dis-proportionality Supporting effective pre-disciplinary activity and local handling of concerns Encouraging supportive and inclusive environments Collaborating with other stakeholders to improve traction within the system and drive improvements Cycle evaluation: Progress against agreed activities	**Action plan:** Board engagement Support with fairness/ inclusivity Further activity TBC dependant on outcome of trajectory review Cycle evaluation: Progress against agreed activities Learning & feedback (internal/ external) to inform next cycle	**Action plan:** Board engagement Support with fairness/ inclusivity Further activity TBC, dependant on outcome of trajectory review Cycle evaluation: Progress against agreed activities Learning & feedback (internal/ external) to inform next cycle	**Action plan:** Further activity TBC, dependant on outcome of trajectory review Cycle evaluation: Progress against agreed activities Learning & feedback (internal/ external) to inform next cycle

2021 Launch	2022 Phase one	2023 Phase two	2024 Phase three	2025 Phase four	2026 Phase five
		Learning & feedback (internal/ external) to inform next cycle			
Ongoing RO conversations and board engagement					

Fair training cultures action plan

<table>
<tr><td colspan="2">2021 – 2024 Phase one
Scope, external engagement and initiate transformation of QA processes and testing interventions</td><td>2024 – 2028 Phase two
Scale up, embed new standards or guidance, reassess scope of phase two in response to learning and evidence of impact</td><td colspan="2">2028 – 2031 Phase three
Iterative monitoring, evaluation of impact and refinement of scope</td></tr>
<tr><td colspan="5">Operational stages and activities</td></tr>
<tr><td>Stage 1</td><td>Stage 2</td><td>Stage 3</td><td></td><td>Stage 4</td></tr>
<tr><td>Scoping for Phase one</td><td>Delivery of phase one and planning for phase two</td><td>Transformation of standards and QA</td><td>Evaluate impact of stage 1 & 2, scope and deliver phase three</td><td>Closure</td></tr>
<tr><td colspan="2">Pilot interventions / transform initial QA systems / Develop data / Early interventions</td><td></td><td></td><td></td></tr>
<tr><td colspan="5">External engagement with partners</td></tr>
<tr><td colspan="5">Phase action plans</td></tr>
<tr><td colspan="2">Phase one:
FTC1: Initiate ED&I impact assessment of Recruitment & Selection processes against GMC standards / introduce action plan for MDRS
FTC2: Monitor PTO action plans / Good practice guidance on supporting ‘higher risk’ learners and early learning needs analysis, and testing interventions to build ‘what works’ evidence
FTC3: New tools to monitor inclusiveness of learning environments & build evidence on interventions to develop inclusive cultures / Implementation of revised GMP / work with MWRES on actions to improve working and training environments
FTC4: Develop QA of and support for Trainers, awareness of DA, confidence/skills to have ‘difficult’ culturally sensitive conversations
FTC5: Publish expanded ED&I data,</td><td>Phase two:
Evaluate evidence from phase one - impact on KPIs, opportunities to scale up effective interventions and identify gaps to be addressed in phase two and three through new workstreams

Focus on embedding ED&I ‘asks’ into GMC standards and QA systems</td><td colspan="2">Phase three:
Evaluate impact of systemic changes on KPIs – identify any further gaps to be addressed in phase three through new workstreams

Monitor implementation of new standards, systems, and monitoring around ED&I targets</td></tr>
</table>

gather new relevant datasets to improve understanding & improve visibility / utility **FTC6**: Define ED&I requirements for curricula, develop principles for inclusive assessments, introduce College and medical school ED&I action plans		

Action plan for recruitment and workplace diversity

2021 Launch	2022 Phase one	2023 Phase two	2024 Phase three	2025 Phase four	2026 Phase five
Recruitment and workplace diversity					
Completed: Briefing sessions for all recruiting managers and toolkit. Level 3 + vacancies advertised externally. Diverse candidate list implemented. Briefings to recruitment agencies on targets & monitoring.	**Completed:** Develop outreach recruitment processes Approved apprentice, interns, and graduate programmes Delivered People Manager Essentials – bite sized sessions in Q4 2022 Deliver recruiting managers training covering ED&I and the Disability Confident interview scheme. Advised recruiting managers to consider diverse shortlist and interview panels.	**Action plan:** Next phase of outreach recruitment function delivered Deliver the approved apprentice and intern programme. Recruitment agency tender, embedding our recruitment targets. Review face to face and digital recruiting managers training and align with People Manager Essentials. Expand publication of monitoring data to cover all characteristics	**Action plan:** Deliver the approved apprentice, intern, and graduate programmes. Start new People Manager Essentials – Recruiting manager's programme Develop new career pathways model (consider trainee/fast track routes) Achieve Disability Confident Level 2 - Disability Confident Employer Apply targets to the recruitment agency contracts.	**Action plan:** Continue to deliver the approved apprentice and intern programmes. New fast-track/trainee route to be considered Expand outreach recruitment processes to cover all underrepresented characteristics	**Action plan:** Continue to deliver the approved apprentice, intern, and graduate programmes. Achieve Disability Confident Level 3: Disability Confident Leader

2021 Launch	2022 Phase one	2023 Phase two	2024 Phase three	2025 Phase four	2026 Phase five
Recruitment and workplace diversity					
	Disability Confident Employer – Level 1 - launch a guaranteed interview scheme in line with Disability Confident				

Table 7: Action plan for learning and development

2021 Launch	2022 Phase one	2023 Phase two	2024 Phase three	2025 Phase four	2026 Phase five
Learning and development					
Completed: New competency framework - Embed inclusion into OneGMC behaviours & PDPs. Allyship programme and network of Allies. Delivery of People Manager Essentials – Absence and Health. Launch Fostering Inclusion Programme for all Leaders Increase diversity of coaching & mentoring pools. Ensure all leaders have access to leadership development programme,	**Completed:** Roll out of Professional Behaviours module Embed OneGMC Behaviours into performance cycle Update of 360 & all colleagues to have 360 feedback Access to coaching for all colleagues. Talent programmes for ethnic minority staff CPD / support to Allies, coaches, and mentors. Launch Leadership Everywhere programme Refreshed Treating People Fairly e-learning	**Action plan:** Deliver our Leadership Everywhere programme. Deliver our Inclusion Programme for all People Leaders. 360 feedback for remaining staff Deliver our talent programmes for ethnic minority colleagues Assess impact of talent programmes to inform next round in 2024. Assess the impact of our Fostering Inclusion and Professional Behaviours Maintain skilled coaching/ mentoring pool.	**Action plan:** Phase two of talent programmes. Phase two of inclusion programmes - all staff and leaders Development of training on bullying, harassment, and discrimination. Phase two leadership development - focus on organisational change & regulatory reform. Review suite of development programmes and digital content Review and update behaviours/ competence framework	**Action plan:** Phase three of talent programmes – new integrated model Phase three of inclusion programmes - all staff and leaders Next phase of leadership development, with a focus on supporting organisational change arising from regulatory reform. Maintain a comprehensive suite of development programmes and digital content Updated 360 process based on 2024 behaviours review	**Action plan:** Phase four of talent programmes – new integrated model Phase four of inclusion programmes - all staff and leaders Next phase of leadership development, with a focus on supporting organisational change arising from regulatory reform. Maintain a comprehensive suite of development programmes and digital content

2021 Launch	2022 Phase one	2023 Phase two	2024 Phase three	2025 Phase four	2026 Phase five
Learning and development					
Leading at the GMC.			Maintain a skilled coaching/ mentoring pool.		

Table 8: Action plan for staff engagement and workplace inclusivity

2021 Launch	2022 Phase one	2023 Phase two	2024 Phase three	2025 Phase four	2026 Phase five
Staff engagement and workplace inclusivity					
Completed: Developing future working arrangements including flexibility guidance. Providing HR support to networks. Tracking progress through our people survey and ED&I elements of pulse surveys.	**Completed:** Review our benefits offering to ensure suitability and value for money Introduce a new EAP service Ensure all managers access to mental health training Maintain our wellbeing champions and mental health first aid networks A Introduce expanded retirement/ late career guidance support	**Action plan:** Take further steps to reduce the gender and ethnicity pay gaps within pay bands to under 2% by 2023. Occupational Health service contract review Ongoing programme of policy review and development of associated EQIAs Expand support on pensions & financial planning through total reward statements, staff seminars Maintain our wellbeing champions and mental health first aid networks	**Action plan:** New preparation for retirement programme Review our progress against IIP gold standard/Well being standards Ensure all managers have continued access to mental health training Maintain our wellbeing champions and mental health first aid networks EAP contract review 2024 staff survey	**Action plan:** Programme of policy review and development of associated EQIAs Ensure all managers have continued access to mental health training and complete people manager essentials on absence Maintain our wellbeing champions and mental health first aid networks Review our progress across IIP gold standard 2025 staff survey	**Action plan:** Programme of policy review and development of associated EQIAs Ensure all managers have continued access to mental health training and complete people manager essentials on absence Maintain our wellbeing champions and mental health first aid networks Review our progress across IIP gold standard 2026 staff survey

2021 Launch	2022 Phase one	2023 Phase two	2024 Phase three	2025 Phase four	2026 Phase five
Staff engagement and workplace inclusivity					
		Updating our job evaluation framework Assess impact on new Valued award process.			

Annex C - Explanation of FTC measures

EPM scores

Data is for the previous full academic year. The Educational Performance Measure (EPM) is a measure of clinical and nonclinical skills, knowledge, and performance up to the point of application to postgraduate education. It is used in applications to foundation training. Score is out of 10, with 1 the lowest and 10 the highest and best performing decile. Data provided by ORIEL (which is the UK wide portal for recruitment to postgraduate medical, dental, public health, healthcare science and foundation pharmacy training).

