BMA corporate equality, diversity and inclusion strategy
2022-25

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Introduction

Equality, diversity and inclusion are central to the work of the BMA as both a trade union and as a professional association.

Our aim is to foster a culture in which individual differences and diversity are welcomed. We are committed to promoting equal rights and opportunities, proactively tackling discrimination or disadvantage in all forms and creating an open and inclusive culture for our members, staff and stakeholders.

Linked to our overarching BMA organisational strategy, our corporate EDI (equality, diversity and inclusion) strategy sets out our plan to embed EDI in all that we do, and how we aim to ensure our work leads to better outcomes for our members, staff and patients.

We set out our first corporate EDI strategy in 2016, and this refresh builds on our work since then and is widened to include all teams in the BMA that lead on achieving our EDI aims.

How we define equality, diversity and inclusion

We define 'equality' as fair and individual treatment for all, creating an environment in which everyone can participate and have the same opportunities to fulfil their potential.

We define 'diversity' as recognising that we are all different and celebrating and valuing these differences. Each person is an individual with visible and non-visible differences, and by respecting this, everyone can feel valued for their contributions.

We define 'inclusion' as proactively developing approaches to include everyone from all groups, challenging discrimination and exclusion, and eliminating barriers in the workplace and wider society.

Why equality, diversity and inclusion matter to us

Ensuring we are a diverse and inclusive organisation for our members, staff and stakeholders is important for the following reasons:

Sustainability

The medical profession across the UK is becoming increasingly diverse. Our membership should reflect the medical workforce and student body to be sustainable, to grow and to allow the voices of all groups to be heard in the decisions we make as a trade union, professional association, and as a business.

Policy making

Embedding values of equality, diversity and inclusion in our organisational processes and policies strengthens our ability to stand up for our members, both individually and collectively, on a wide variety of policy and employment issues. It also ensures our policy making is grounded in creating improved conditions for work and study, ensuring fair treatment of all, and equal access to working and educational opportunities.

External influence

Embedding equality, diversity and inclusion into the heart of our work allows us to respond to and influence effectively, quickly and coherently on key issues affecting our members' working lives and wider public health matters. These values ensure our work is aligned with our legal obligations around equalities and that we can create a strong moral case for our advocacy for our members and the wider medical workforce.
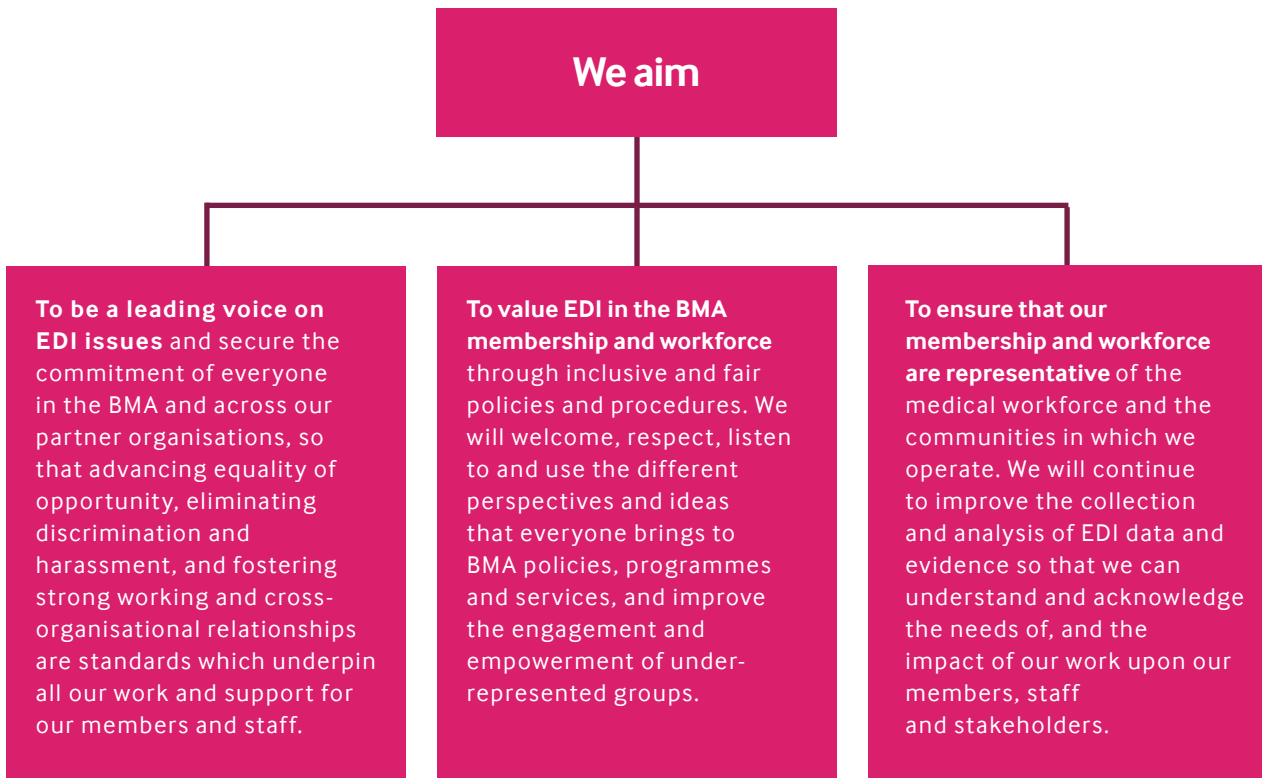
High-performance organisation

