Update on implementation of Romney report into sexism and sexual harassment at the BMA

BMA

Dr Alex Freeman
Chair, CIIG

Introduction

Welcome to the progress report for the implementation of the Romney Report recommendations on sexism and sexual harassment in the BMA. As chair of the Culture Inclusion and Implementation group, I am pleased to present this paper showing progress made in this session.

Real change has happened this year, including introducing term limits and limits on multi-committee membership. These changes haven't been made lightly or without careful consideration and weighing up the benefits which we believe greatly outweigh any risk. Council has now agreed both Initiatives and implementation will commence after this year's ARM.

We are more determined than ever to push ahead and support increased diversity across elected structures. Encouraging greater turnover on committees and allowing more women and doctors from diverse backgrounds to put themselves forward for election. Ultimately aiming to build an inclusive and diverse BMA that effectively reflects and represents all of our members across the UK.

Whilst we do what we can to improve structures, I would encourage all elected members to consider their role in ensuring their elected networks reflect the diversity of those they represent. Change is never easy and now more than ever we need to be united in providing greater opportunities for new elected members to bring fresh experience and ideas.

Diversity is only possible with an open and kind culture. As concerns on behaviour continue to be raised, we must remember our responsibility to monitor our individual behaviour and call out instances when they arise. Uptake of active bystander training is currently disappointingly low among our elected members, we must utilise all the support and training available to us to help us improve ourselves and how we interact with one another and our staff.

Creating a truly diverse BMA does not happen overnight. I would urge all members in elected positions to take ownership and accountability for their actions and live by our behaviour principles. Use your voices for the benefit of all our members and support us in creating an inclusive and welcoming BMA.

Finally I would like to thank all members of CIIG for their valuable and considered input into this work.

Alex Freeman, BMA Board member and chair of the Culture Inclusion and Implementation group

1. This year's progress

This year's main priority of the Culture Inclusion and Implementation Group (CIIG) was to make progress on the more challenging Romney recommendations that focus on changes to elected structures within the BMA. The reasoning behind these recommendations centres around increasing opportunities for women to put themselves forward to election by encouraging more frequent turnover on committees. As stated in paragraph 58 of the Daphne Romney's report:

> "People are on too many committees, and for too long. ...Some seats on committees never change, and so the behaviour does not change, but is perpetuated."

These were the recommendations that were rated in the 2022 audit by CROWE as needing substantive action and so was made the priority of CIIG.

1.1   Committee consultation

The successful implementation of recommendations 21 and 22 hinged on effective consultation with the elected membership. To facilitate this, a survey was created and open to all BMA elected members in Autumn 2023.

	Yes	No	I don't know	Prefer not to answer
Do you agree with limiting the introduction of term limits on BMA committees?	59%	27%	13%	1%
Do you agree with limiting the number of BMA committees an individual can be a member of?	69%	13%	18%	0%

The general agreement on implementation of both initiatives allowed for the development of proposals which were agreed firstly by organisation committee, then by UK Council.

1.2 Term-limits

Recommendation 21: Members of committees should be prevented from standing for re-election for that committee after twelve years, unless they hold an executive position.[1] *The purpose of this is to allow new members onto the committee. Members may seek re-election to that committee after three years, unless they hold a time limited executive position. Transitional arrangements should be agreed for existing members.*

There have been several discussions over the years about the need to refresh committee membership as a part of addressing under representation as well as getting new members involved in BMA work. A BMA research project conducted some years ago on women and leadership in the BMA showed that women members are more likely to stand for election to vacant seats rather than challenge a long-term incumbent.

The introduction of term limits on BMA committees has proved to be one of the more controversial recommendations from the Romney report and there is a balance to be had with involving new members, succession planning and retaining corporate memory.

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1 This has been interpreted to mean chair and deputy chair positions in the BMA context.

The benefits of implementing this recommendation include:
1. Aid turnover on committees ensuring that a wider pool of grass roots members can become involved in our policy making and representative structures.
2. Ensure that our decisions and policies remain current and relevant to doctors on the ground – new members bring fresh ideas and the ability to question, and challenge established norms and behaviours.
3. Ensure that we encourage inclusive and accessible participation; and utilise all available talent to maximise a committee's effectiveness.
4. Ensure that the process – and the perception of the process – for securing a committee role is transparent and fair.
5. Ensure sustainability and succession planning of the committee in the long term, and that the committee does not rely too much on specific individuals.
6. Support all members to progress at the BMA and in their medical careers by maximising the opportunities to learn and develop new skills, and network within the BMA – encouraging new leaders at the association.

While there may be some concerns about the loss of corporate memory, expertise and experience, this exists in any election and can be pro-actively planned for by committee staff. Committees who feel that their work will be adversely impacted by loss of expertise can still make representations for change to the Organisation Committee in the usual way.

Members will be limited to no more than 12 years on a committee unless they hold a chair or deputy chair position. Members may seek re-election to that committee after two years. For those who hold a chair or deputy chair position (or are elected to one) and meet the 12-year period within their term, they will be permitted to continue their term plus one additional year during which they may re-stand for election as chair/ deputy chair.

The limit applies separately to each committee an individual is a member of and does not transfer from one committee to the next or across committees.

Recognising that a number of elections will have taken place before these proposals are introduced, to avoid destabilising the work of committees and allow succession planning, implementation will be staggered.

To address concerns that posts will be left unfilled, individuals who have reached the 12-year limit would be eligible to stand for election if nominations for a seat are reopened.

Committees will continue to be able to co-opt members who have expertise or experience.

1.3 Multi-committee membership
Recommendation 22: BMA Members (other than Chief Officers and others on committees in an ex officio or co-opted position) should be restricted in the number of committees they can sit on, in order to encourage new membership of those committees. This would also allow committee members better to contribute to the committees they do sit on.

The benefits of implementing this recommendation include:
1. Ensure that we encourage inclusive and accessible participation; and utilise all available talent to maximise a committee's effectiveness.
2. Ensure that the process - and the perception of the process – for securing a committee role is transparent and fair.
3. Provide committee members clear expectations about their expected time commitment, and sufficient time to contribute fully to their committee role.
4. Support all members to progress at the BMA and in their medical careers by maximising the opportunities to learn and develop new skills, and network within the BMA – encouraging new leaders at the association.

This recommendation was not just about increasing diversity on committees and improving contributions but was also about improving behaviours.

At the UK Council's March meeting, proposals on introducing a limit on multi-committee membership limits were agreed. The proposal stated that the committee standardised standing orders be updated to include a limit to the number of committees that an individual can be elected to from within a committee or constituency. The aim is to directly impact multi-committee membership and create opportunities for new people to be elected.

During discussions with the BMA Organisation Committee, concerns were noted about the considerable difference in the size of committees which will impact how this applies. This will be managed through a grading system based on committee size and members are encouraged to make their assessment at the nomination stage around how many committees they are standing for.

Priorities for the next session

1.4 Quotas
Recommendation 17: Committees should emulate Council and introduce quotas or minimum numbers of women in order to better reflect the percentages of men and women in each branch of practice. Each committee should set those quotas after consultation with the Organisation Committee.

A priority for the next session of CIIG will be to progress discussions on the implementation of quotas. Gender quotas/minimum numbers are an affirmative action measure designed to increase gender equality in political and corporate decision-making bodies and structures through balanced representation.

The Culture Inclusion and Implementation Group believes that the benefits of implementing this recommendation will include:
1. Provides an objective guarantee for the numeric increase of women in representative structures.
2. Increase gender equality in political and corporate decision-making bodies through balanced representation.
3. Affirm the position of underrepresented groups.
4. Development of a positive feedback loop: if more women are in office, then more women will be encouraged to run for office due to a role model effect.

While the use of these measures is not without criticism, particularly related to not addressing the root cause of why underrepresented groups are not putting themselves forward for, or elected to, positions and a perception that they are anti-democratic if they are used as a temporary measure to affirm the position of an underrepresented group, they can have a significant positive impact. It works in a positive feedback loop: if more women are in office, then more women will be encouraged to run for office due to a role model effect in which they see people like themselves winning seats.

