

## Improving culture and inclusion at the BMA

June 2022



## Foreword



Dr Latifa Patel  
Representative body  
chair

I am delighted to present this update which charts the progress the BMA has made to embed the recommendations from Daphne Romney QC's 2019 investigation into sexism and sexual harassment at the BMA, alongside the broader actions that have been taken to improve culture and inclusion within the Association.

The publication of Daphne Romney QC's report and acceptance of the recommendations was the first step on our journey to create a fairer, progressive, and representative BMA that fully benefits from the diversity of our staff and members and is free from discrimination.

This work is overseen by the BMA's Culture and Inclusion Oversight group which draws from a diverse range of staff and elected members, all sharing a real desire to improve the Association's culture and ensuring all voices are heard.

While the report shows all the positive progress that has been made, we still have a long way to go, and we will continue to talk and work with our members and staff and report on our progress annually.

On behalf of the BMA as a whole, I would like to take this opportunity to re-state the BMA's commitment to making real and meaningful progress on these issues; to listening and working with you and to implementing the Romney review in full. I would also like to thank everybody who has been involved in the work described in this report and in the delivery of our commitment to tackling the cultural challenges that remain to make the BMA a just and learning organisation and be the very best it can be.

If anyone would like to talk about the contents of this report, feedback or suggests ways in which we continue to make progress [please do get in touch](#).

Best wishes  
Latifa

**Dr Latifa Patel**  
Representative body chair  
[RBChair@bma.org.uk](mailto:RBChair@bma.org.uk)

## Introduction

Daphne Romney's 2019 investigation into allegations of sexism and sexual harassment at the BMA made 31 recommendations covering the following areas:

- Culture
- Calling out
- Listservers (email discussion fora used by elected members)
- Resolution process
- Committees

*'UK council unanimously resolved to take forward the recommendations and set up a group to oversee the implementation.'*

UK council unanimously resolved to take forward the recommendations and set up a group to oversee the implementation. The Romney Implementation Oversight Group, later renamed the Culture Inclusion Oversight Group (CIOG) to reflect a broader remit of considering inclusion across all diversity strands, was established by council in November 2019 and first met in January 2020.

The group is chaired by Elisa Nardi, an independent non-executive director to the BMA board of directors and includes the chief executive officer, the representative body chair, members of council – alongside relevant staff responsible for implementing the Romney recommendations across the four nations.

The group met regularly in 2020 to consider progress on the 31 recommendations from the Romney review, however, it did not meet in 2021 following changes to key staff and some further challenges faced during the pandemic. The group reconvened in May 2022 and will continue to meet quarterly moving forward.

## Auditing our progress

The work of the CIOG is also steered by the BMA's representative body which passed the following motions at the 2021 Annual representative meeting.

That this meeting instructs BMA:

- i. to undertake an audit of all BMA committees, subcommittees, the organisation and council regarding the implementation of the Romney report;
- ii. to circulate to all members a report within 6 months of the audit it undertakes on implementation of the Romney recommendations.

That this meeting notes the importance of the Romney Report and instructs the BMA to:

- i. undertake an audit of all BMA committees, subcommittees, council and the organisation regarding the implementation of the Romney report;
- ii. circulate to all members within 6 months of the proposed audit a report on the implementation of the Romney recommendations.

In response to these motions the BMA asked Crowe as our independent internal auditors to undertake a review of progress in relation to the Romney report. The objective of the review was to provide assurance regarding the implementation and embedding of the recommendations from the Romney report.

This included a focus on the:

- specific actions in respect of the recommendations
- implementation of the agreed actions
- how the implementation of the actions is measured, including outputs, outcomes and impacts (recognising the latter may not yet have been fully realised)
- the extent to which changes / actions have become embedded across the Association

The review was finalised in March 2022 and considered by the audit and risk committee in April 2022. As well as providing a status update on implementation progress, the report recommended expanding the original recommendations to include all protected characteristics; improved reporting on progress; reinstating the culture inclusion oversight group meetings to quarterly; and improved tracking of member and staff uptake of training.