Organisations that are more inclusive and embrace diversity perform better and achieve more. An organisational commitment to equality, diversity and inclusion helps us in attracting and retaining talented and committed staff and members, who can thrive in a positive working environment in which individual differences are valued and welcomed.

Our aim for EDI at the BMA

Linked to the BMA's overarching mission and vision, our aim for EDI at the BMA is to be an exemplar association, demonstrating excellence in equality, diversity and inclusion in all that we do, and influencing others through the high standards that we set.

We aim

To be a leading voice on EDI issues and secure the commitment of everyone in the BMA and across our partner organisations, so that advancing equality of opportunity, eliminating discrimination and harassment, and fostering strong working and cross-organisational relationships are standards which underpin all our work and support for our members and staff.

To value EDI in the BMA membership and workforce through inclusive and fair policies and procedures. We will welcome, respect, listen to and use the different perspectives and ideas that everyone brings to BMA policies, programmes and services, and improve the engagement and empowerment of under-represented groups.

To ensure that our membership and workforce are representative of the medical workforce and the communities in which we operate. We will continue to improve the collection and analysis of EDI data and evidence so that we can understand and acknowledge the needs of, and the impact of our work upon our members, staff and stakeholders.

Our corporate EDI strategy allows us to effectively align our work with the BMA's four overarching organisational strategic priorities. Below we outline how our EDI work will help us meet our organisational objectives (in pink) under each strategic priority.

Member centred

Commission, research and track member opinion to fully understand members' and potential members' needs throughout their careers.
— We will incorporate input and feedback from all portions of our membership, including doctors and medical students who are IMGs (international medical graduates), LTFT (less than full time) workers, who identify as having disabilities, long-term health conditions and/or being neurodivergent, from ethnic minority or religious minority backgrounds, and those that are a part of the LGBTQ+ community.
— We will use various channels to involve all our members, both grassroots and elected, in understanding what matters to them in making the medical profession more equal, diverse and inclusive.

Representing the profession

Engage our members to identify their priorities, understand their expectations, and focus our resources to achieve these outcomes.
— We will identify and address barriers to participation in BMA activities for those who might require support and ensuring our elected structures are made up of members who can best represent their peers and colleagues.
— We will form support groups, networks and fora which can support and elevate the voices of members from under-represented groups.

Bring together our negotiating expertise and resources to get the best results across all branches of practice, and geographies at UK, national and local levels.
— We will ensure our trade union representatives are trained and equipped with the skills and knowledge needed to be effective leaders and to articulate the benefits of diverse workforces and opinions.