Foundation – F1 preparedness

Data at March National Training Survey (NTS) census date. We asked foundation year 1 doctors the question 'I was adequately prepared for my first foundation post'. The measure shows the proportion of respondents that agreed or strongly agreed with the statement.

Postgraduate education – inclusive environments

Data at March NTS census date. The responses to the survey question 'my department/unit/practice provided a supportive environment for everyone regardless of background, beliefs or identity' were converted into a score out of 100, with higher scores indicating higher levels of support.

Postgraduate education - ARCP

Data is for previous full academic year. Difference in rates of 'Developing' outcomes for annual review of competency progression (ACRPs), across all specialties and training levels. Data provided by postgraduate deans.

Postgraduate education - exam

Data is for previous full academic year. Difference in specialty examination pass rates, across all UK specialties and training levels, and for all attempts. Data provided by royal colleges and faculties.

Annex D – Current statistical KPI forecasts

Summary

We show the historic data on all the ED&I KPIs about fairer employer referrals (FER), fair training cultures (FTC), and inclusivity within the GMC, alongside statistical forecasts of them, suggesting possible future trajectories.

Crucially, though we used best-established cutting-edge methods of forecasting, we should keep in mind that forecasts are unlikely to be the reality that materialises. Still, they represent our best expectation of the future given data so far, which among many other drivers, likely reflects any fully embedded past interventions.

For each KPI we:

- Included a one-sentence headline interpretation of the forecasts, on the title of each chart.
- Crafted a forecast on the current possible "direction of travel" given recent historic data (shown in orange).
- Whenever data allowed, we crafted another forecast on the status-quo remaining unchanged, starting with 2021 (shown in blue), right before our targets were agreed and published. This serves as a reference. Ideally, both the data observed at times overlapping the period forecasted by this reference (so, from 2021 and on) and the forecast of current direction of travel should separate from the reference forecast towards the target. If so, it could be argued that the drivers of the KPIs have positively changed since January 2021. We would expect that to be partly due to our own actions to improve the value of the KPIs.

Current suggestions from forecasts:

- The KPIs on FER indicate that disproportionality has been gradually decreasing and suggest good chances of getting close to our targets by the end of 2026.
- For FTC, it is highly premature for forecasts of current direction of travel to be reliably informative. Therefore, such forecasts must not be taken as a suggestion that nothing is currently changing or that nothing will change in the future. We currently have very few FTC data points available for forecasting models to be trained on. The values taken by those data points are also currently insufficient for the models to reliably 'detect' that there is change, e.g., trends are not yet stronger than the ups and downs. Therefore, models have remained at their 'default detection' that there is no evidence for change in any of the KPIs. On top of this, it is very challenging to forecast reliably so far into the future. Regarding the change of drivers behind the data, models can only learn from the impact of interventions already fully embedded, rather than those in development, such

as the pilot interventions referred to in the FTC chapter. Many such interventions expected to achieve change are still in development and have yet to be implemented at scale. The drivers for FTC are very complex, systemic change will take time to have an impact, and attaining targets is expected to take up to 10-years.

- For our targets as an employer, the data, and forecasts of KPI about inclusivity within the GMC suggest that our efforts have been highly effective in some areas while surfacing areas of further improvement.

Interpretational notes

Forecasts are interpreted as the best expectations of the future given the data observed so far:

- All forecasts assume that the drivers behind the data (historic data) remain unchanged. This is critical to keep in mind given that our aspiration is to contribute to modify such drivers via intervention where they relate to disproportionality.
- Also, the actual data may be naturally bounded. For instance, percentages cannot go below 0% or above 100%. Models currently cannot reliably incorporate the effect of getting close to those bounds; this is seen in some expected forecasts and uncertainty bands crossing such bounds, rather than being limited by them. The drivers underlying real data often change when data gets close to such bounds. And it is very difficult to anticipate how so. Therefore, making hard (and most of the time unnecessary in practice) to make models to incorporate the effect of such bounds.

The farther we forecast into the future, the more uncertain a forecast tends to become, as shown by uncertainty bands (95% prediction intervals) surrounding each expected forecast. Regardless, the forecasts here represent our best evidence base, given existing data, and are useful to guide our decisions ahead.

In particular, also note:

For FER:

- Forecasts of the current direction of travel start from October 2022, using available data up to September 2022.
- Though we have a reasonable amount of data, we are forecasting a long time in the future. Approximately the same time that is spanned by the historical data itself, so cautious interpretation is advised.
- We updated the unchanged status-quo forecasts prepared for the 2022 Council update. This took advantage of data at a higher granularity, providing increased accuracy. This did not change our conclusions from then.

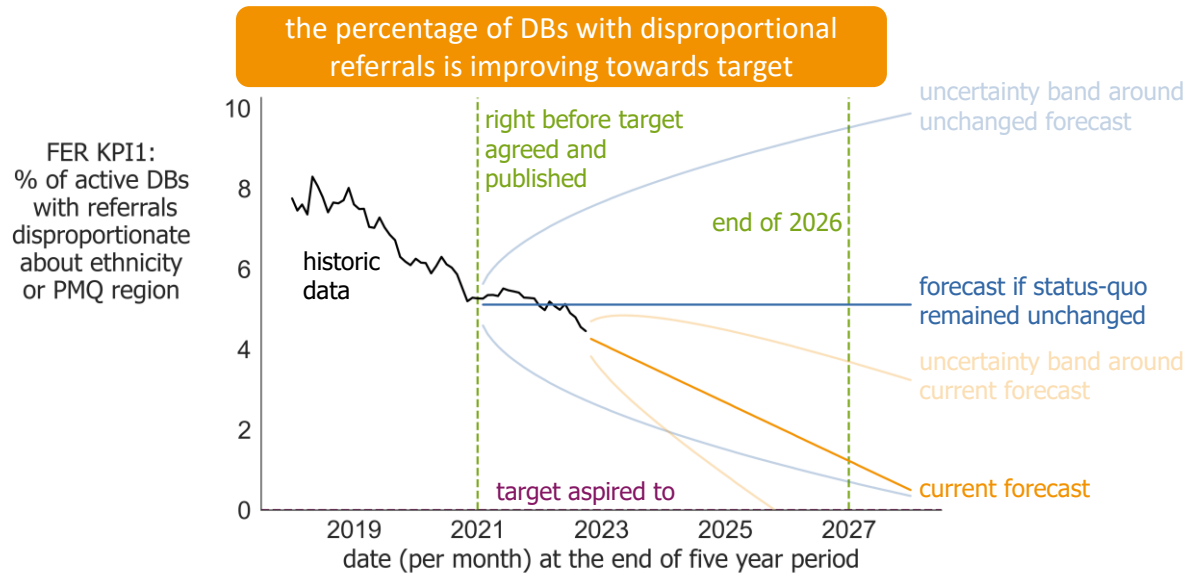
For FTC:

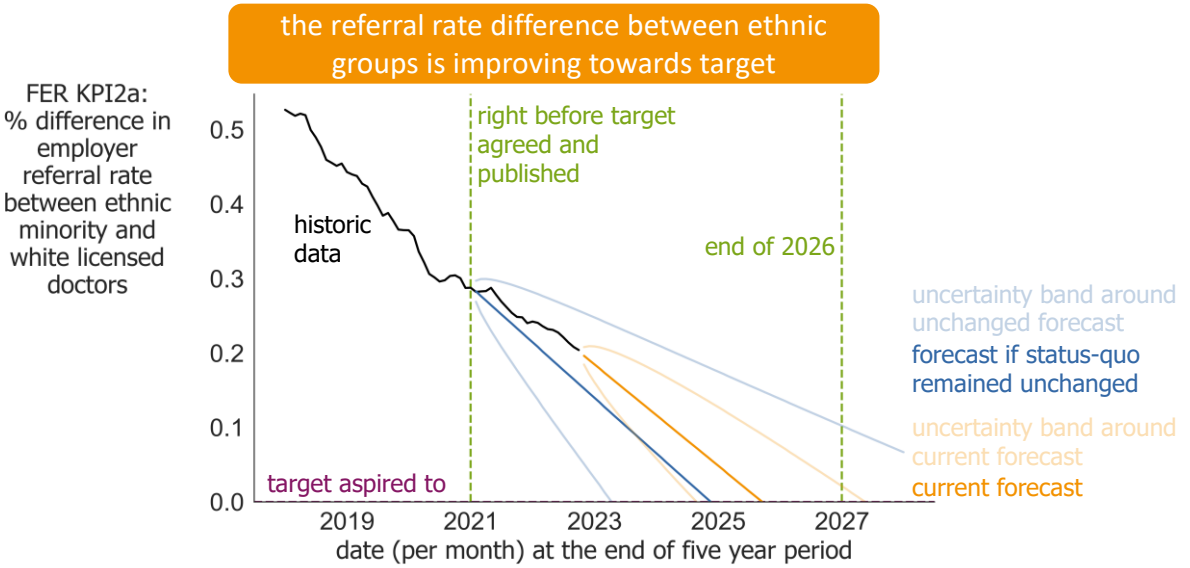
- Data is annual and is taken as of the 31st of December of each year. This causes that, for instance, a point on 31 of December 2016 may appear to correspond to 2017.
- FTC data takes a long time to be processed and verified, so the most recent currently available is as of 2021, except for NTS metrics that were available for 2022. Therefore, we forecast from 2022 and 2023 onwards, respectively.
- We are using data from as far back as we consistently have it. For most metrics, the first point in charts is shown on the 31st of December 2016. For some of the metrics, this means that this data point is from the 2015/2016 academic cycle, so encompasses 2015 data.
- For two metrics, there was no data before 2020. For these, we project this starting value as a reference, rather than showing a reference forecast.