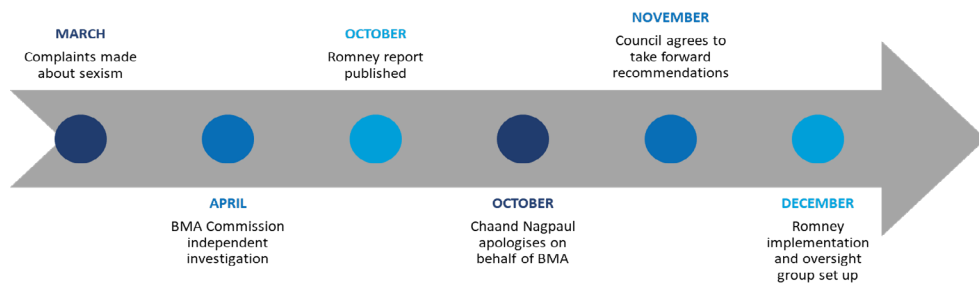
Summary assessment						
Area of the Romney Report	Implemented and evidence of desired behavioural change	Implemented – partial evidence of behavioural change	Implemented – too early to assess behavioural change	Partially implemented	Substantive action required	No clear deliverable action identified
Culture		1	2	1		
Calling Out		2		1		
Committees			3	1	4	2
Listservers				1		
Resolution Process	1	2	1			
Total	1	5	6	4	4	2

The summation of the above recommendations does not total 31 due to a number of actions being addressed through associated recommendations/actions or the omission of a clear deliverable/impact measure. Their inclusion would therefore, duplicate the number of actions.

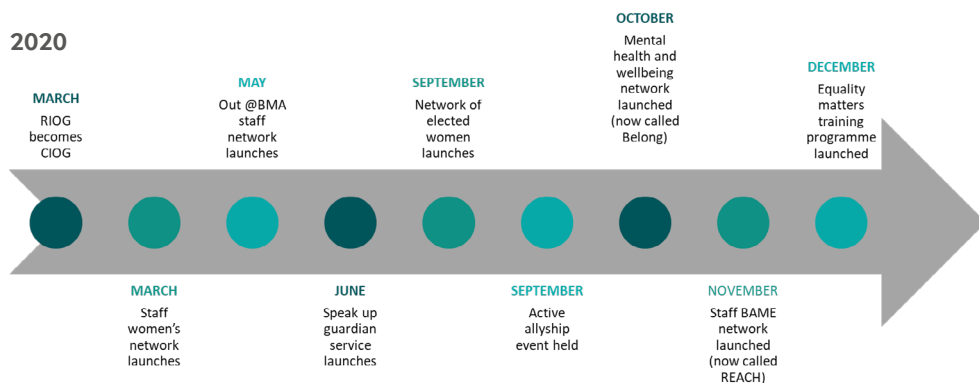
Crowe’s analysis found that 55% of the recommendations had been implemented, 18% partially implemented, 18% outstanding and 9% with deliverables to be identified. We have asked Crowe to waive their confidentiality clause and grant permission for the content of their analysis of the recommendation status to be shared.

Encouragingly, there has been further progress since Crowe undertook their analysis and the remainder of this report provides an update on overall progress to date.