This is arguably the most challenging of recommendations to address and careful consideration is being made on how best to achieve this. Ultimately, any decision will be based on what the most effective way forward will be in enabling a more diverse BMA.

1.5 Multi-member constituencies

Recommendation 23: Consideration should be given to multi-member constituencies for Regional Seats to allow new people to stand for election alongside the existing holders of those seats.

The strength of multi-member constituencies rests in their ability to generate more balanced representation, particularly for certain groups traditionally underrepresented. The degree to which a multi-member constituency can do this, however, depends on the size of the constituency – the larger the constituency size, the more representative the election outcome.

The benefits of implementing this recommendation include:
1. Can more easily reflect demographic changes in the number of members, as the number of representatives from each region can change.
2. Tends to produce more balanced representation by encouraging the nomination of a diverse roster of candidates.
3. Easier for new members to join committees.

This recommendation was deemed as mostly completed as the majority of Branch of Practice and certain other committees already operate some multi-member constituencies while also balancing the representative nature of BMA committees. Linked to this work, proposed changes to ARM constituencies are being discussed at ARM this year as part of the implementation of new local structures.

CIIG will monitor changes closely in case the changes negatively impact the diversity of committees and will also share examples of good practice. Action will be taken if needed.

2 Progress on implementation of recommendations

In 2021, the BMA instructed independent internal auditors Crowe to commence a review of progress in implementing Romney's recommendations into allegations of sexism. Crowe found that although considerable work had been done to deliver and implement the recommendations in the original report, progress on other aspects relating to the committee structures had been slower.

When the Culture Inclusion and Implementation Group was formed in 2022, making progress on these structural recommendations became a top priority. Alongside this, the group continue to monitor all recommendations to ensure they are being properly addressed.

Over the past two sessions, good progress has been made as highlighted in the below table which shows the change in the status of recommendations. Full details of this can be found in the appendices of this report.

	Substantive action required	Partially implemented	Implemented to early to assess behavioural change	Implemented partial evidence of behavioural change	Implemented and evidence of desired behavioural change	Completed/ part of business as usual
Crowe 2022	20%	20%	60%			n/a
CIIG 2023	0%	26%	74%			

Improvement →

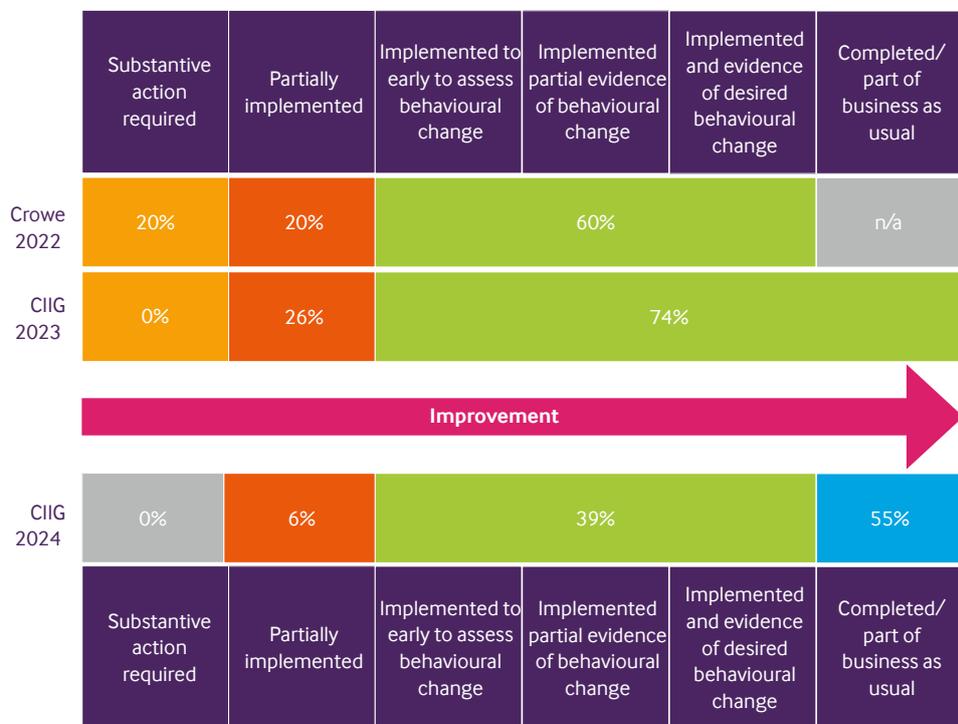|	Substantive action required	Partially implemented	Implemented to early to assess behavioural change	Implemented partial evidence of behavioural change	Implemented and evidence of desired behavioural change	Completed/ part of business as usual
CIIG 2024	0%	6%	39%			55%

Figure 1: The percentage change in the status of actionable recommendations since the 2022 Crowe report.

As of May 2024, it has been determined that 55% of recommendations have progressed into business as usual. This means that the recommendation has been addressed and continually monitored. This particularly refers to recommendations relating to the resolution process whereby processes have been changed and embedded.

Part of the reason for such progress has been the formation of the people and corporate development directorate which has brought together human resources and corporate development departments. Enabling teams to review procedures and embed the learnings of relevant Romney recommendations. Alongside this, the appointment of a new HR director has allowed for a fresh perspective, including a formal review of all processes.

Whilst progress has been made, there is still room for improvement. For the next session CIIG will continue to evaluate all recommendations to avoid slippage and ensure that recommendations are appropriately embedded to support an improved culture within the BMA.

3 Culture Inclusion Survey results

In May 2023, the inaugural Culture Inclusion Survey was launched to help monitor progress in implementing Romney's recommendations and monitor cultural change. The survey was repeated this year to compare results and assess any changes.

The structure and questions asked in the survey were the same as in 2023 to ensure proper comparison. The main questions are split into 3 distinct sections:

1. Member support
2. Contributing and calling out
3. Behaviour

The total number of responses for 2024 was less than the previous year.

Number of responses 2023: 349

Number of responses 2024: 238

All responses were fully confidential with participants asked to rate to what extent they agreed with a statement with a free text box at the end of each section providing the opportunity to make comments. A full summary of the rated question responses can be found in the report appendices.

3.1   Data Monitoring
A comparison of the gender, ethnicity, and age of participants between 2023 and 2024

Gender	2023	2024
As a man	56.4%	53.8%
As a woman	39.0%	41.2%
As non-binary	>3%	>3%
In another way	>3%	>3%
Prefer not to say	2.8%	3.8%
Prefer to self-describe (please use text box below)	>3%	>3%

Ethnicity	2023	2024
White	63.2%	68.1%
Asian or Asian British	21.1%	19.4%
Black, Black British, African or Caribbean	4.9%	>3%
Mixed or multiple ethnic	4.6%	>3%
Other ethnic group	>3%	>3%
Prefer not to say	4.0%	5.6%

Age range

Chart legend: 2023 (dark purple), 2024 (light purple)
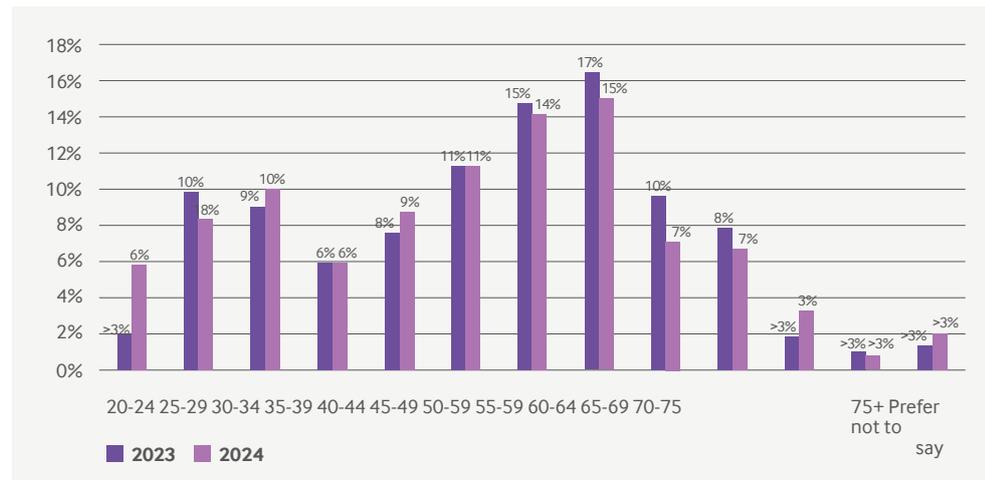
3.2 Question analysis.