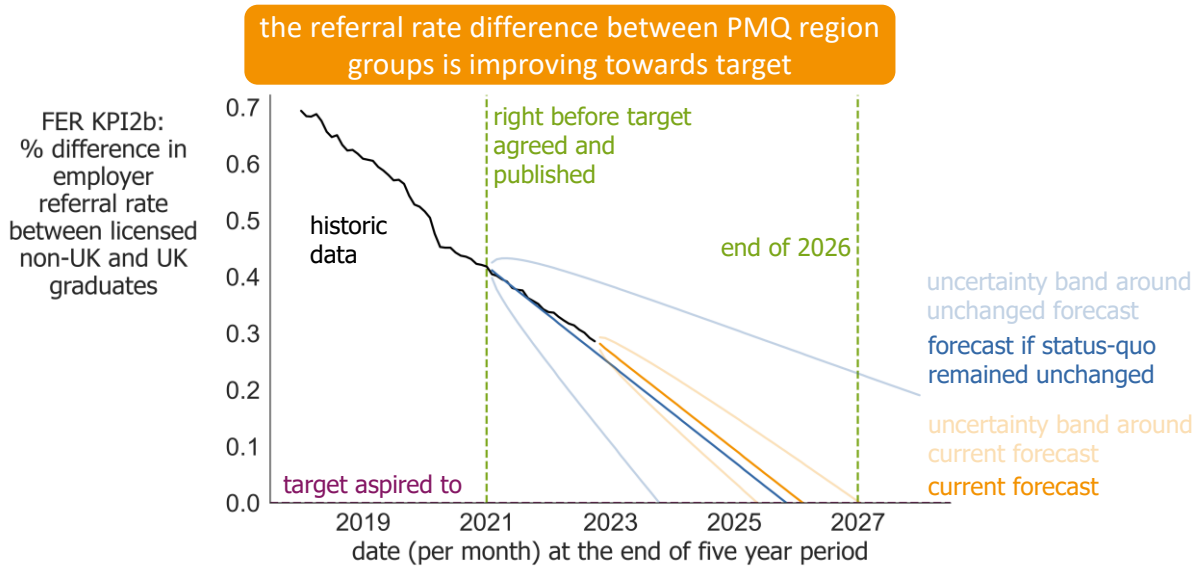
For Inclusivity within the GMC:

- Forecasts of current direction of travel start from November 2022
- There was no historic data before December 2020. Therefore, instead of a reference forecast, we extended the value of the KPIs then, as a fixed reference.