Influencing outside of the BMA

Communicate with a confident tone of voice, be constructive in what we say and speak up when it matters most; identify and collaborate with external partners to amplify our voice.
— We will ensure strong partnerships and working relationships with groups representing doctors and medical students from under-represented backgrounds, various career pathways and professional stages.
— We will amplify the voices of doctors from all backgrounds in our policy-making, negotiating and trade union activities.

Running the BMA

Invest in our people by embracing diversity, recognising expertise, developing talent and therefore increasing our capabilities.
— We will ensure our staff are well-represented and supported in the workplace in environments which are free of bullying and harassment and promote equal rights and opportunities.
— We will create policies and processes on flexible working for our staff and elected members, committing to decreasing our internal gender pay gap, and ensuring opportunities for career progression and development are in place for all staff.

Adopt positive action to increase diversity within representative structures and provide innovative ways to hear our members.
— We will monitor the representation of under-represented groups within democratic structures and work to address barriers to participation.

Our work

The BMA's EDI work is carried out by teams who work closely and in collaboration with one another:

Corporate EDI team

Our **corporate EDI team** is accountable for the BMA's corporate commitment to EDI and for promoting our internal commitment to an organisational culture that actively values and promotes EDI. This team works closely with and supports all other parts of the association in developing individual work plans and actions with respect to EDI.

Remits include:
— Delivering a package of online and in-person training and support programmes for our elected members, designed to support their medico-political development and leadership capabilities. These programmes include the mentoring, leadership and active bystander programmes, the committee visitors scheme and our online EDI modules.

— Providing access to the BMA family friendly fund, which offers financial assistance to cover the costs of care for children and dependants of elected members who are taking part in BMA activities.

— Carrying out equality monitoring of our membership so that we can better understand who our members are and address the challenges they face in their places of work and study.

— Understanding barriers to participation and addressing areas of under-representation on our elected structures, such as committees and councils.

— Delivering initiatives to under-represented and minority groups in our membership and the wider medical profession, such as women and those from Black, Asian and minority ethnic backgrounds through networks, fora and elected equalities representatives on committees.

— Co-ordinating and contributing to reviews of member services, products and employment advice to ensure they are accessible to and relevant for all members, such as IMGs and doctors with disabilities or long-term health conditions.

— Supporting committees and BMA staff to ensure all BMA activities and meetings are inclusive.

— Improving the accessibility of our buildings and technology.

— Building our employees' knowledge of and commitment to EDI through knowledge sharing, learning and development, supporting staff networks and external engagements such as at Pride events around the country.

Equality, inclusion and culture policy team

Our external policy work on EIC (equality, inclusion and culture) is different across the four nations. All nations aim to promote equality, diversity, inclusion and a just culture in the medical workforce.

Our England only **EIC policy team** is accountable for the formulation and delivery of the BMA's external policy on equality, inclusion and workplace culture issues in England, and provides advice on all policy-specific equality and inclusion matters across the devolved nations. Where possible the team create surveys, develop research and guidance that is applicable across all nations, but the delivery of BMA equality and inclusion policies is different across each nation in relation to the local healthcare structures and stakeholders.

Remits include:

— Engaging with key external stakeholders; engaging with the Government, medical royal colleges, regulators, and organisations that represent doctors from diverse backgrounds.

— Influencing Government and healthcare sector bodies by responding to consultations, inquires, and engaging with members of parliament.

— Producing briefings and guidance for members.

— Conducting and publishing research and reports on topics where we can reduce the gaps in information about differentials between doctors on the basis of protected characteristics.

— Developing model policies for members to influence policy development in their localities.

— Communicating key messages of equality, diversity and inclusion via statements, press releases, blogs and social media.

— Representing our diverse members on their issues of concern with the profession.

BMA HR team

The BMA **HR (human resources) team** are responsible and accountable for equality, diversity, and inclusion related matters for BMA staff. In addition, the team are responsible for BMA equality and diversity policies and procedures.