Detailed findings from the survey are being reviewed and fuller results will be shared with UK Council when ready. In the meantime, an initial comparison can be made to assess any change in perception from the last session.

All comparisons should be reviewed with the caveat that response rates were lower in the 2024 survey. However, comparing average responses will help to indicate changes in perception.

3.2.1 Questions with the most positive responses

	Top 5 questions with positive response	% Strongly and somewhat agree – 2023	% Strongly and somewhat agree – 2024	Change
1	I would recommend getting involved with the BMA to other doctor and medical student colleagues	85.5	88.7	+3.2
2	I feel able to contribute, knowing that my points of view will be valued, and differences of opinion will be respected	76.2	77.4	+1.2
3	I have confidence that my Chair and officer team will intervene when they witness inappropriate behaviour	72.7	74.1	+1.4
4	I am comfortable joining in discussions on listservers.	69.3	72.8	+3.5
5	The BMA takes a zero-tolerance approach against any kind of bullying, harassment, and discrimination	64.7	70.3	+5.6

Although the comparative change in response is not large, the results indicate a move in the right direction. In this case, question 26 on zero tolerance appears to have made the greatest change. Suggesting that improvement has been made in this area.

3.2.2 Questions with the most negative response

	Top 5 questions with the most negative responses	% Strongly and somewhat disagree – 2023	% Strongly and somewhat disagree – 2024	Change
1	I know how to refer inappropriate listserver posts to the external, independent listserver assessors	41.5	34.7	**-6.8**
2	I understand how to use the BMA speak up guardian service	36.4	36.4	**-0.0**
3	I am aware of the committee mentoring programme	33	30.1	**-2.9**
4	I believe that the BMA provides appropriate support for under-represented groups	19.6	21.0	**+1.4**
5	The BMA takes a zero-tolerance approach against any kind of bullying, harassment, and discrimination	17	16.3	**-0.8**

Similarly, there has generally been a positive change in the questions with the most negative response rates. Suggesting that these topics are also seeing improvement. The biggest change is Q29 suggesting that awareness of the listserver assessment process has improved. The main area of concern is support for under represented groups where the negative response has increased. Suggesting that more needs to be done to improve support in this area.

Interestingly, the questions with lower positive response rates have seen more positive change when compared year on year.

	Top 5 questions with lowest positive response rate	% Strongly and somewhat agree – 2023	% Strongly and somewhat agree – 2024	
1	I know how to refer inappropriate listserver posts to the external, independent listserver assessors	37.4	42.7	**+5.3**
2	I understand how to use the BMA speak up guardian service	42.8	46.1	**+3.3**
3	I am aware of the committee mentoring programme	54.1	59.0	**+4.9**
4	I believe that the BMA provides appropriate support for under-represented groups	52.7	57.3	**+4.6**
5	The BMA takes a zero-tolerance approach against any kind of bullying, harassment, and discrimination	64.7	70.3	**+5.6**

3.3 Survey comment themes.

A key element of the survey is the ability for participants to leave comments on topic areas. These are fully reviewed, and concerns raised shared with relevant staff for consideration. In reviewing the content of comments, the themes that were repeated echoed the sentiment of last year.

3.3.1 Training

In reviewing comments that relate to training, concerns were raised about the breadth of courses available and the timing of courses. The Learning and Development team has recently been reviewing the offer availability and developing plans to improve communication and timings of training that might suit members' schedules better and increase the number of members completing courses.

Quotes from survey:

> "Generally I know about courses etc, but I am not certain that I am 100% aware"

> "Training is weekday morning so difficult to fit around my medical job"

3.3.2 Meeting contributions

There was a variable response from participants discussing their ability to contribute in meetings and on listservers. Many point out areas of good practice where contribution is encouraged whilst others are more fearful of speaking up or going against the consensus. Ultimately, more work is needed to learn from good practice, CIIG encourages chairs to ensure meetings facilitate open conversations and recommends the use of post-meeting feedback forms to monitor and improve meetings.

Quotes from survey:

> "(...) In most meetings I have to be really brave to say anything."

> "I am a new member but have felt included and belonging in the committee and it feels like a safe space to discuss issues. Committee members are very supportive."

3.3.3 Behaviour

Poor behaviour continues to be of great concern to CIIG, a sentiment reflected in the survey comments. Many suggest that cliques within committees make it difficult to call out poor behaviours and some mention issues with the speak-up guardian service. CIIG recognises that the nature of debate can lead to fractured relationships, it encourages all members to maintain professional integrity and respect when working with one another.

Quotes from survey:

> "Hard to call out some (...) members behaviours as everything is taken personally."

> "I think the atmosphere in the BMA has changed somewhat. It's very cliquey and it's really hard to break into those cliques (...)"

> "I did call out a person on a WhatsApp group whom I felt was bullying me. Immediately the Chair (...) [had] words with him and also rang me up."

3.3.4 Representation

CIIG echoes the sentiment of many elected members disappointed that the number of women in elected structures was reduced in the last session. The priority for the next session is to implement quotas to future-proof representation and assess more ways to encourage representation of women within elected structures. Also considering options to go further in supporting other underrepresented groups including minority ethnic and disabled members.

Quotes from survey:

> "Women are not supported well in such a male-dominated environment (...)"

> I feel the BMA prioritises certain groups over others and that those not covered by Romney Report and Race equality forum are being left behind when it comes to resources"

3.3.5 Member support

Compared to last year, more concerns were raised around member support available for particular groups. Although there is support available, the quality can be patchy and there are potential gaps for underrepresented groups including those who are neurodivergent. Such feedback will be shared with relevant staff teams to consider what improvements can be made.

Quotes from survey:

> "Different levels of support for different groups. On the whole good principles but fall down in practice"

> "BMA needs to provide more individual support to committee members having difficulty with time off from employers."

3.4 Next steps

All findings from the survey will be thoroughly analysed and used to inform the work plan for the next session of the Culture Inclusion and Implementation group. The focus now is on the implementation, ensuring that recommendations are properly addressed, and learnings are embedded into relevant processes and procedures. Ultimately supporting the development of an inclusive BMA culture that reflects the diversity of the UK workforce.

Appendix 1 – Romney recommendation latest updates

The following report has been created to update the Council and ARM on the status of the 31 Romney recommendations as of June 2024.

Recommendation progress

The following status key was developed by CROWE in reviewing the status of recommendations in March 2022. For ARM 2023, CIIG added an extra option for Completed recommendations which refer to recommendations that have been addressed, embedded into business as usual and continue to be monitored.

	Status	Definition
0	**Complete**	The recommendation has been addressed and/or has been adapted into Business as Usual (BAU)
1	**Implemented and evidence of desired behavioural change**	The action has been fully implemented, with evidence to demonstrate the action has been embedded and target objectives/outcomes are being achieved.
2	**Implemented – partial evidence of behavioural change**	The action has been fully implemented and partially embedded. There is evidence of behavioural/cultural change and reasonable progress on embedding and evidence of a clear plan and intent for full embedding.
3	**Implemented – too early to assess behavioural change**	The action has been fully implemented. No evidence of satisfactory and reasonable embedding or no clear plan and intent for full embedding.
4	**Partially implemented**	The action has been partially implemented. Proposals have been established and a clear project plan has been developed through to full implementation.
5	**Substantive action required**	Substantive action is required to address the action. Timeframes for the action to be addressed may be unclear and/or absence of clear plan for implementation.
6	**No clear deliverable action**	A clear action is required to be established so that progress against the recommendation can be monitored.