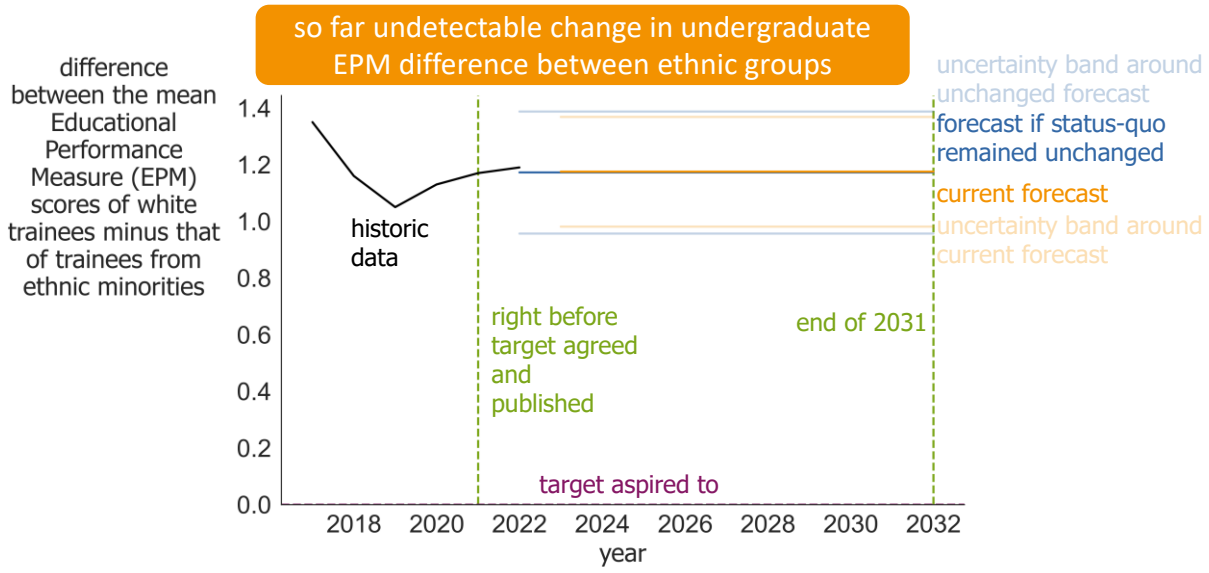
Fairer employer referral forecasts

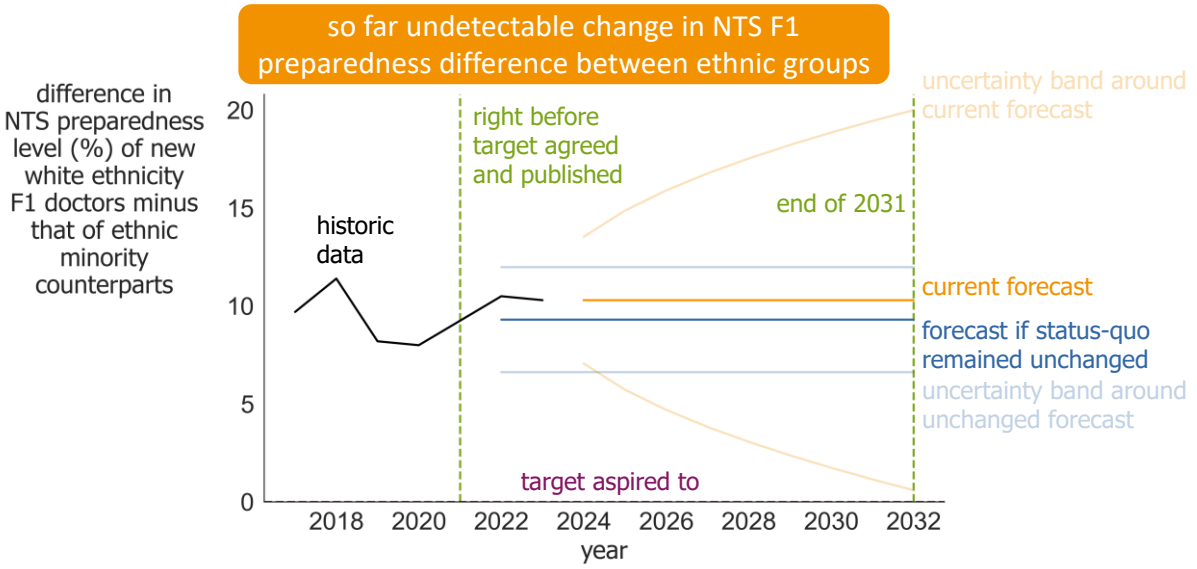


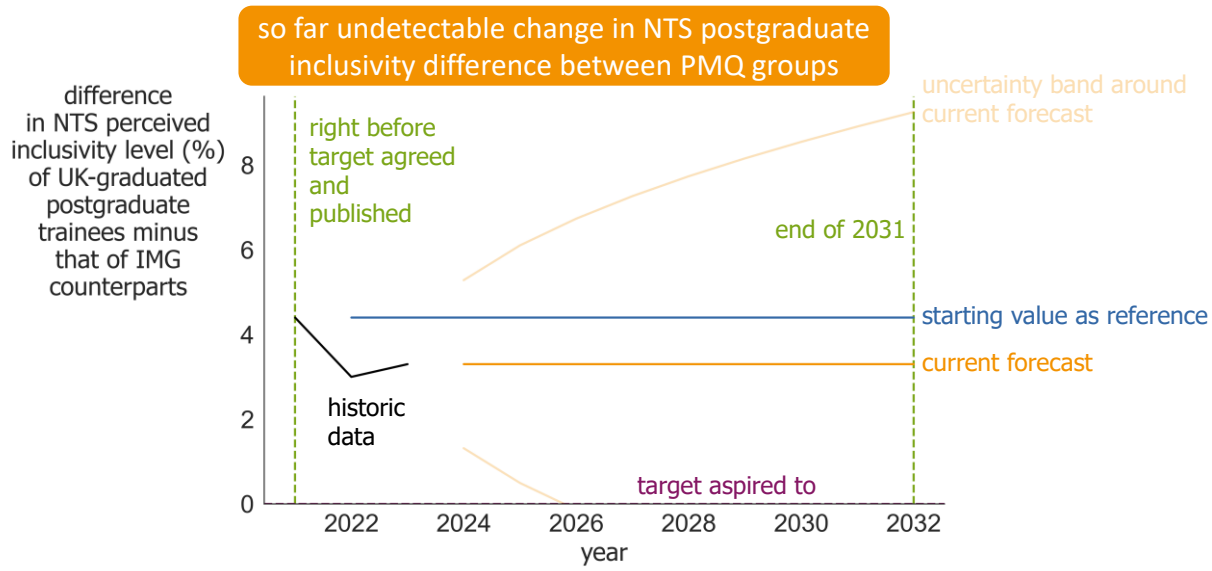


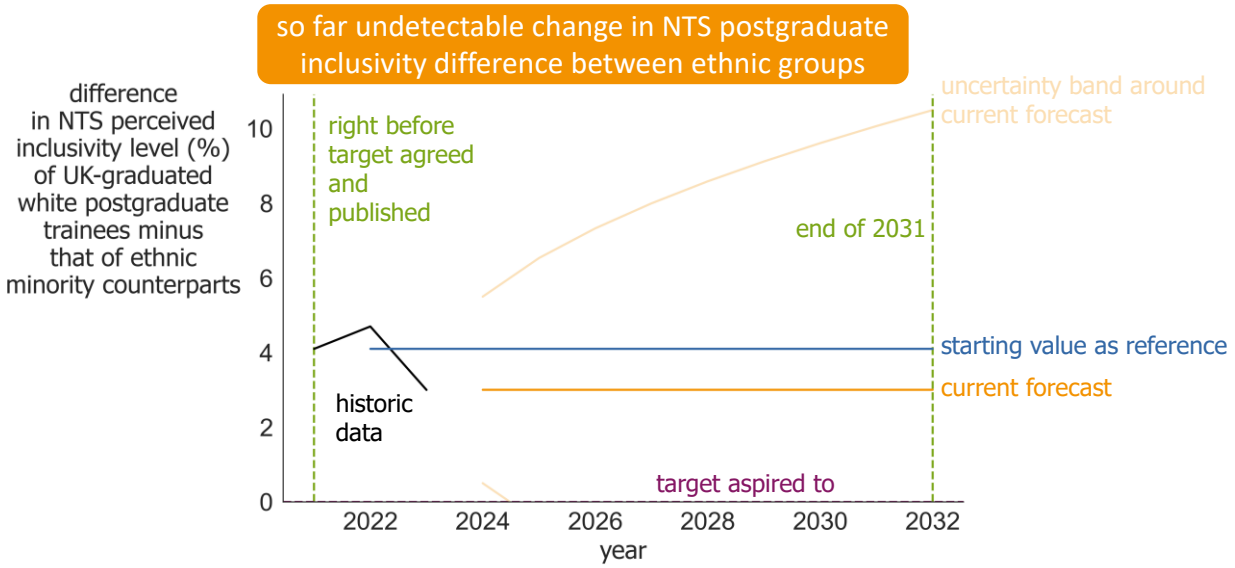


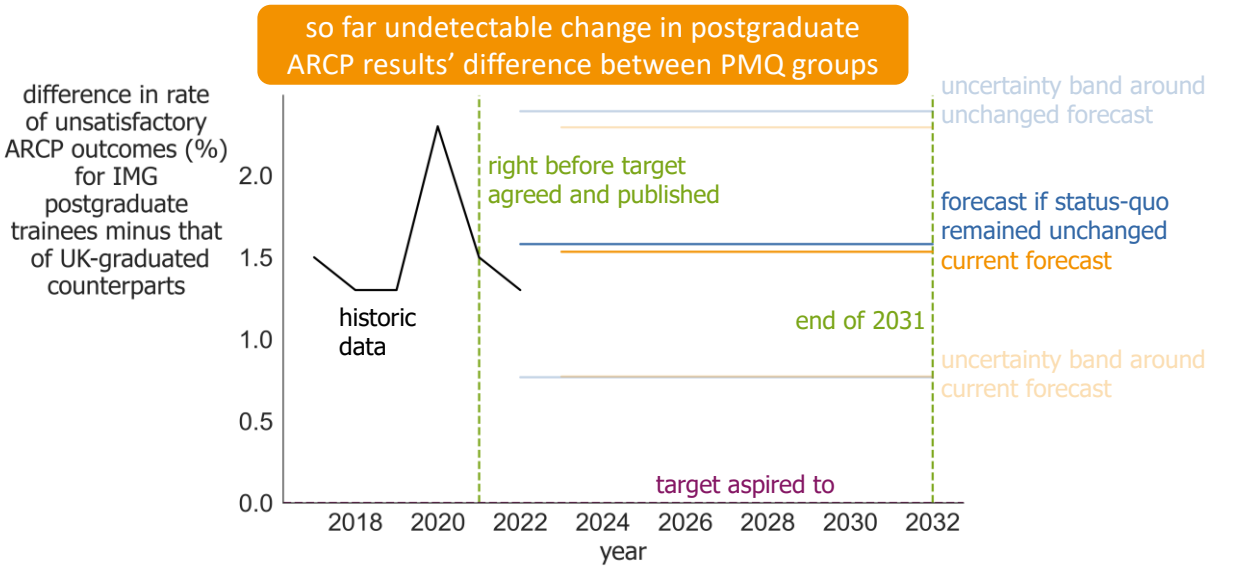
Fair training cultures' forecasts

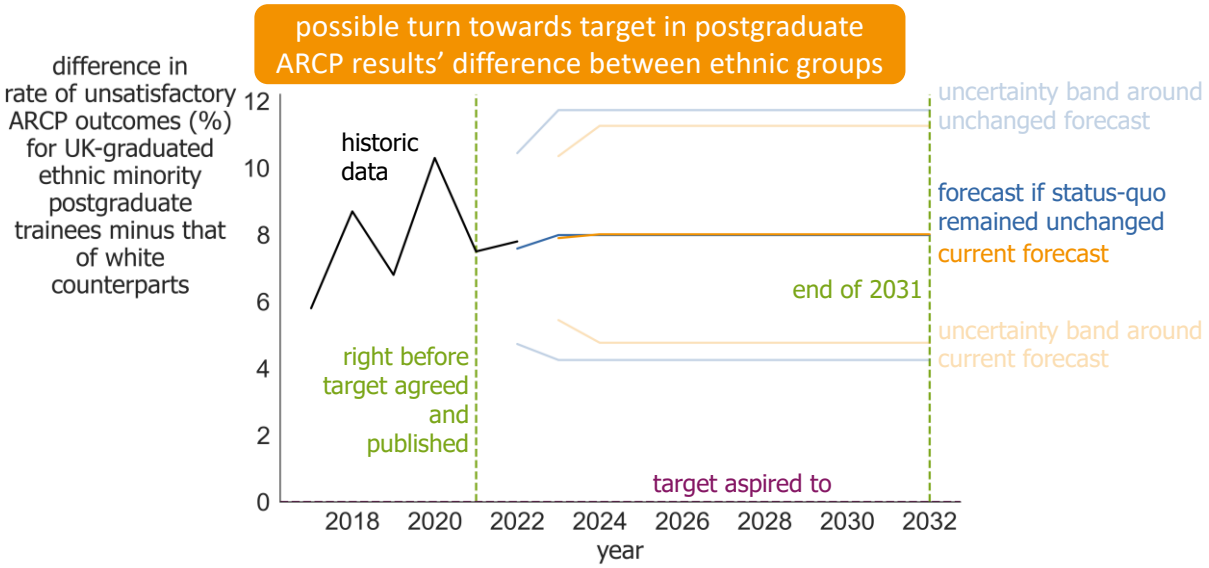


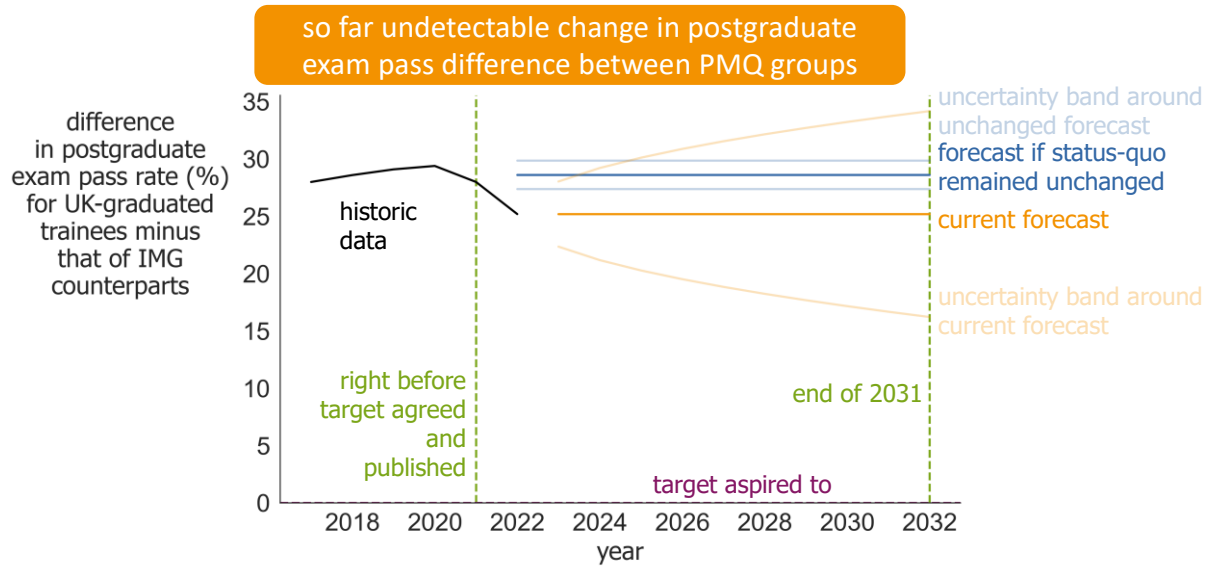

so far undetectable change in NTS F1 preparedness difference between ethnic groups
difference in NTS preparedness level (%) of new white ethnicity F1 doctors minus that of ethnic minority counterparts
20
15
10
5
0
historic data
right before target agreed and published
end of 2031
uncertainty band around current forecast
current forecast
forecast if status-quo remained unchanged
uncertainty band around unchanged forecast
target aspired to
2018
2020
2022
2024
2026
2028
2030
2032
year