Remits include:

— Ensuring principles of EDI are embedded into all BMA HR policies and procedures for staff.

— Working closely with established BMA staff networks to share ideas, raise awareness around workplace issues and concerns, and support development and mentoring.

— Ensuring fair recruitment processes and systems.

— Staff equality, diversity and inclusion monitoring to help understand why certain groups are under-represented within the BMA staff workforce.

— Analysing the gender and ethnicity pay gaps within the BMA and development of action plans.

— Developing and facilitating learning and development programmes for staff.

Amongst others, the HR team have championed the following initiatives and activities:
— Appointed an external speak up guardian; an independent and objective person that staff and elected members can speak to and raise concerns around behaviour.

— Training in valuing difference (equality, diversity and inclusion), anti-bullying, active by-stander and collegiate working for staff and members.

— Procured and successfully implemented a new recruitment software for the BMA to enable 'blind' recruitment and hugely improve the organisation's ability to monitor diversity at various stages of the process.

— Job vacancies are advertised on diversity platforms aimed at encouraging applications from groups that are under-represented including the LGBTQ+ community, applicants from minority ethnic backgrounds, and those who identify as having disabilities, long-term health conditions and/or neurodiversity.

— Providing recruitment and selection training to all managers by mid-2022.

Devolved nations

The EIC policy and corporate EDI teams work with BMA Scotland, BMA Northern Ireland and BMA Cymru Wales to understand the unique equality, diversity and inclusion considerations for all four countries in the UK.

Each country leads their equality, diversity and inclusion work at the national level.

Our BMA EDI advisory group

This group of BMA members provides expert guidance on all matters relating to EDI across the association. All members of the group are selected to join through an application process on the basis of their expertise in EDI. Staff are represented from each BMA directorate and nation.

The advisory group offers in-depth knowledge of and experience in a range of EDI issues. Members are able to act as peer reviewers, approvers and knowledge sharers and bring experience. The group works closely with all other BMA directorates and the nations to underpin and shape the association's work on EDI for members, staff and the medical workforce. The BMA representative body chair is the chair of this group. Any BMA member can apply to be a part of this group.

'The EDI advisory group contributes to the BMA's work on equalities and its broader organisational mission a great deal. It is fundamental. I am so proud to have been part of it; it elevates both the trade union and the professional association arms of the organisation.'
— EDI advisory group member, 2018-2021

Our action plan

Over the next three years, we will be working on several projects and areas to support our EDI goals. Key work areas for each team include:

Corporate EDI team

To make our elected structures more representative we will:
— Share best practice and guidance across our elected structures to support an inclusive culture on our committees.
— Share demographic data with committees, councils and encourage open discussions and action to access under-representation.
— Work with the BMA organisation committee and others to ensure all governance process are fair and inclusive.
— Support our regional and local committees in their efforts to build more representative and diverse committees.
— Support and run the BMA committee equality champions programme (pan-BMA including devolved nations).
— Support committees in discussing and exploring barriers to participation for all under-represented groups, and in exploring ways that committees can better attract and support these members.

To connect and amplify the voices of our grassroot members we will:
— Establish and manage various networks and fora of members such as the BMA national BAME member forum, regional Black, Asian and minority ethnic member networks, the Network of Elected Women (NEW), and the BMA DLN (disabilities, longterm conditions and neurodiversity) network for elected members who are disabled, have a long term health condition, or are neurodivergent. These will enable the BMA to hear about the issues affecting our grassroot members, explore how we can champion and support our members, and create new opportunities for BMA members to become more engaged in BMA activism and representative work.
— Work with the devolved nations to set up similar structures.

To support our elected members in their roles we will:
— Deliver online and in-person training and support programmes for our elected members, designed to support their medico-political development and leadership capabilities.
— Develop our member development offer for elected members to equip them in their roles, empower them to challenge poor behaviour and contribute to creating an inclusive and diverse culture. These include a chair and deputy chair training programme, active bystander programme and the bespoke online learning programme 'An inclusive culture – working together at the BMA'.
— Support elected members who are taking part in BMA activities by providing access to the BMA family friendly fund, which offers financial assistance to cover the costs of care for children and dependants.