1.1 Culture

	Recommendations at a glance	Status progression			Commentary	Measures
		Mar 22	June 23	June 24		
1	Every member of the BMA must take responsibility for their behaviour and moderate it so as not to insult or denigrate other members. This may take a conscious effort.	2	2	2	Challenging poor behaviour is a recurring topic during CIIG meetings. Whilst the BMA does have a strong resolution process. More needs to be done to make members more accountable for their own behaviour.	Feedback on Speak up service (satisfaction) No of complaints successfully resolved through mediation as a % where individuals acknowledge adjustment of behaviours required.
2	Members of the BMA should realise that the old hierarchical systems in medicine do not apply in the BMA. All doctors are there as colleagues and should be treated with respect.	3	2	2	CIIG also expressed strong concerns on recent proposed changes to the IMP process which they fear will encourage more instances of poor behaviour. However, changes to the IMP process were not as wide-ranging when reviewed by May Council meaning that risks to the BMA will be lessened.	Annual survey question results on Contributing and calling out.
3	Respect should also be shown by all genders towards all genders and to their own. This is also the case for those with protected characteristics, and in addition political beliefs.	3	2	2	The group is considering options to develop a zero-tolerance statement on poor behaviour and continue to encourage elected members in leadership positions to take more responsibility in calling out bad behaviour when it happens.	
4	Staff are part of the team, and they should be treated with respect. Conversations and interactions should be respectful at all times.	3	2	2		
5	Shouting is never acceptable in the workplace.	3	2	2		
6	The BMA should consider implementation of best practice for ensuring diversity and gender balance from other organisations, such as the Law Society policies and its own Equality Matters principles.	4	4	3	Discussions on quotas in CIIG this session and will consider how to implement this recommendation as a priority for the 2024/25 session.	
7	Everyone in the BMA should call out bad behaviour when they see it, whether it is harassment, sexual harassment, discrimination, or bullying. Particular onus on the Chief Officers, Chairs and Officers of Committees, and Senior Management to do this. Chairs, committee officers and all members should watch for bad behaviour at meetings (or appoint someone to do it on their behalf) and on listserver; should a complaint be made to them, it should be dealt with. Bad behaviour should not be tolerated, and it should not be rewarded or be excused.	3	2	2	All those in leadership positions need to be responsible for calling out bad behaviour when they see it. Instances of 'repeat offenders' are rare, but a central repository of behaviour concerns ensures that patterns of poor behaviour are not missed and can be escalated as needed. In instances where previous processes have taken place and sanctions have been applied, information on this can be shared with investigators and panels to provide full context.	

1.2 Calling out

	Recommendation	Status progression			Commentary	Measures
		Mar Jun 22 23		Jun 24		
8	Staff must be protected from these behaviours and should be empowered to call it out. Where doctors witness a member of staff being harassed, disrespected or bullied, they should intervene, or report it to the Independent confidential hotline and/or if appropriate to the Chair of Committee.	2	2	C	These recommendations are now part of business as usual. The BMA provides a speak up guardian service to all staff - a confidential and independent reporting liaison service, covering whistle blowing, harassment, bullying and work grievances. Active bystander training is now part of the onboarding learning for all staff when they join the BMA. This training is also available to all existing staff who would like a refresh. Training is also available on managing difficult conversations via a series called 'Conversations that count'. As of May 2024, 4 sessions are being delivered over Q2 2024. More sessions will be arranged as required.	Recent staff survey results (March 2024) have shown that awareness of support available has improved from a score of 0.4 to 7.8. Access to learning and development opportunities for staff has also improved from a score of 0.8 to 7.2.
9	Staff should be trained to be able to have difficult conversations with doctors and with other members of staff.	2	2	C		
10	HR policies should be reviewed, including the staff investigation process.	4	3	2	The chief people officer has commissioned a full re-write of all our core policies with an EDI, HR and legal lens. The newly appointed HR Director is also conducting a full review of all HR process, including staff investigation.	Results of review of HR processes

1.3 Committees

	Recommendation	Status progression			Commentary	Measures
		Mar 22	Jun 23	Jun 24		
11	Every committee member in the BMA must undergo training in diversity, equality, anti-bullying, active-bystander and collegiate working through bespoke courses specifically developed for the BMA sourced through an appropriate provider. These courses should not be online courses, where full attention is not always required – to mend the BMA, active participation, commitment, and learning is required. There will of course be those who think that they do not need it. Many of those are likely to be the people who need it most. The training should concentrate in particular on the impact that words and actions have on others, and the importance of respecting colleagues.	3	2	2	While mandatory training is recommended here, this has not been implemented as elected members are not BMA employees and training is not statutory. It would also add a considerable workload to elected members to make training mandatory. The uptake of training has decreased in the current session (2023/4) the reason for this is being investigated and plans for improvement in development. CIIG would recommend all elected members make the effort to complete recommended training relevant to their role and refresher training when they can. The CRM system is being improved to allow for better monitoring of uptake and attendance of training. It will also enable follow-up and the gathering of proper feedback on training to assess whether attendees are meeting the intended aims of the sessions.	Feedback from L&D survey (April 2024)
12	There should also be further mandatory training for Committee Chairs as early as possible into their tenure. This bespoke training should develop their skills in managing meetings, including and encouraging all members to participate, identifying and dealing with bad behaviour, and understanding the basic principles of fairness and equality in making appointments on that committee.	3	2	2		

13	Members of committees (including the Chair and members of the Executive) should be subject to periodic feedback (on an anonymous basis) from fellow committee members and staff about their behaviours, along the lines of a 360 appraisal. The Chair or Deputy Chair of the committee should then discuss the document with the doctor concerned and develop the lessons to be learned from it.	4	3	2	CIIG recognise the need for a feedback process but concerned that 360 would be too intensive and off putting to elected membership. CIIG has recommended to council that feedback forms are implemented for all meetings involving elected members, including council. This is now routine for all CIIG meetings. Whilst many committees and conferences have trailed the use of these forms, they are not always effective as response rates are low. Further options for this will be considered by CIIG.	A feedback mechanism which is suitable for all meetings. Seek to see a good response rate once implemented.
14	There should be careful monitoring of appointment practices, ensuring that rather than the tap on the shoulder for a committee role, for projects and so on, everyone is given a chance to apply, and objective criteria are drawn up for the role.	3	2	C	This is now a part of business as usual. In 2023, the appointments oversight subcommittee reviewed its Terms of Reference and process to ensure appointment and election processes are transparent and widely advertised.	Reporting of nominations and election results. Reporting of outcomes of appointments.
15	Meetings should not take place without everyone eligible to be there being invited and notified of the meeting, not afterwards.		1	C	Completed - this is standard practice of meeting management and guidance on holding inclusive meetings has been published online.	n/a
16	It would be good for women across the organisation to get together in a BMA Women's group to support and to mentor each other – this should also include staff from each Directorate, and it should consider whether it should join the European Women's Lobby.	3	1	1	All networks remain active for the 2023/4 session. In October 2023 the People and Corporate Development directorate was formed bringing together staff HR and corporate member development; the two teams that oversee coordination of staff and member networks. Part of the new directorate's strategy is to identify areas of overlap between support requirements for staff and members. A new staff EDI strategy was approved by the Senior Leadership Team in May 2024 which will link into the Corporate EDI strategy; implementation of which will deliver on closer alignment of support requirements for BMA staff and members. As such, in the upcoming session we will explore opportunities for bringing relevant networks together to share experiences and ideas.	n/a
17	Committees should emulate Council and introduce quotas or minimum numbers of women in order to better reflect the percentages of men and women in each branch of practice. Each committee should set those quotas after consultation with the Organisation Committee.	5	4	3	The next priority of CIIG is to address and implement this recommendation on quotas. Discussions will include input from UK Council and Organisation Committee. CIIG also acknowledges instances of good practice where committees have started implementing quotas. This includes the consultants, pensions and medical academics committees.	No. of committees who have introduced constraints. Committee monitoring data/medical workforce data