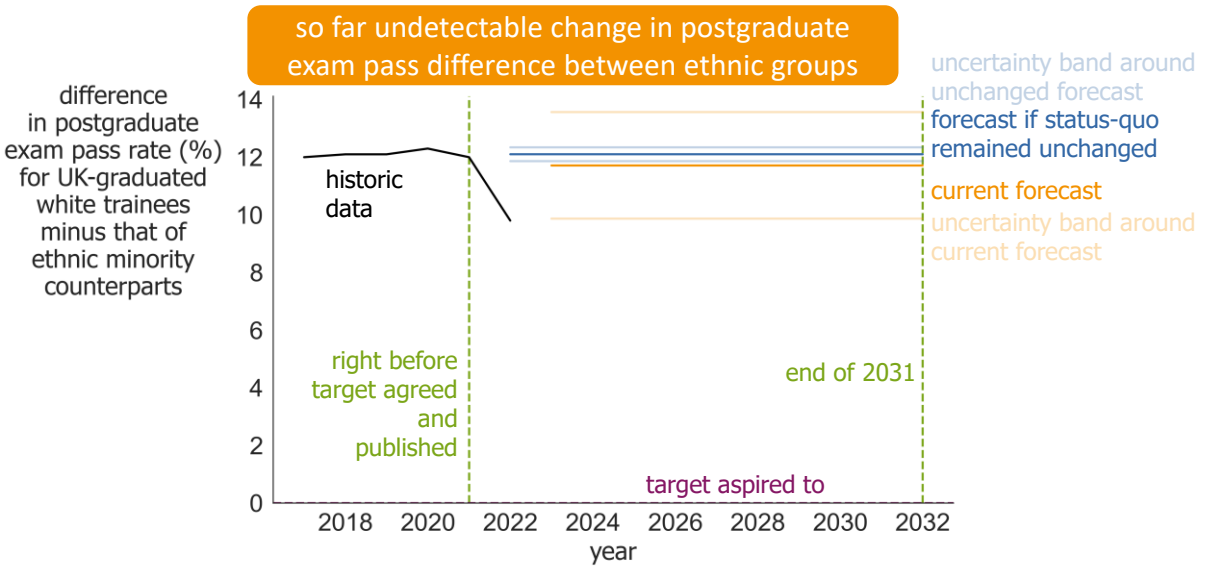

so far undetectable change in NTS postgraduate inclusivity difference between PMQ groups
difference in NTS perceived inclusivity level (%) of UK-graduated postgraduate trainees minus that of IMG counterparts
8
6
4
2
0
right before target agreed and published
end of 2031
uncertainty band around current forecast
starting value as reference
current forecast
historic data
target aspired to
2022
2024
2026
2028
2030
2032
year


so far undetectable change in NTS postgraduate inclusivity difference between ethnic groups
difference in NTS perceived inclusivity level (%) of UK-graduated white postgraduate trainees minus that of ethnic minority counterparts
10
8
6
4
2
0
right before target agreed and published
uncertainty band around current forecast
end of 2031
starting value as reference
current forecast
historic data
target aspired to
2022
2024
2026
2028
2030
2032
year

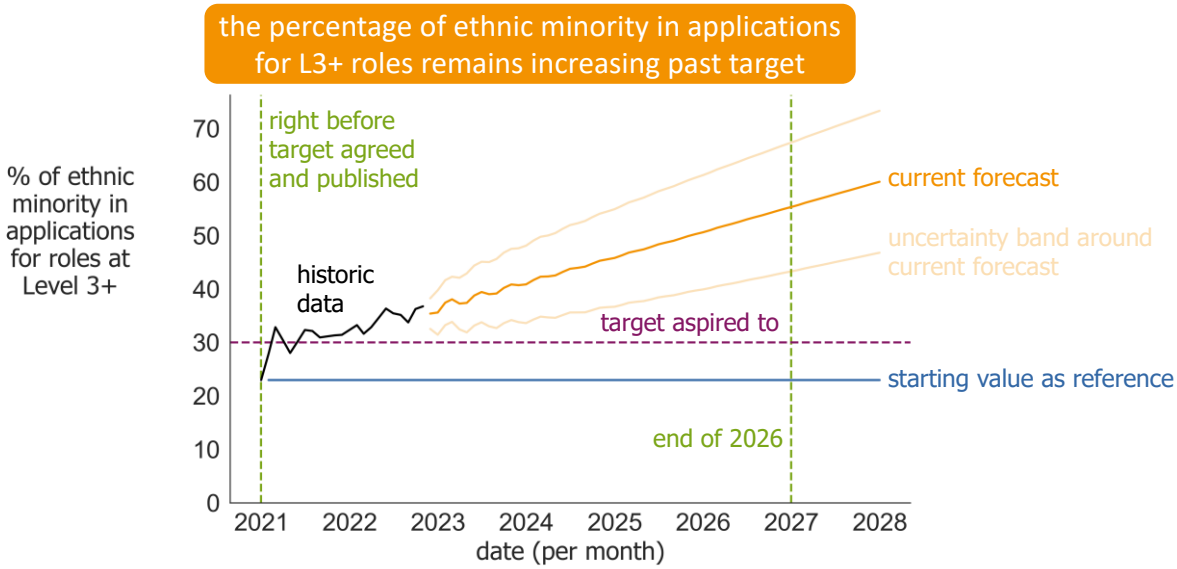

so far undetectable change in postgraduate ARCP results' difference between PMQ groups
difference in rate of unsatisfactory ARCP outcomes (%) for IMG postgraduate trainees minus that of UK-graduated counterparts
2.0
1.5
1.0
0.5
0.0
uncertainty band around unchanged forecast
right before target agreed and published
forecast if status-quo remained unchanged
current forecast
historic data
end of 2031
uncertainty band around current forecast
target aspired to
2018
2020
2022
2024
2026
2028
2030
2032
year

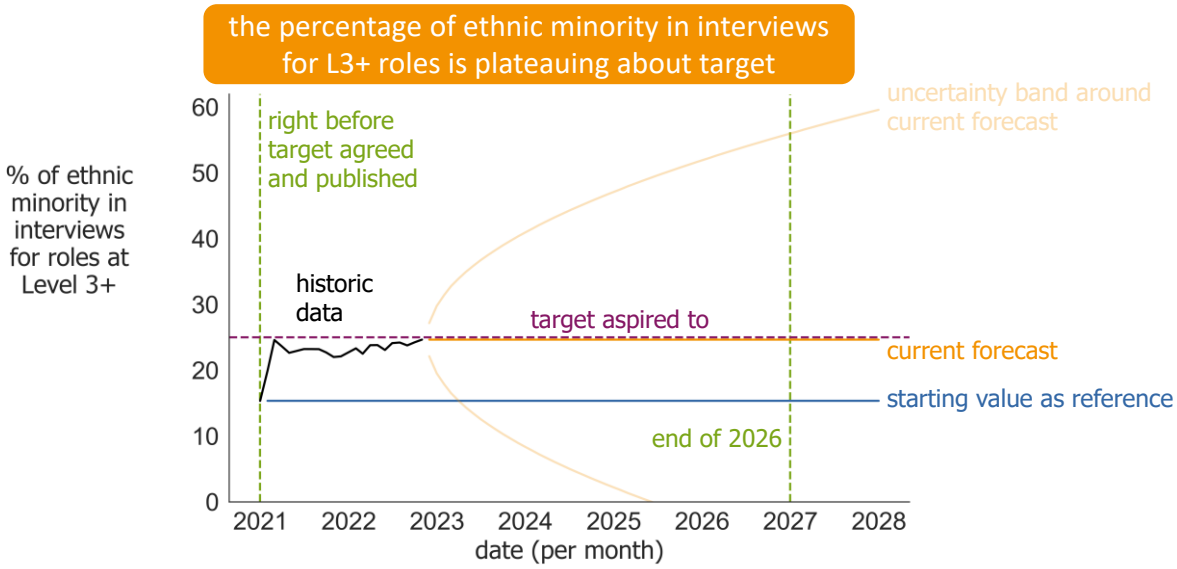

possible turn towards target in postgraduate ARCP results' difference between ethnic groups
difference in rate of unsatisfactory ARCP outcomes (%) for UK-graduated ethnic minority postgraduate trainees minus that of white counterparts
historic data
uncertainty band around unchanged forecast
forecast if status-quo remained unchanged
current forecast
end of 2031
uncertainty band around current forecast
right before target agreed and published
target aspired to
year

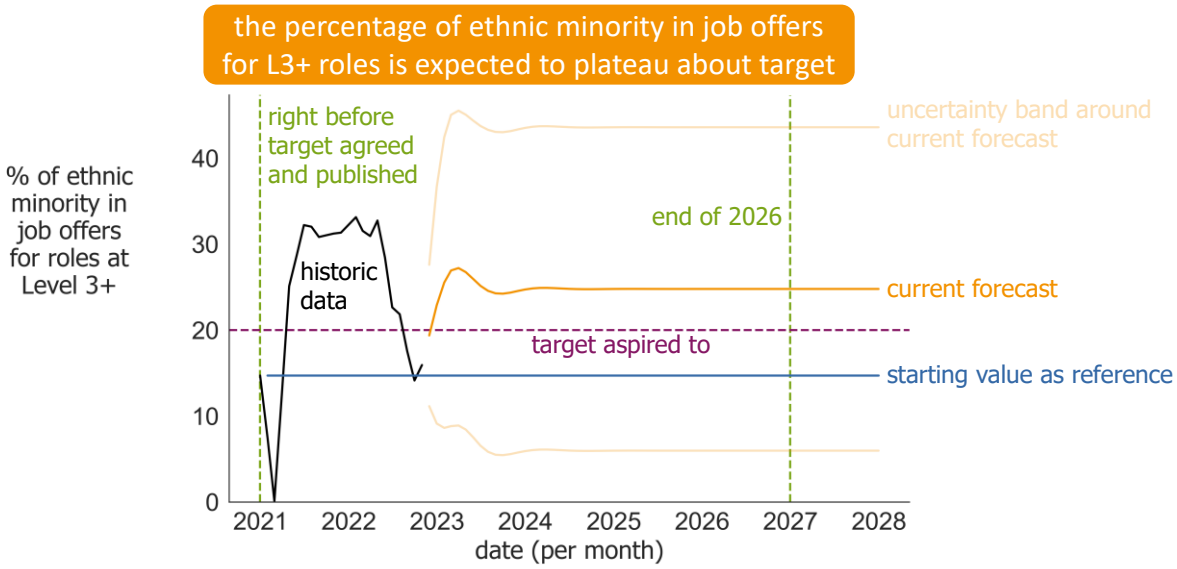

so far undetectable change in postgraduate exam pass difference between PMQ groups
difference in postgraduate exam pass rate (%) for UK-graduated trainees minus that of IMG counterparts
historic data
uncertainty band around unchanged forecast
forecast if status-quo remained unchanged
current forecast
uncertainty band around current forecast
right before target agreed and published
end of 2031
target aspired to
year