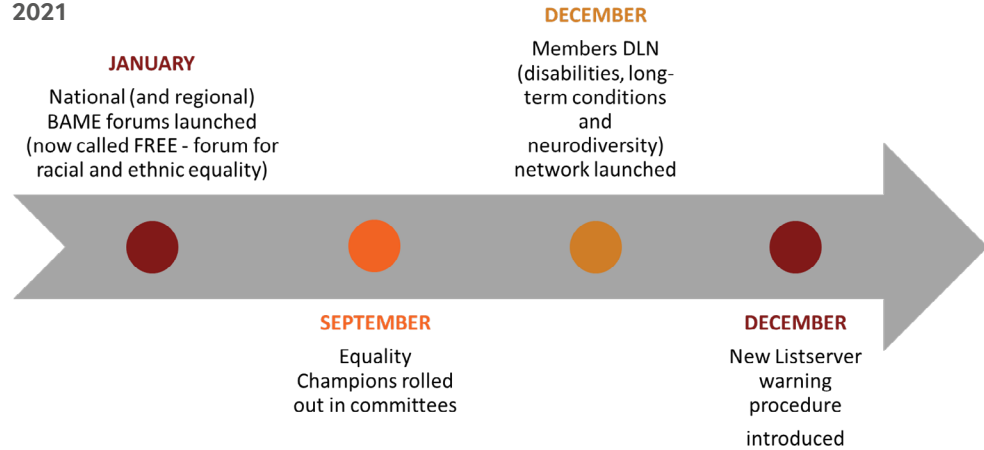
2019



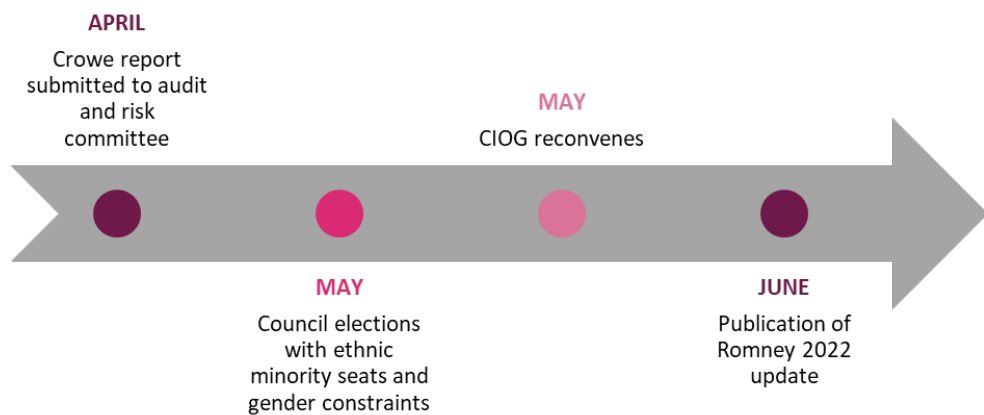
2020



## 2021



## 2022



## Learning development and support

*'significant progress has been made around the development of training for members and staff at the BMA.'*

We have a range of initiatives to value and support all our members and significant progress has been made around the development of training for members and staff at the BMA. The corporate and member development and human resources teams have been leading all our training activity.

An existing training provision had been in place for Committee members prior to the Romney investigation. This included a Leadership Programme, which has subsequently been extended to include both a foundation and advanced programme. Alongside this, there is now training on Valuing Difference (addressing unconscious bias) and a Mentoring Programme. Training for elected members is supplemented through broader Equality Matters training, available to all BMA members and staff which includes:

- Active bystander
- Valuing difference
- Recruitment and selection
- Equality, diversity and Inclusion
- Inclusive leadership
- Inclusion essentials
- Challenging behaviour
- Understanding unconscious bias
- The impact of micro behaviours
- An inclusive culture – working together at the BMA

There are also resources available to members for support such as the Family Friendly Fund, which provides care arrangements to allow committee members to participate fully in BMA activities

## Diversity networks

*'Diversity networks have been created for staff and members to help the BMA progress equality by providing a regular forum for discussing diversity issues.'*

Diversity networks have been created for staff and members to help the BMA progress equality by providing a regular forum for discussing diversity issues. They allow staff and members to raise issues in a safe environment and contribute to policy development. They also give staff and members the opportunity to network and organise events that celebrate diversity.

Networks set up for BMA Members include:

- BMA network of elected women: A BMA-wide group which helps and supports elected women members.
- BMA FREE: Created in response to calls from our members for greater support for doctors and medical students from Black, Asian and minority ethnic backgrounds.
- BMA DLN network: The BMA DLN network for elected members is a network for elected members with disabilities, long term conditions, and neurodiversity.

Staff networks are forums for staff to come together to share ideas, raise awareness around issues and concerns, and support career development, learning and mentoring. Staff networks include the:

- REACH staff network to promote an inclusive and diverse culture at the BMA
- Belong: the BMA staff mental health, wellbeing and carers network
- Women's group staff network
- OUTQBMA staff network the LGBTQI+ staff network at the BMA

## Speaking up

This area of work relates to four recommendations concerning responsibility of behaviour and implementing best practice from other organisations.

In addition to training to improve culture, BMA committee members and BMA staff who have concerns can use the BMA speak up guardian service.

*'The speak up guardian service is a completely independent and confidential service to discuss matters relating to work grievances, whistleblowing, bullying and harassment, staff safety and anything that doesn't feel quite right at the BMA'*

The speak up guardian service is a completely independent and confidential service to discuss matters relating to work grievances, whistleblowing, bullying and harassment, staff safety and anything that doesn't feel quite right at the BMA. Our speak up guardian Mary Walsh is there for staff and elected members who feel, for whatever reason, they cannot use the usual channels to raise concerns, such as their direct line manager, director or committee chair.