To improve the quality and quantity of equality monitoring data that we hold for our members and staff to ensure we can understand the needs of our membership we will:
— Develop a BMA wide campaign – working with our grassroots members, committees, networks and fora, across the UK, to encourage all our members to complete their equality monitoring information via their BMA member profiles.
— Produce guidance for committees, regions and local structures such as LNCs (local negotiating committees) on how to increase diversity and improve their representation.

We will work with teams internally and externally to deliver on our joint aims for equality, diversity and inclusion on key themes to:
— Explore why certain groups of doctors are under-represented in the wider membership.
— Ensure our products, services and member employment support meet the needs of our diverse membership.
— Promote awareness of our EDI programmes, trainings and objectives amongst members, staff and stakeholders.

Policy EIC team

Theme 1: Removing barriers to progression. This encapsulates all our projects that are trying to remove the barriers linked to protected characteristics that prevent doctors from progression. By:
— Addressing differential access, experience and attainment in medical education and training.
— Improving individualised support for disabled doctors.
— Promoting an inclusive curriculum, with a diverse and EDI competent faculty.
— Promoting equal pay and reducing pay gaps: eg diversifying CEAs (Clinical excellence awards), implementing the Gender Pay Gap review, and lobbying for race pay gap and equal pay reporting.
— Reducing gender bias in medicine by improving access to childcare and shared parental leave, provision of breastfeeding facilities and policies providing allowances for breastfeeding in education and training.

Theme 2: An inclusive workplace. The work that we do to make the working and training environment welcoming and supportive to all doctors regardless of the protected characteristics they share. By:
— Tackling systemic and structural racism; racial discrimination from patients and colleagues; supporting the launch of tailored MWRES (medical workforce race equality standard) indicators for doctors from NHSEI (NHS England and NHS Improvement); research into the barriers for progression into senior roles for ethnic minority doctors; calling for an action to reduce the disproportionate numbers of disciplinaries in employment and referrals to the GMC (General Medical Council). Pushing for the recommendations in our response to the Commission for Race and Ethnic Disparities Race report.
— Responding to the COVID-19 impact on doctors who share protected characteristics eg ethnic minorities, LGBTQ+ groups, different genders, disabled people and religion and belief.
— Supporting religious identity in the workplace, by supporting better data monitoring, promoting religious holidays and celebrations, myth busting around religious practices and supporting uniform policies that cater for religious dress.
— Campaigning to champion the diversity and value of disabled medics by improving the rates of disclosure and increasing visibility of disabled medics. Lobbying government to improve reasonable adjustments and disability sick leave. Improving occupational health and return to work support.
— Promoting and embedding a no-blame just and learning culture.
— Supporting trans and non-binary doctors through our member relations and providing guidance.
— Promoting access to flexible careers for the benefit of the diversity of doctors to retain the medical workforce.
— Delivering an Active Advocates (allyship programme) to support all doctors to achieve the aims of equality, diversity and inclusion.

Theme 3: Working with others. Working with teams internally and externally to deliver on joint aims for equality, diversity and a just culture. By:
— Working with the devolved nations by building an evidence base and developing key messages on equality, inclusion and culture that can be effectively communicated and implemented in the devolved nations.
— Working with committees and teams in the BMA to promote key themes such as occupational health, SASC (staff, associate specialist and specialty doctors committee) charter and the IMG project.
— Working with new membership network groups, such as the national BAME member forum and Network of Elected Women.
— Working with our grassroots members, such as the joint report with Dr Chelcie Jewitt on Everyday sexism in the medical profession.
— External representation on the GMC Black, Asian, and minority ethnic Doctors Forum, NHSEI's menopause working group and attending meetings with the Anti-bullying Alliance and Academy of Medical Royal College's Flexible working group and the Royal College of Gynaecologists and Obstetricians Race Taskforce.