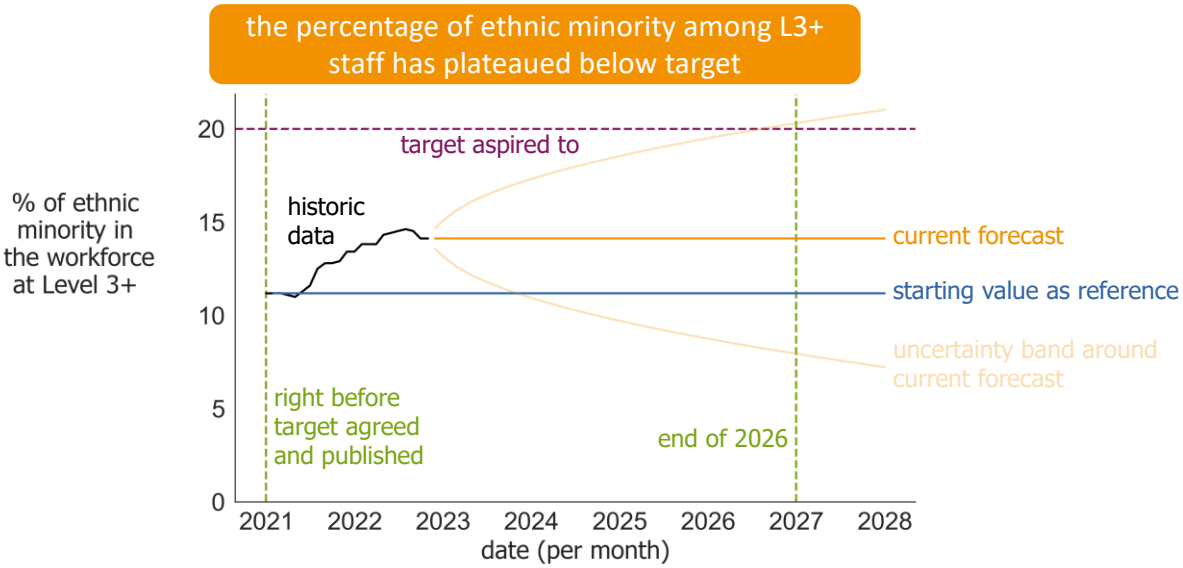


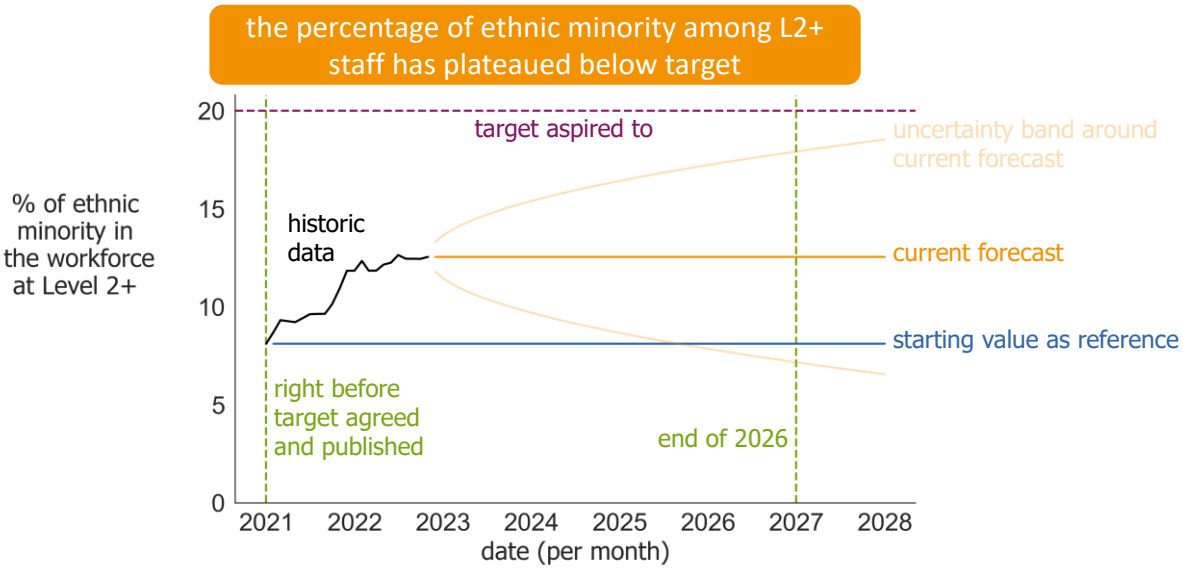
Inclusivity within the GMC forecasts

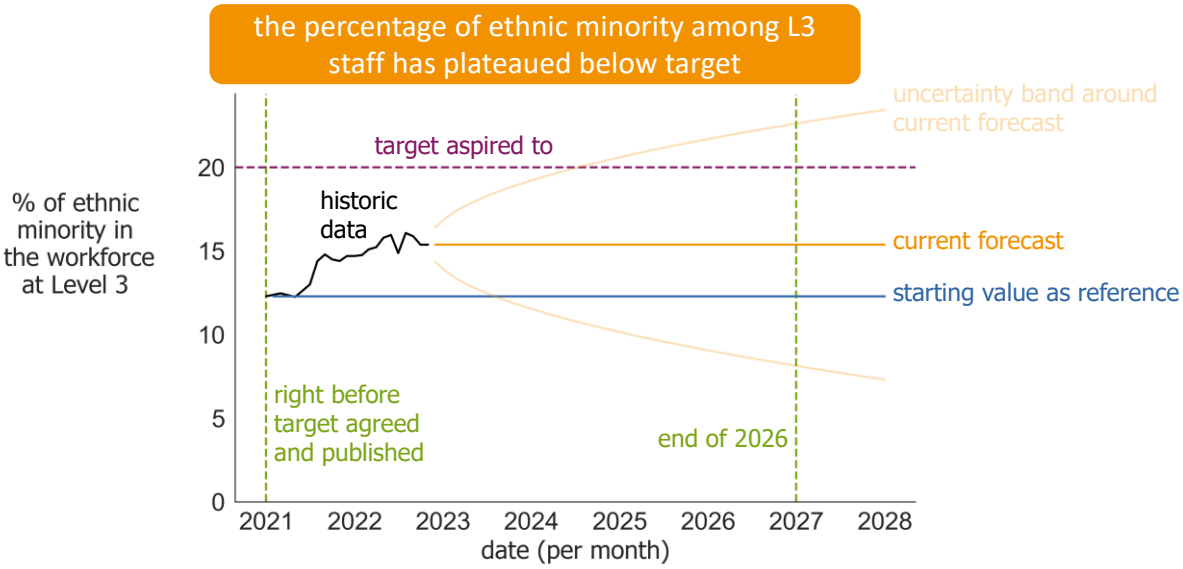


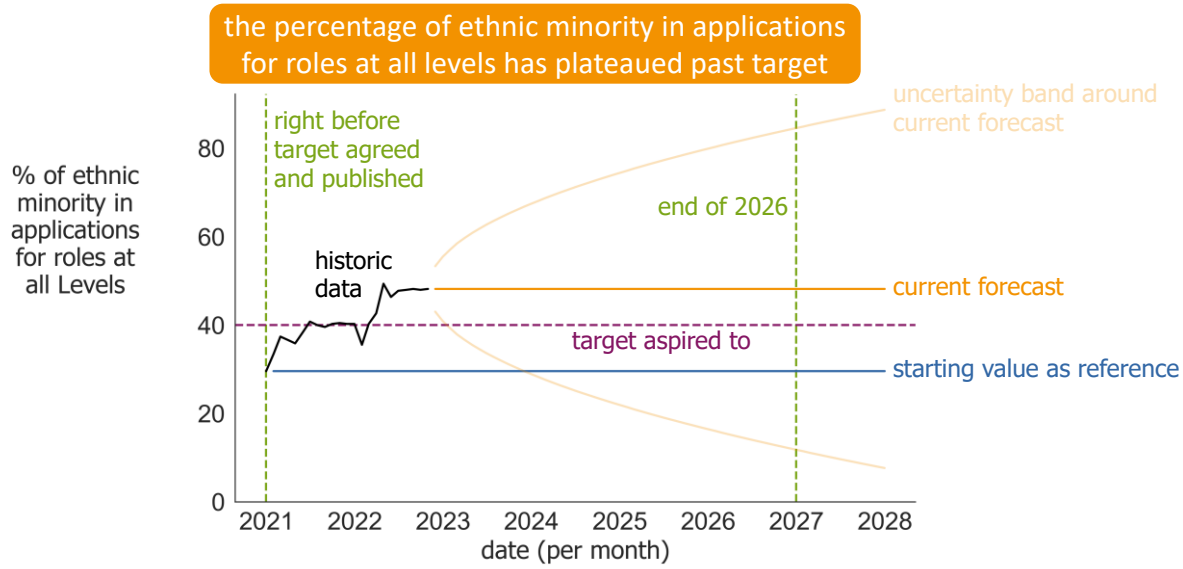

the percentage of ethnic minority in interviews for L3+ roles is plateauing about target
% of ethnic minority in interviews for roles at Level 3+
60
50
40
30
20
10
0
right before target agreed and published
historic data
target aspired to
uncertainty band around current forecast
current forecast
starting value as reference
end of 2026
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)