The service launched on 22 June 2020 and is available to staff and elected members from Monday – Friday, 8am to 8pm. The BMA's speak up guardian is Mary Walsh from The Guardian Service. The process works as follows:

- Initial contact with Mary Walsh can be made either by telephone, email or in person using the details above.
- The next step will be a one-hour meeting with Mary (currently operating virtually) and a determination at the end of that meeting on what the next steps are for the concern.
- Outcomes can include no further action, escalation anonymously in line with agreed procedure or escalation identified in line with pre-agreed procedure. A concern may be escalated immediately if there are issues of potential danger to any individual including self-harm or staff safety.

You can find out more about this service on the [BMA website](#)

## Listservers

Listservers are email groups used by committees at the BMA for electronic discussions. Where BMA members or staff have concerns about postings on a BMA listserver, they can refer the matter via email to the independent Listserver Assessors ([listserverassessors@bma.org.uk](mailto:listserverassessors@bma.org.uk)) for an independent view on whether further action might be necessary. From December 2021, the BMA introduced an additional listserver warning procedure to address concerns about some members repeatedly posting comments that may not be in line with the BMA behaviour principles or Code of Conduct. In some cases, they did not take into account advice and feedback that has been given to them following prior referrals to the independent listserver Assessors.

Specifically, where it is assessed that a member has made comments that may be in breach of the BMA behaviour principles and Code of Conduct, but that do not, in themselves, warrant formal action, a recommendation should be made by the Independent Listserver Assessors to issue a warning as to their future conduct up to and including immediate suspension, along with any feedback on how to avoid concerns being raised in future. Further, similar referrals would then lead to recommendations that the member be temporarily suspended from listservers and ultimately to formal action under the Code of Conduct.

In cases where the Assessors feel that any post in itself warrants formal action via the BMA Resolution Process, the Listserver Assessors should recommend an immediate suspension from the relevant listserver pending the outcome of the Resolution Process investigation. Furthermore, the BMA code of conduct support line number and the link to the code of conduct now appear at the bottom of all listserver posts.

## Resolution process

*'The process has been used successfully to resolve many informal complaints and to resolve a number of substantial complaints formally, with adjudications by panels of three grassroot doctors.'*

The [BMA code of conduct](#) and resolution process have been in place at the BMA since 2017. They were introduced to support positive behaviours and deal with complaints and concerns about poor behaviours. The process has been used successfully to resolve many informal complaints and to resolve a number of substantial complaints formally, with adjudications by panels of three grassroot doctors.

The BMA has been committed to build on this already successful work to make the resolution process as robust as possible. Following an independent report commissioned by the BMA in 2018 an independent external complaints process and an external, independent, support line (0333 212 3618) were implemented as a first point of contact for those wanting to discuss poor behaviour that they have experienced or witnessed or to bring a complaint. Based on recommendations from this report and the Daphne Romney QC report, to prevent any possible appearance of conflicts of interest during hearings, the pool of members who sit on panels has been changed; elected members are no longer members of Resolution Panels and new grassroots members have been recruited and trained. A quick guide booklet about the resolution process has been produced and made available to staff and members, as well as a guide on the BMA's behaviour principles.

In November 2021, council set up a task and finish group to undertake a review of the resolution process. This is due to report within the next three months. Reviewing internal processes in the BMA is standard quality assurance practice and adds an important part of ensuring they remain fit for purpose. The Association is looking forward to receiving and taking on board any further improvements that this group suggests.

## Committee equality champions

Following a pilot programme over the 2020-21 session, the BMA committee equality champions programme has been approved by BMA organisation committee to run permanently. The BMA committee equality champion is a standardised role across BMA committees. The remit of the committee equality champion is to:

- Act as a point of contact and advocacy for branch of practice-specific or pan-BMA equality issues.
- Ensure that equality considerations are fed into all discussions and items on branch of practice committees.
- Champion the BMA's commitment to equality, diversity and inclusion.

This role provides a central point for considering the Romney recommendations across committees in a more systematic way which previously did not exist.