18	At least two committee seats are reserved for those who have not previously been elected, (male or female) on Branch of Practice Committees. Mentoring should be made available as required. There should be more events for talent spotting where newcomers can be told about the committee's work; there should also be a scheme where people can shadow or observe an existing member of the committee to familiarise themselves with the way that it works.	3	2	C	In 2023, it was agreed by the representative structures group that this would not be taken forward, the focus instead on renewing the visitors scheme and supporting new committee members. This recommendation is now part of business as usual with continued monitoring of the visitors scheme and promotion of mentoring opportunities.	Number of applications to participate as in the mentoring programme / visitors scheme: **2021-22** 7 applicants 6 successful (85%) 28% women **2022-23** 15 applicants 15 successful (100%) 60% women
19	Thought should be given to holding meetings around tables rather than in the Council chamber.		C	C	This happens whenever practical.	n/a
20	Chairs should be encouraged to call more women, and to emulate the example of GPC and JDC in trying to call a woman to speak first so as to encourage more women to speak.	3	2	C	There is a guidance available for chairs which includes information on positive action for calling particular groups first. CIIG encourages chairs to receive frequent reminders of this guidance.	CIIG annual survey results. Q: *I feel able to contribute, knowing that my points of view will be valued, and differences of opinion will be respected.*
21	Members of committees should be prevented from standing for re-election for that committee after twelve years, unless they hold an executive position. Members may seek re-election to that committee after three years, unless they hold a time limited executive position. Transitional arrangements should be agreed for existing members.	5	4	C	Both recommendations have now been agreed by council and will be implemented in upcoming elections.	n/a
22	BMA Members (other than Chief Officers and others on committees in an ex officio or co-opted position) should be restricted in the number of committees they can sit on.	5	4	C		n/a
23	Consideration should be given to multi-member constituencies for Regional Seats to allow new people to stand for election alongside the existing holders of those seats.	5	1	1	The majority of committees already operate multi-member constituencies (subject to size, representative nature etc.), including at ARM. CIIG has determined that for the majority of committees no action is required. Proposed changes to local structures will be monitored by CIIG and action will be taken if such changes negatively impact the ability for new people standing for election. GPC UK and GPC England are currently reviewing their constitution, with GPC UK currently undertaking more wide-ranging changes which will decrease number of constituencies and will also impact the design of RB.	n/a

1.4   Listservers

	Recommendation	Status progression			Commentary	Measures
		Mar 22	Jun 23	Jun 24		
24	All committee listservers should be effectively monitored by assessors with a speedy determination of complaints by both doctors and staff.	4	2	C	As of March 2024, there is more work underway to develop both the Listserver and IMP assessment processes. CIIG agrees that listservers have robust monitoring procedures in place. The challenge is encouraging more people to raise concerns when they occur.	Since March 2021, there have been **20** concerns raised about member conduct on listservers. These have been raised by both BMA members and BMA staff. Since March 2021, **two** members have been temporarily suspended from a listserver and, more recently, one listserver was suspended.

1.5 Resolution process

	Recommendation	Status progression			Commentary	Measures
		Mar 22	Jun 23	Jun 24		
25	Following the implementation of the new external processes for complaints, the administration of the Resolution Process should be moved to the Human Resources Department. The arrangements for independent mediation and other informal options fall more appropriately into the work carried out by the HR department.	2	C	C	The development of the People and Corporate Development directorate has brought HR and Complaints team together formally which increases opportunity for collaboration. Review of the data from recent resolution process submissions has not shown any evidence of partiality.	Continue to monitor number of submissions to resolution process. The aim being for this to continually reduce in number.
26	If complaints are made under the Resolution Process, the BMA must ensure that there is adequate support, counselling, and protection for the complainant.	2	1	C	Resolution process documentation now includes detailed information on sources of support. Uptake of this is being continually monitored. As of March 2024, there is more work underway to develop both the listerver and IMP assessment processes.	No formal measure but procedures are continually monitored.
27	The panel of doctors should be widened to include those not on Council or regular committees. I take the view that the panel should be wholly composed of doctors who are not regular faces at BMA House, but who are brought in from outside national committees and should not be personally known to the complainant or the respondent to avoid any conflicts of interest; the Resolution Process provides that any member can volunteer to be on the panel and will receive the appropriate training. There are many members who are not elected members who may sit as magistrates or on GMC panels or who participate in disciplinary procedures at their NHS Trusts.	3	C	C	Panel members are now drawn from a wider panel than Council and Committee members. The panels now also reflect diversity.	This has been implemented. No measure/further action required

28	If a complaint is made about a doctor, but met by a counter-complaint, it should still be investigated, and, if necessary, taken to a panel even if it is one word against another, should the complainant's case be deemed to be sufficiently compelling.		C	C	This process was refined in October 2019 and involves the referral of complaints to the external investigators, ensures that all complaints are dealt with consistently. This process is monitored closely and updates made when needed. Under the revised Resolution Process, counter-complaints are investigated under the same process as that undertaken with the original complaint. An external and independent judgement upon the merits of both complaints can therefore be taken.	his has been actioned and is now part of the process. No measure/further action required.
29	A booklet should be produced which explains in clear language the options under the Resolution Process. This should be easily accessible on the website.	1	C	C	A booklet has been created and updated alongside changes to resolution process.	This has been actioned and is now part of the process. No measure/further action required.
30	Where a complainant wishes their name to be anonymous, there is a limited amount of investigation that can take place, but enquiries should be made as far as possible — it would usually not however be possible to proceed to a formal disciplinary procedure without the name of the complainant.		1	C	The process for recording complaints has recently been updated to allow for spotting trends in complaints/ feedback made against members. These recommendations are now part of business as usual. CIIG wish to ensure individuals continue to be supported in complaints where appropriate and encourage informal resolution where needed. Part of this process is reliant on line management to mediate complaints and encourage staff to use formal processes where necessary (ensuring that the complaint meets the threshold for formal procedure). To date, there have been very few anonymous complaints made or received by the Corporate and Member Development team.	Continued monitoring of complaints data
31	Conversely, where an anonymous complaint is received, it should be pursued only where the circumstances appear to merit it, and only after all the circumstances have been considered, including why the complaint has been made anonymously and whether it sent for a malign purpose, for example to denigrate or damage a candidate standing for election.		1	C		

Appendix 2: Survey results

1. Context
The Culture Inclusion survey was created to monitor progress made in improving the BMA's culture following the publication of Romney's 2019 report on sexism and sexual harrassment. It was open to all elected members who completed the survey anonymously.

The questions were divided into three sections:
1. Member support
2. Contributing and calling out
3. Behaviour

Participants were asked to gauge their agreement with a given statement. Results from this survey will be used to inform activities of the Culture Inclusion Implementation Group, chaired by Alex Freeman.