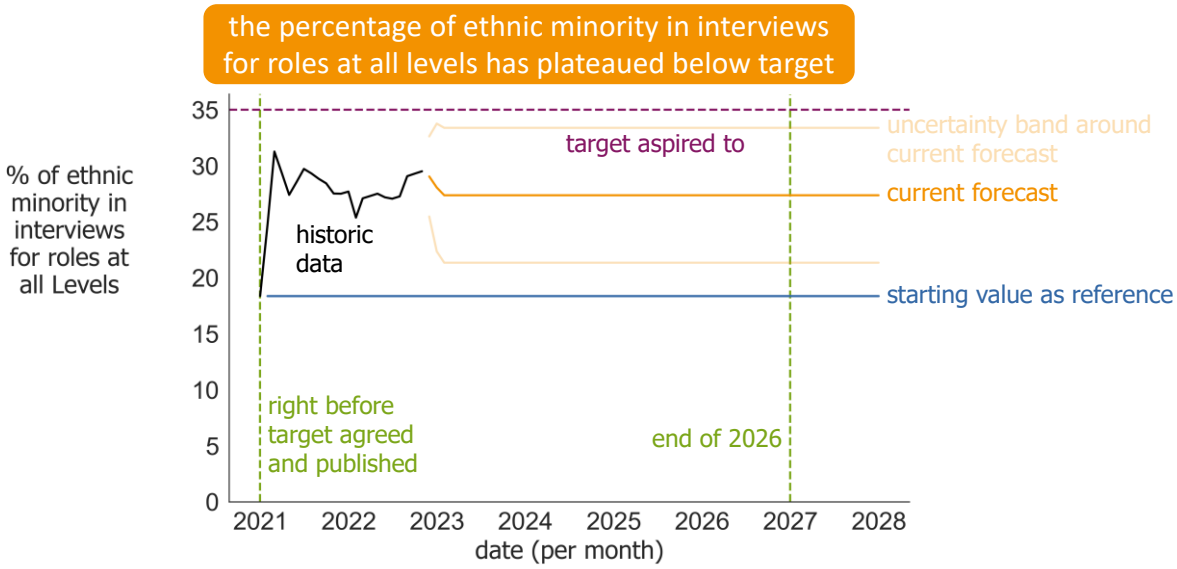

the percentage of ethnic minority in job offers for L3+ roles is expected to plateau about target
% of ethnic minority in job offers for roles at Level 3+
40
30
20
10
0
right before target agreed and published
historic data
end of 2026
target aspired to
uncertainty band around current forecast
current forecast
starting value as reference
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)

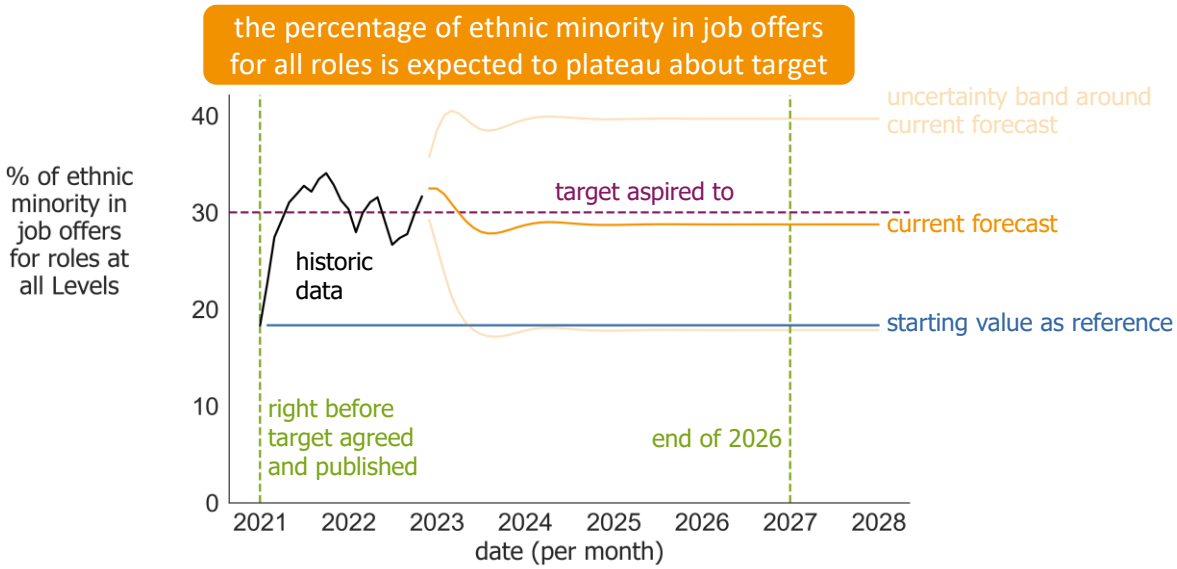

the percentage of ethnic minority among L3+ staff has plateaued below target
% of ethnic minority in the workforce at Level 3+
20
15
10
5
0
target aspired to
historic data
current forecast
starting value as reference
uncertainty band around current forecast
right before target agreed and published
end of 2026
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)

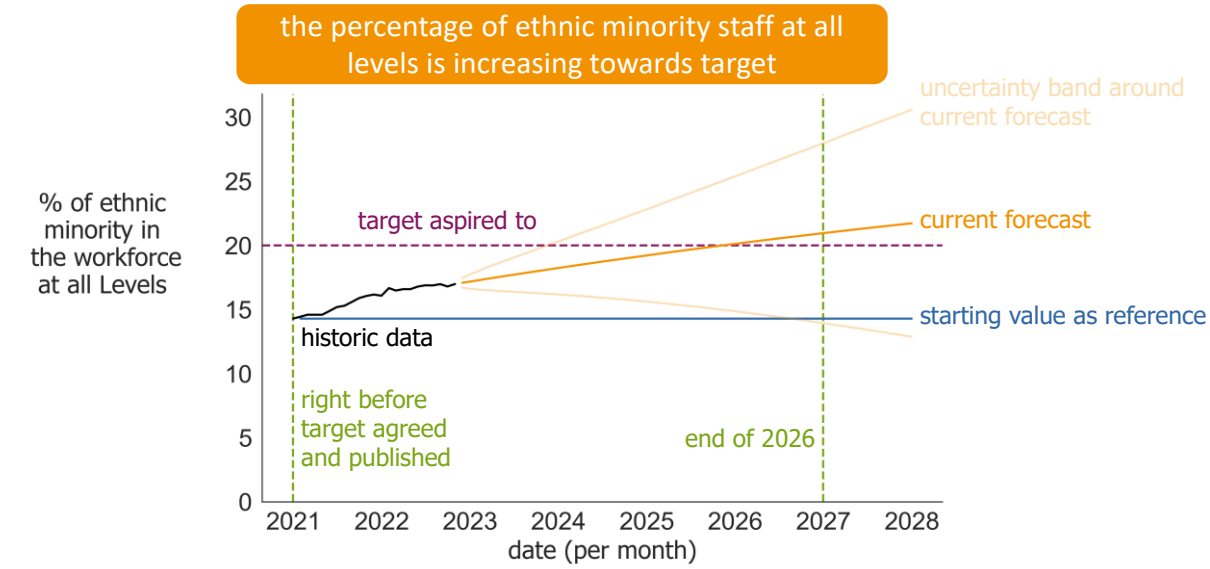

the percentage of ethnic minority among L2+ staff has plateaued below target
% of ethnic minority in the workforce at Level 2+
20
15
10
5
0
target aspired to
uncertainty band around current forecast
historic data
current forecast
starting value as reference
right before target agreed and published
end of 2026
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)

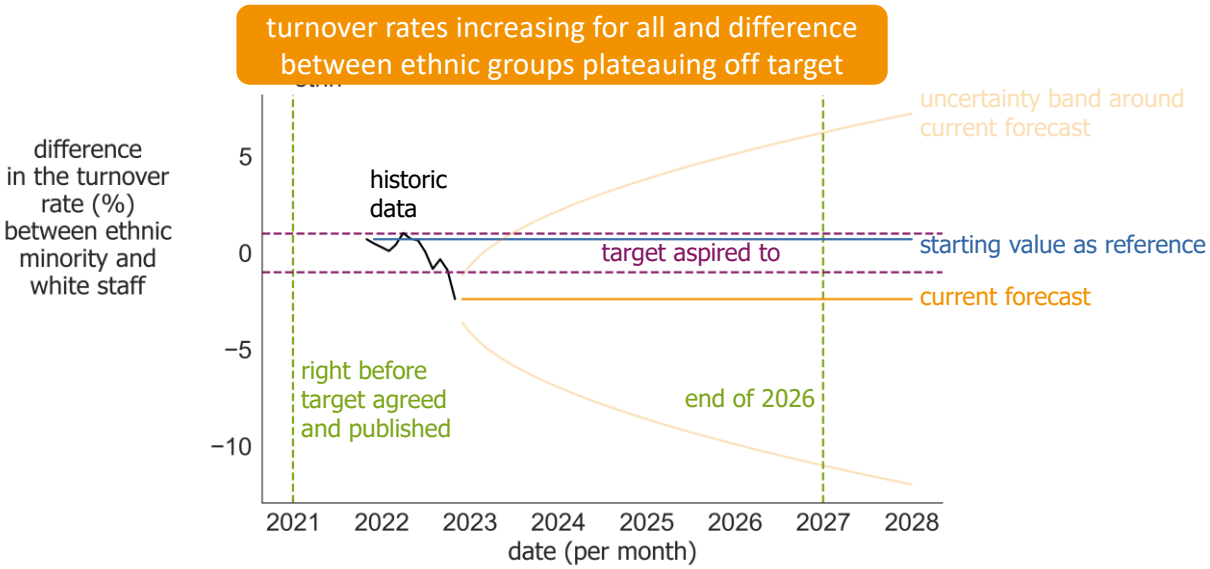

the percentage of ethnic minority among L3 staff has plateaued below target
% of ethnic minority in the workforce at Level 3
target aspired to
historic data
uncertainty band around current forecast
current forecast
starting value as reference
right before target agreed and published
end of 2026
0
5
10
15
20
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)