Theme 4: Supporting members in providing inclusive healthcare. Although not a key remit of the EIC team, we have been leading on taking forward the ARM 2020 motion by improving guidance and support for BMA members to ensure transgender patients have better access and experiences of healthcare.

BMA HR team

— To establish and present an inclusion and diversity week that will be a recurring annual celebration of BMA staff, their uniqueness and difference. It will include neurodiversity inclusion, often not spoken of openly, faith inclusion, and disability inclusion.
— To educate recruiting managers on the benefit of a balanced diverse representation of the shortlisting and interview panel members, especially at senior management level posts.
— To develop and facilitate face to face training sessions on equality, diversity and inclusion to raise awareness of EDI issues. The sessions will include LGBTQ+ awareness, transgender awareness, mental health awareness, as well as sessions that will support staff to understand more about bullying, harassment and victimisation and to know how to handle bullying in the workplace and the actions to take.
— To improve staff equality monitoring levels to allow us to understand the needs of our staff.
— To continue to work to close the gender and ethnicity pay gap.

Devolved nations

Wales
— Black, Asian and minority ethnic Wales Member Forum is well established and will continue engaging with a variety of stakeholders and decision makers.
— Equality champions are either in place or being sought across all branch of practice committees.
— Engaging with Welsh Government and NHS Employers across negotiating and professional forums (policies and T&Cs) – including: Just Culture, Freedom to Speak up (speak up safely), SAS (staff grade, associate specialist and specialty doctor) Advocates, support for IMGs (mentoring and induction), differential attainment.
— Welsh involvement in Clinical excellence awards reform process.
— Welsh Medical Student Committee representatives will shortly join the Cardiff University's MEDIC Student Staff Race Equality Task Group – a joint team of staff and students set up to tackle racial inequality within Cardiff University School of Medicine, the medical student environment and the curriculum. Student membership will include representatives from Cardiff MedSoc (medical society), ACMA (African Caribbean Medical Association), CHIPS (Cardiff Healthcare International Perspectives), MEDIR (Medical EDI Reform), Cardiff Muslim Medics and the BMA. There will be six meetings in an academic year.
— Women in Medicine booklet being produced aimed at encouraging more women to pursue a career in medicine.
— SAS advocate role has been negotiated as part of the new SAS 2021 contract. It will be a dedicated appointment with each employing organisation in Wales, to:
    — Provide help and support and be a visible point of contact for SAS doctors in the organisation.
    — Signpost SAS doctors to the relevant departments, colleagues, or information within the employing organisation as well as, where relevant, trade union representatives to provide support on their health and wellbeing including actions to address concerns raised regarding working relationships.
    — Work with each Local negotiating committee to ensure a consistent approach to SAS doctors health and wellbeing is adopted across all Health Boards.

Scotland
— Continuing development of the Scottish Race Equality Forum and establishing clear links with local activities through Local negotiating committees and local medical committees.
— Improving our EDI data for current members and developing our learning and development offering by building on our recently developed EDI and unconscious bias offering.
— Identification of dedicated staff resource to focus on EDI and link with other devolved nation and UK resources.
— Develop further fora to provide a safe space/platform for discussion of issues affecting each group, including IMGs, LGBTQ+ and doctors with disabilities and long-term conditions with an aim to have each established by end of 2022.
— Continue work on Romney recommendations for committee members and extend this to local groups to embed EDI principles and Romney recommendations in their ways of working.

Northern Ireland
— Continued engagement with the BMA national BAME member forum.
— Promoting women in medicine issues and discussions with doctors and medical students.
— Working with medical student groups on EDI issues.
— Working to increase representation of women on BMA Northern Ireland committees in line with Romney recommendations.
— Engagement with Northern Ireland based trade union and stakeholder groups on EDI issues.
— Continuing conversations and engagement with doctors in Northern Ireland on EDI and IMG issues and develop actions as required.

Further contact details

Find out more about our EDI work here:
bma.org.uk/about-us/equality-diversity-and-inclusion

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