2. Question responses
2.1   Member support
2.1.1   I am aware of all the training available to me as an elected member
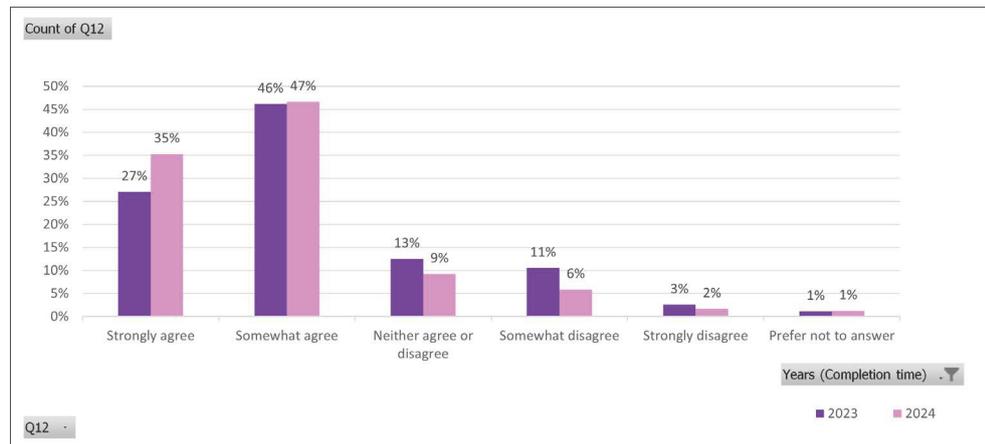
2.1.2   I understand how to use the BMA speak up guardian service.
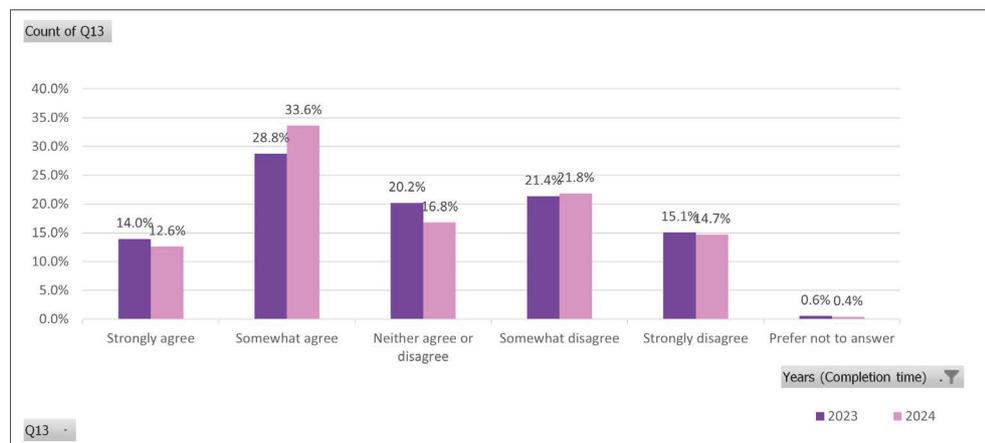
2.1.3 I am aware of the committee mentoring programme.
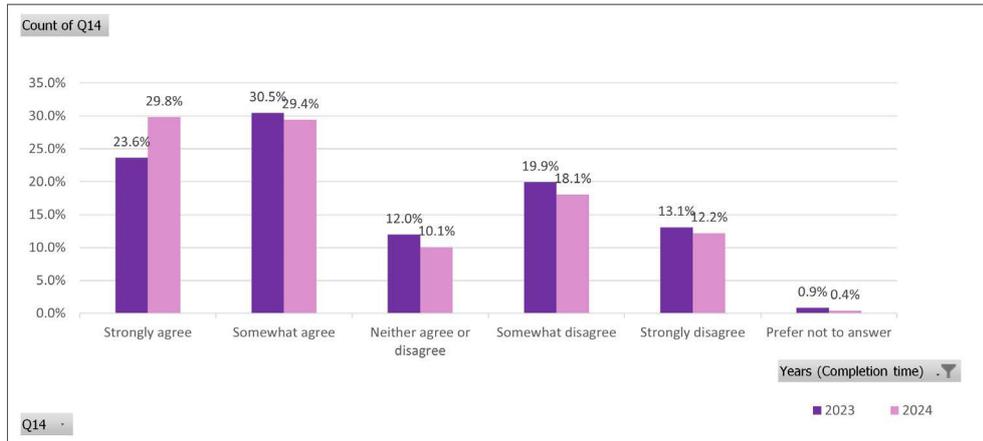
2.1.4 I was easily able to complete all the training courses available to me as an elected member.
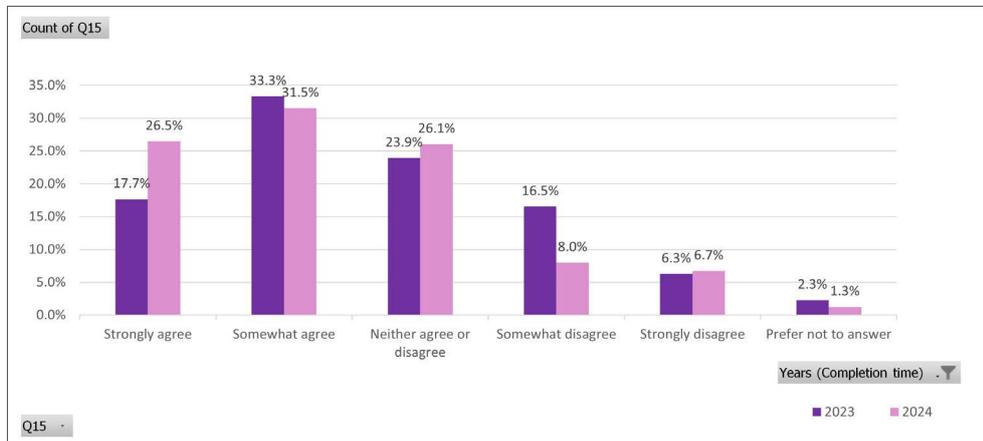
2.1.5 I feel the training available is relevant to my role as an elected member.
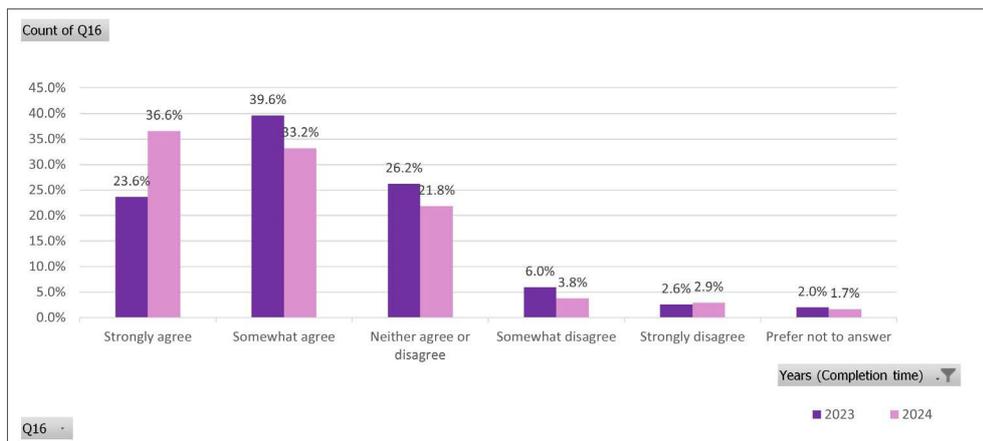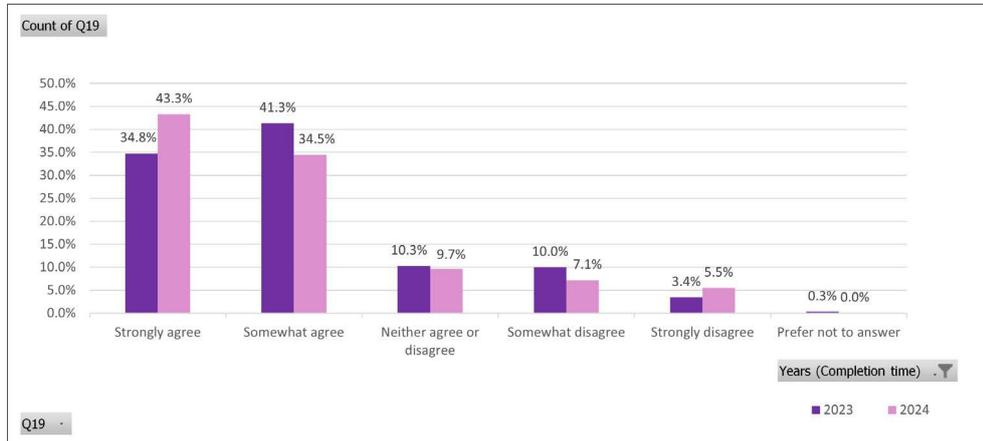
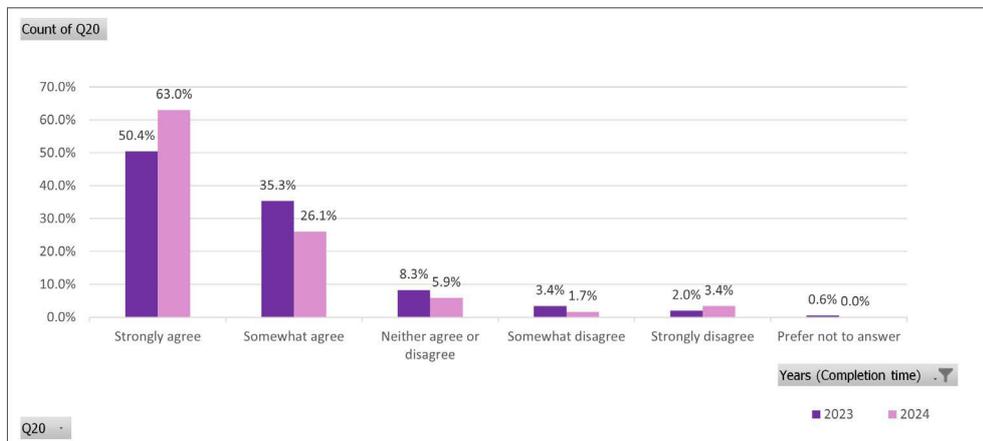2.1.6 I believe that the BMA provides appropriate support for under-represented groups.
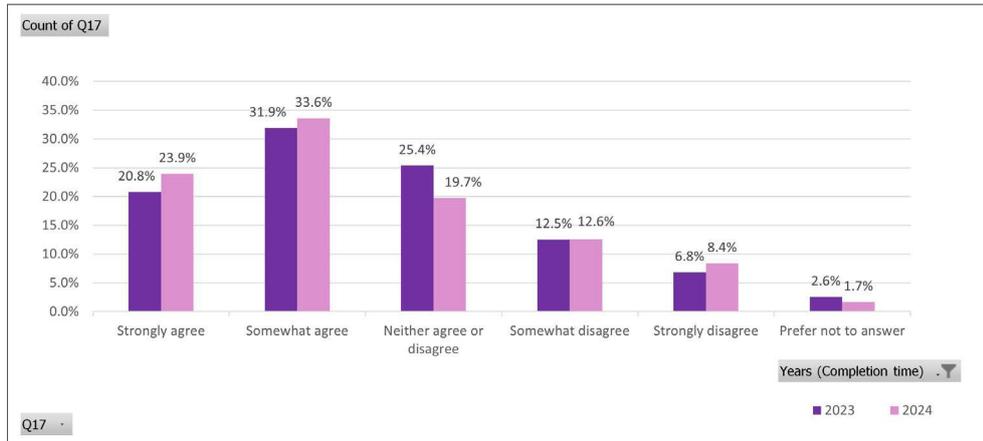
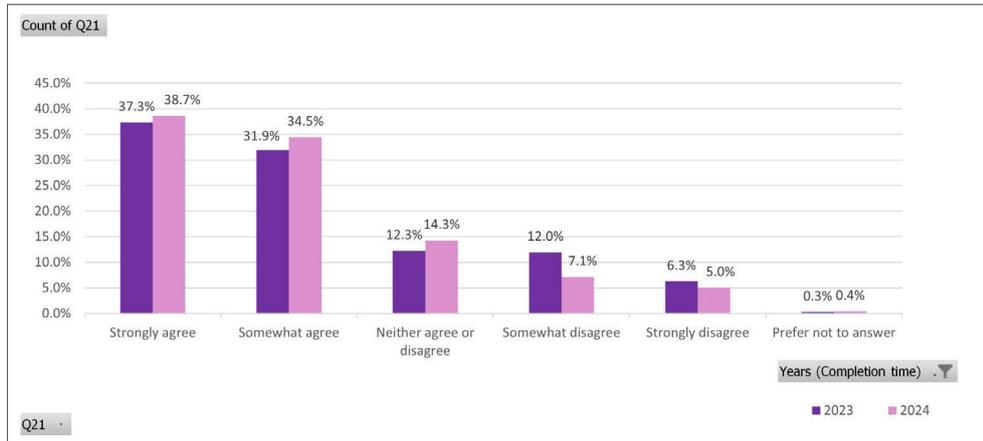## 2.2   Contributing and calling out