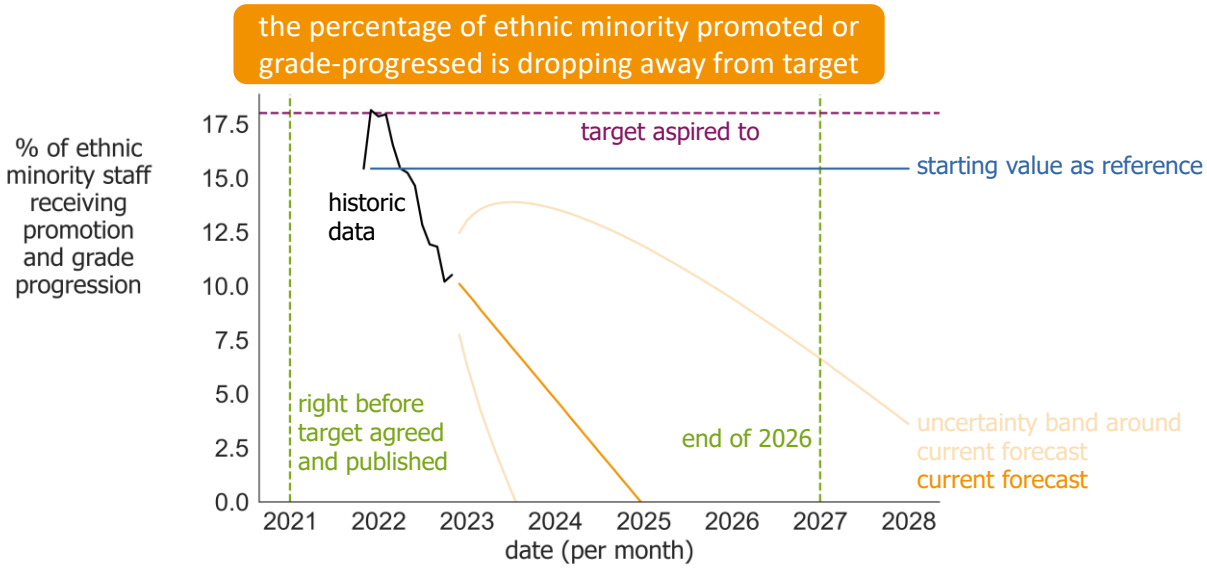

the percentage of ethnic minority in applications for roles at all levels has plateaued past target
% of ethnic minority in applications for roles at all Levels
right before target agreed and published
uncertainty band around current forecast
end of 2026
historic data
current forecast
target aspired to
starting value as reference
0
20
40
60
80
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)

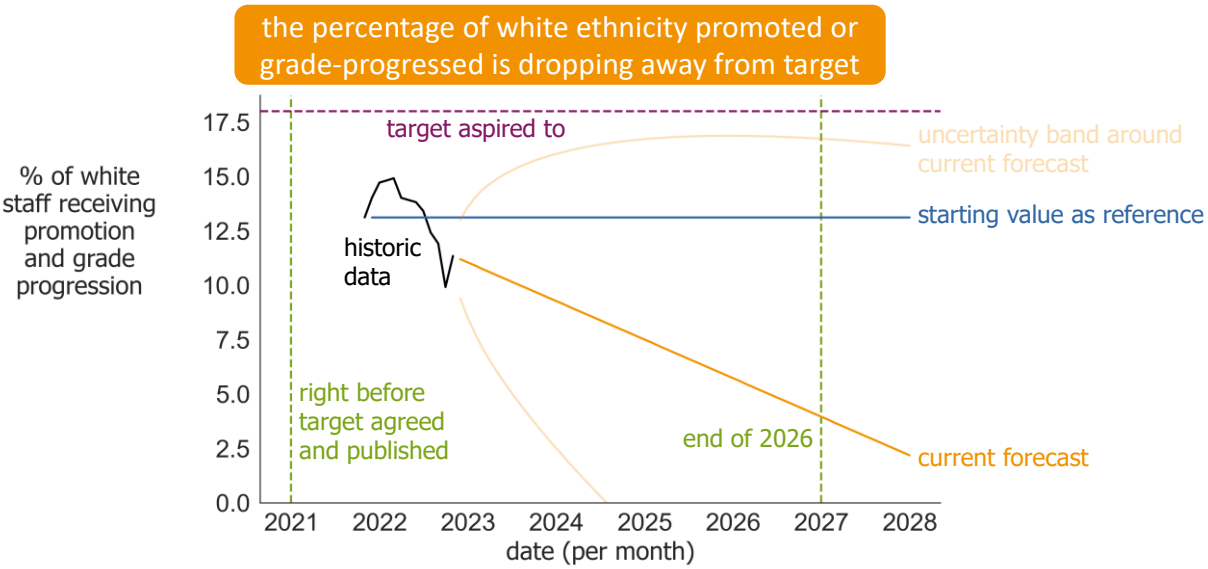

the percentage of ethnic minority in interviews for roles at all levels has plateaued below target
% of ethnic minority in interviews for roles at all Levels
35
30
25
20
15
10
5
0
target aspired to
uncertainty band around current forecast
current forecast
historic data
starting value as reference
right before target agreed and published
end of 2026
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)

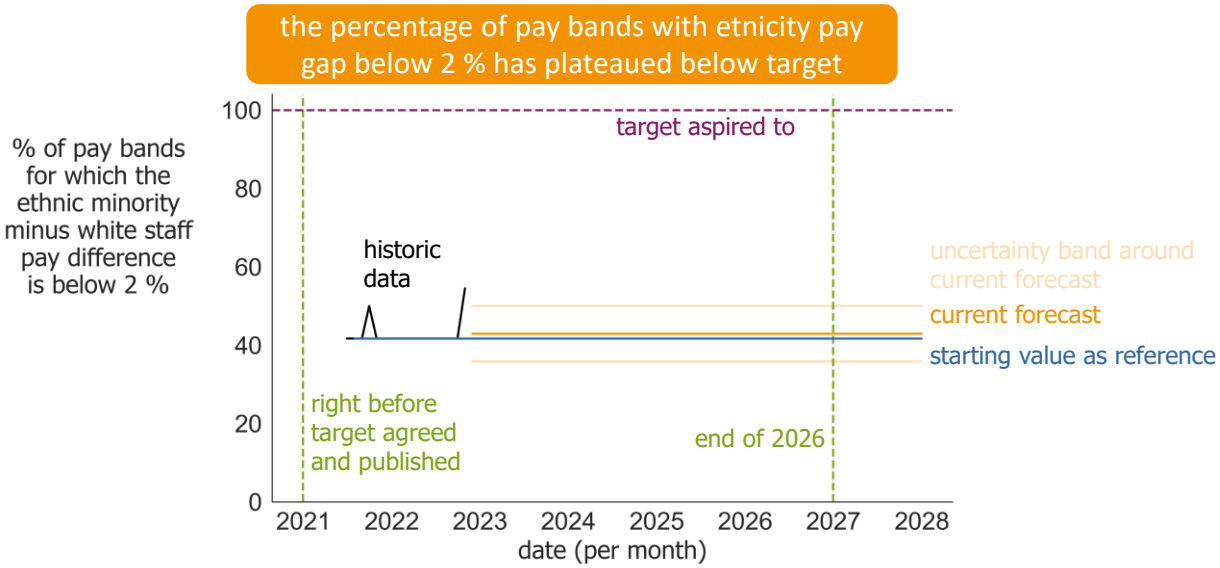

the percentage of ethnic minority in job offers for all roles is expected to plateau about target
% of ethnic minority in job offers for roles at all Levels
40
30
20
10
0
uncertainty band around current forecast
target aspired to
current forecast
historic data
starting value as reference
right before target agreed and published
end of 2026
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)


the percentage of ethnic minority staff at all levels is increasing towards target
% of ethnic minority in the workforce at all Levels
30
25
20
15
10
5
0
target aspired to
historic data
right before target agreed and published
end of 2026
uncertainty band around current forecast
current forecast
starting value as reference
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)


turnover rates increasing for all and difference between ethnic groups plateauing off target
difference in the turnover rate (%) between ethnic minority and white staff
5
0
−5
−10
historic data
target aspired to
right before target agreed and published
end of 2026
uncertainty band around current forecast
starting value as reference
current forecast
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)


the percentage of ethnic minority promoted or grade-progressed is dropping away from target
% of ethnic minority staff receiving promotion and grade progression
17.5
15.0
12.5
10.0
7.5
5.0
2.5
0.0
target aspired to
starting value as reference
historic data
right before target agreed and published
end of 2026
uncertainty band around current forecast
current forecast
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)


the percentage of white ethnicity promoted or grade-progressed is dropping away from target
% of white staff receiving promotion and grade progression
17.5
15.0
12.5
10.0
7.5
5.0
2.5
0.0
target aspired to
uncertainty band around current forecast
starting value as reference
historic data
right before target agreed and published
end of 2026
current forecast
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)


the percentage of pay bands with etnicity pay gap below 2 % has plateaued below target
% of pay bands for which the ethnic minority minus white staff pay difference is below 2 %
100
80
60
40
20
0
target aspired to
historic data
uncertainty band around current forecast
current forecast
starting value as reference
right before target agreed and published
end of 2026
2021
2022
2023
2024
2025
2026
2027
2028
date (per month)

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