## Standardised committee standing orders

*'Standardised standing orders provide a framework for introducing a consistent and systematic approach to implementing the Romney recommendations related to committee structures which previously did not exist and will assist with developing clear timescales and an action plan for implementation.'*

Standardised standing orders provide a framework for introducing a consistent and systematic approach to implementing the Romney recommendations related to committee structures which previously did not exist and will assist with developing clear timescales and an action plan for implementation.

Standardised standing orders were developed by and will be maintained by the organisation committee and have now been adopted by the majority of BMA committees.

It has been agreed that the organisation committee, as the committee responsible for advising on matters affecting the structure, function and representativeness of the Association will take responsibility for considering the impact of the recommendations relating to committees and their implementation. The committee provides regular reports to council on its activities and already has the authority to act on behalf of council. This will assist with escalating issues to council and ensuring that there is continued elected member buy in for implementation of the recommendations.

The remit of the Romney review was limited to sexism and sexual harassment, and therefore the recommendations related to committees focussed on measures to address underrepresentation of women specifically. The relevant recommendations will now be considered in a broader context to support all protected characteristics.

## Introduction of balanced representation on committees

*'The recent changes introduced for the 2022 BMA council elections included the addition of five ethnic minority seats to ensure that council reflects the diversity within the medical workforce and student body.'*

There are a number of BMA committees that use gender maxima (rather than quotas) to ensure balanced representation, such as the regional councils in England. The recent changes introduced for the 2022 BMA council elections included the addition of five ethnic minority seats to ensure that council reflects the diversity within the medical workforce and student body. Gender constraints were also reinforced in the recent council elections to promote representational equality for all genders across the constituencies.

The new intake of council members is the most ethnically diverse council in BMA history. Over a third (35%) of those voted in identify as ethnic minority – this compares to 12% for the 2018 intake of council members. 38% of those elected identify as a woman compared to 37.5% of members elected in 2018. With one vacancy remaining in Eastern Region due to insufficient nominations being received to satisfy the gender constraints this figure could rise to 39% in the upcoming by-election to fill this seat.



This provides a potential model for the introduction of mechanisms to ensure balanced representation for other committees, following a review of the impact of these measures. But there is more to do. Further consideration is being given to the introduction of mechanisms to ensure balanced representation across committees, both for gender and other protected characteristics, having regard to diversity data of each committee and their constituencies.

Following organisation committee's review of the impact of the changes implemented for the recent council elections, committees can seek guidance on how to introduce mechanisms to ensure balanced representation in a consistent and systematic way across BMA committees.

Individual committees will need to assess the impact of introducing mechanisms to ensure balanced representation on the committee and make submissions to the organisation committee for consideration, where appropriate.

## Introduction of term limits on committees

Committees that have adopted the standardised standing orders now have a 6-year term limit for chairs. This has resulted in an increase in female and ethnic minority chairs on some of those committees.

A fundamental review of the impact of introducing broader term limits on committees and whether and how that could be implemented will be considered at an organisation committee meeting in the 2022-23 session.

## Limiting multi committee membership

Committee standardised standing orders are being updated to include a limit to the number of committees that an individual can be elected to from within a committee. This will be in place from the start of the new session in June 2022.

*'we will encourage members to make their own assessment around how many committees they are standing for, but no limits will be imposed until elections have taken place so that there is equal opportunity to stand in elections'*

Through nomination communications, we will encourage members to make their own assessment around how many committees they are standing for, but no limits will be imposed until elections have taken place so that there is equal opportunity to stand in elections. Depending on the level of interest in the elections and number of elections individuals are standing in, a preference system may be needed.

Of course, there's a risk that there is no one suitable to take on a particular role and that the work of committees could therefore be disrupted or delayed. To counter this risk, during the advertisement of these positions, clear information will be provided on the expected time commitment and workload for each committee and the support available to committee members. Exceptions to implementing restrictions will also be made, particularly where specialist expertise or experience is required or there are no suitable alternative candidates.

## Introducing multi-member constituencies

The Romney report also recommended that 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 under-represented.'*

This recommendation was made in relation to GPC UK specifically as GPC UK elects 43 representatives at LMC level through 43 individual constituency elections, although this is replicated in the national GPC committees. The recommendation was extended to other committees to consider, however the majority of committees already operate multi-member constituencies through ARM and at regional committee level.