2.2.1 I feel able to contribute, knowing that my points of view will be valued, and differences of opinion will be respected.

2.2.2 I would recommend getting involved with the BMA to other doctor and medical student colleagues.
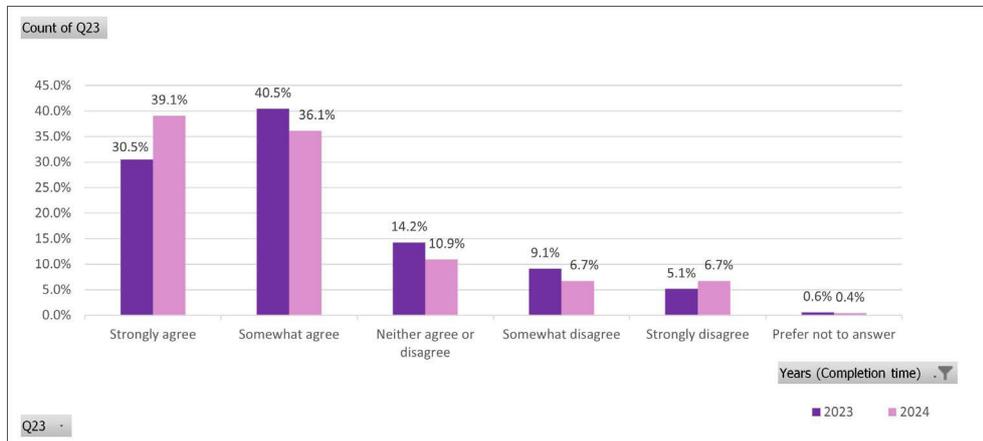
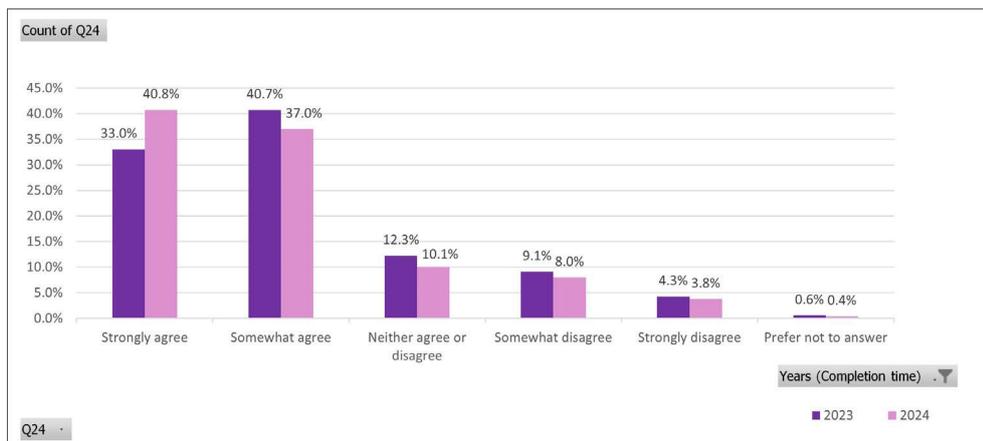### 2.2.3 I am comfortable joining in discussions on listservers.

Count of Q21

	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree	Prefer not to answer
2023	37.3%	31.9%	12.3%	12.0%	6.3%	0.3%
2024	38.7%	34.5%	14.3%	7.1%	5.0%	0.4%

Years (Completion time)

■ 2023 ■ 2024

Q21

2.3   Behaviour

2.3.1 The BMA is committed to fostering a culture that is inclusive of all members.

Count of Q23

	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree	Prefer not to answer
2023	30.5%	40.5%	14.2%	9.1%	5.1%	0.6%
2024	39.1%	36.1%	10.9%	6.7%	6.7%	0.4%

Years (Completion time)

■ 2023 ■ 2024

Q23

2.3.2 The BMA is a civil and respectful working environment.

Count of Q24

	Strongly agree	Somewhat agree	Neither agree or disagree	Somewhat disagree	Strongly disagree	Prefer not to answer
2023	33.0%	40.7%	12.3%	9.1%	4.3%	0.6%
2024	40.8%	37.0%	10.1%	8.0%	3.8%	0.4%

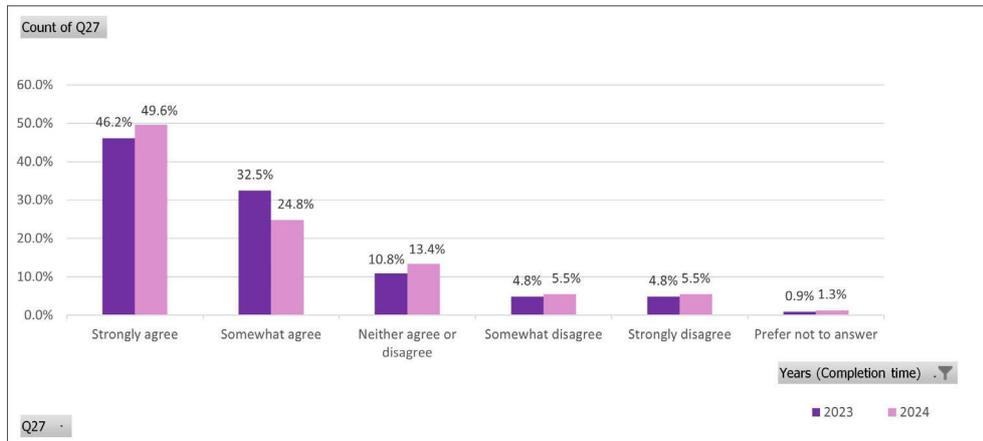Years (Completion time)

■ 2023 ■ 2024

Q24

2.3.3   I am aware of the different ways I can raise behaviour related concerns in the BMA.
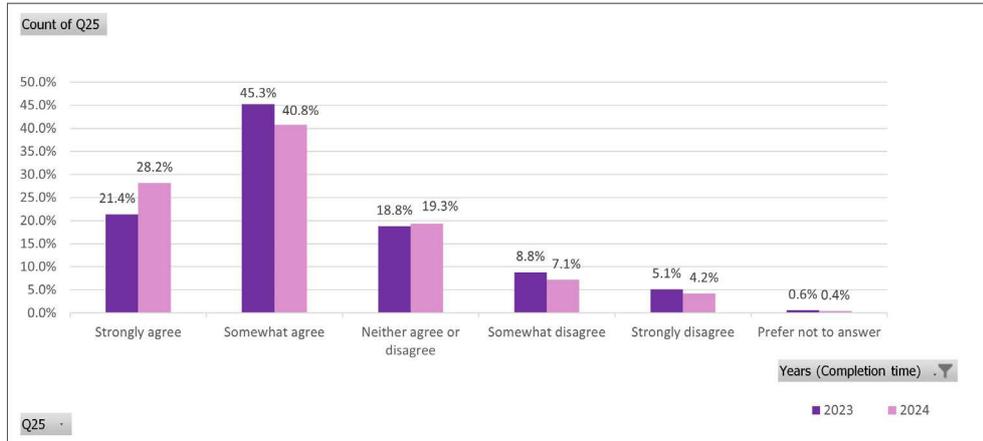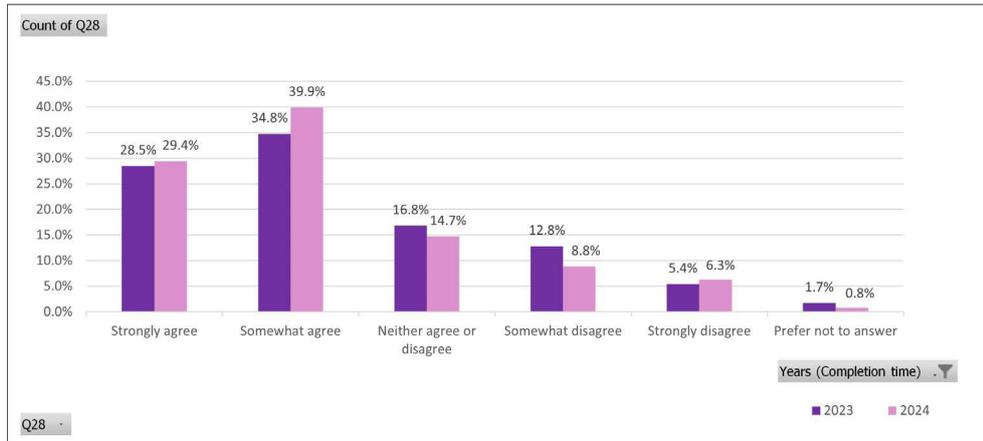

2.3.4   The BMA takes a zero-tolerance approach against any kind of bullying, harassment, and discrimination.
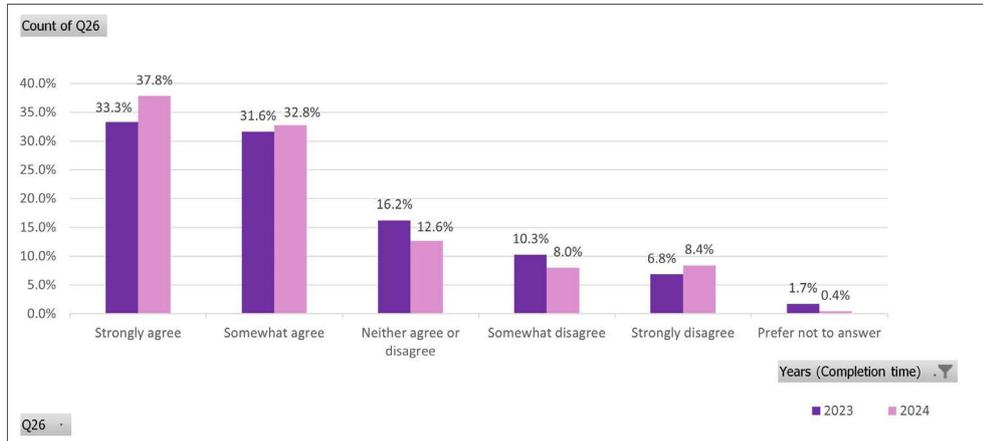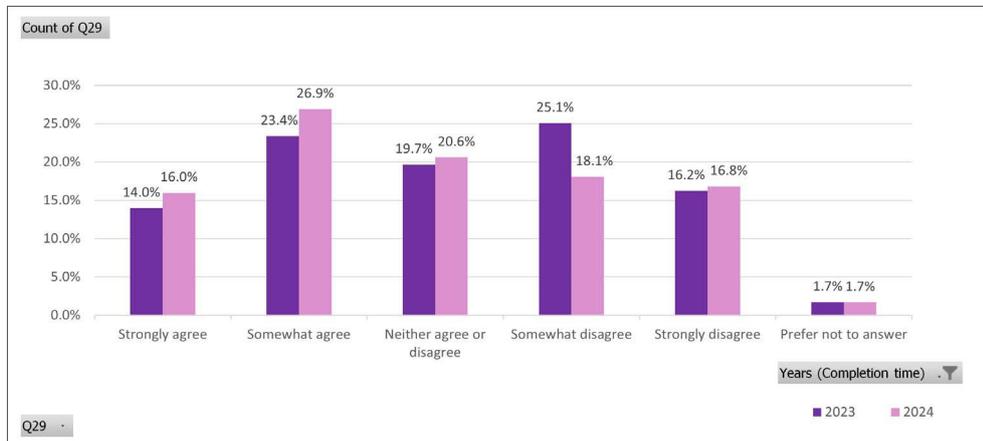

2.3.5   I have confidence that my Chair and officer team will intervene when they witness inappropriate behaviour.

2.3.6 I have the confidence to call out instances of poor behaviours on listservers.

2 I know how to refer inappropriate listserver posts to the external, independent listserver assessors.

2 A more thorough data analysis is being prepared and will be shared with elected membership when ready. Any questions relating to the Culture Inclusion Survey should be directed to Aoife Scott, programme manager ascott@bma.org.uk.