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

GPC UK considered a proposal to introduce multi-member committees in September 2020 which the committee felt required further development. Since then, more fundamental reforms to GPC structures have been proposed and are being considered by the committee. In addition, following an LMC conference motion in 2021, an independent review of the current representative structure of General Practitioners in the UK undertaken by Ijeoma Omambala QC has recently been published which provides options for improving GP representation, including the introduction of multi-member constituencies at regional level. The four GPC chairs have recently instigated a piece of work to review governance arrangements of the GP committees. It will aim to build upon work underway to support GP representation across the UK.

## Measuring progress

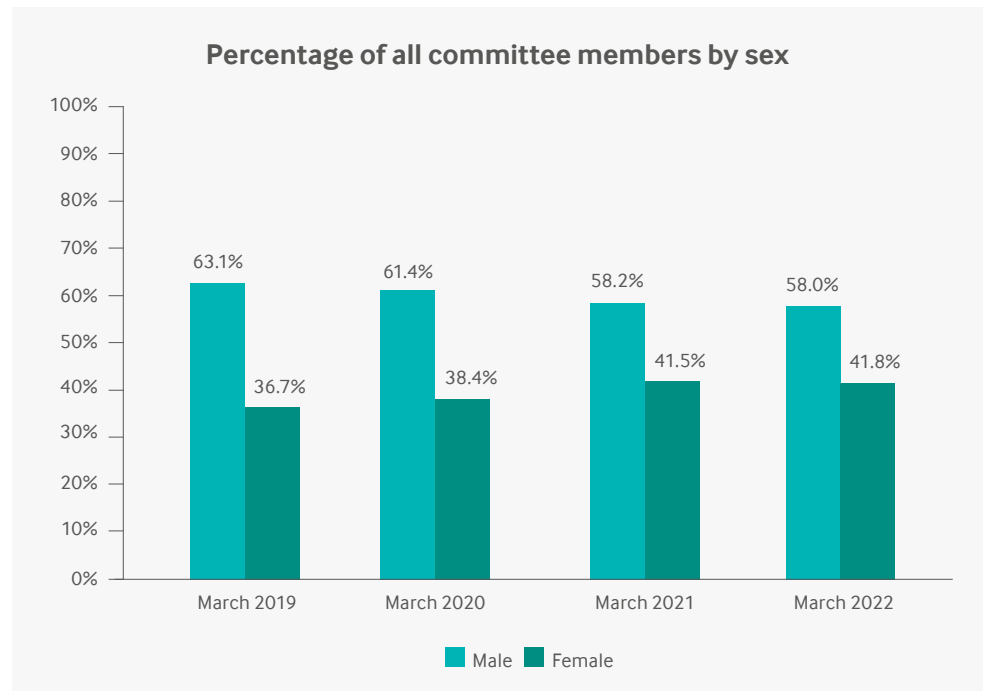
We are monitoring the success of these actions to increase diversity on our committees and the charts below outline the progress that has been made.

The corporate equality diversity and inclusion team currently provides annual committee monitoring reports to committees upon request, using data that has been compiled from BMA members' profiles, which members complete through their MyBMA profile.

### 1. Committee members by sex

When you look at the chart of committee membership across all BMA committees, broken down by sex you can see that the percentage of female committee members on BMA committees has increased from 36.7% to 41.8% from March 2019 to March 2022.

**Figure 1: The percentage figures for BMA committee members classified as male and female from March 2019 to March 2022**

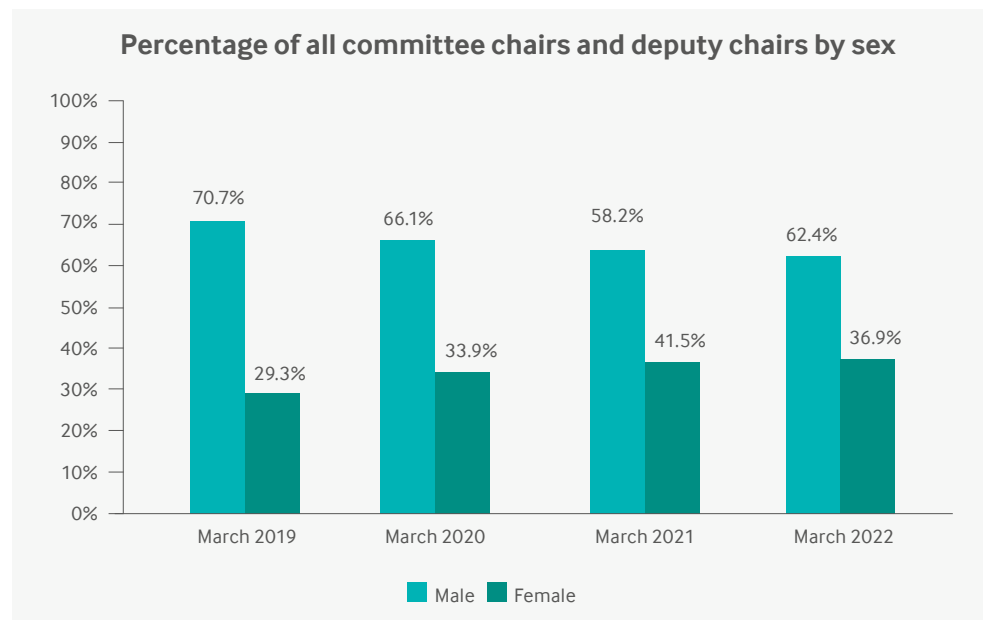


## 2. Committee leadership by sex

It is also important for the BMA to have more diversity in leadership positions. When you look at the data for committee chairs and deputy chairs broken down by sex you can see that we have seen a rise in the percentage of female members in leadership positions rising from 29.3% in March 2019 to 36.9% in March 2022.

GPCE (GPC England) has elected its first woman chair from an ethnic minority background. Our medical ethics committee, international committee, patient liaison group, public health medicine committee have all appointed or elected women chairs. Our junior doctors committee and medical students committee are also chaired by women.

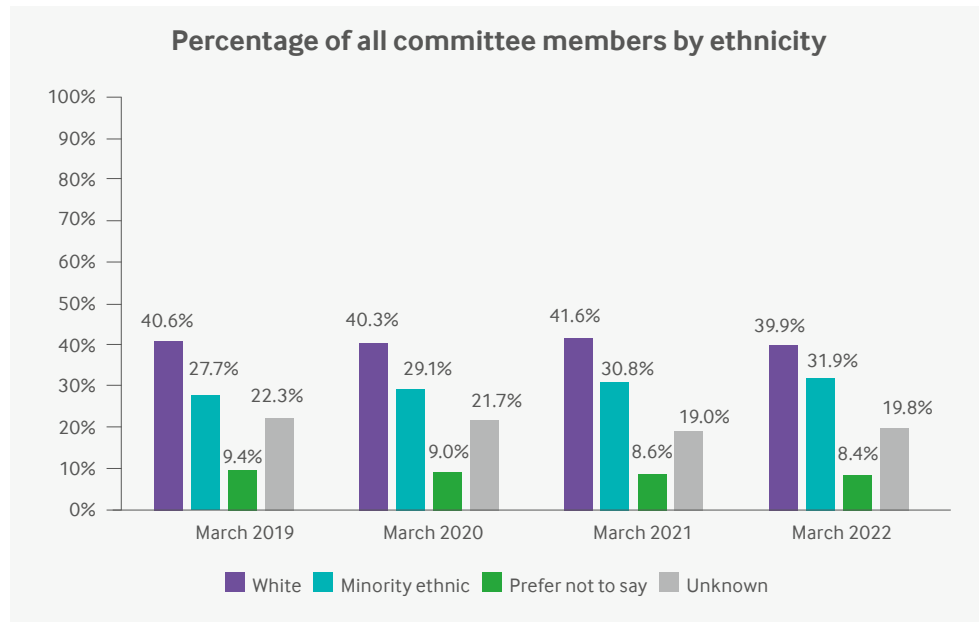
**Figure 2: The percentage figures for BMA committee chairs and deputy chairs classified as male and female from March 2019 to March 2022**



### 3. Committee members by ethnicity

When we examine the figures for ethnicity, we can see that the percentage of people that describe themselves as minority ethnic on BMA committees has increased from 27.7% in March 2019 to 31.9% in March 2022. However, we still have significant gaps in the data with 19.8% of the data unknown and a further 8.4% of people preferring not to say.

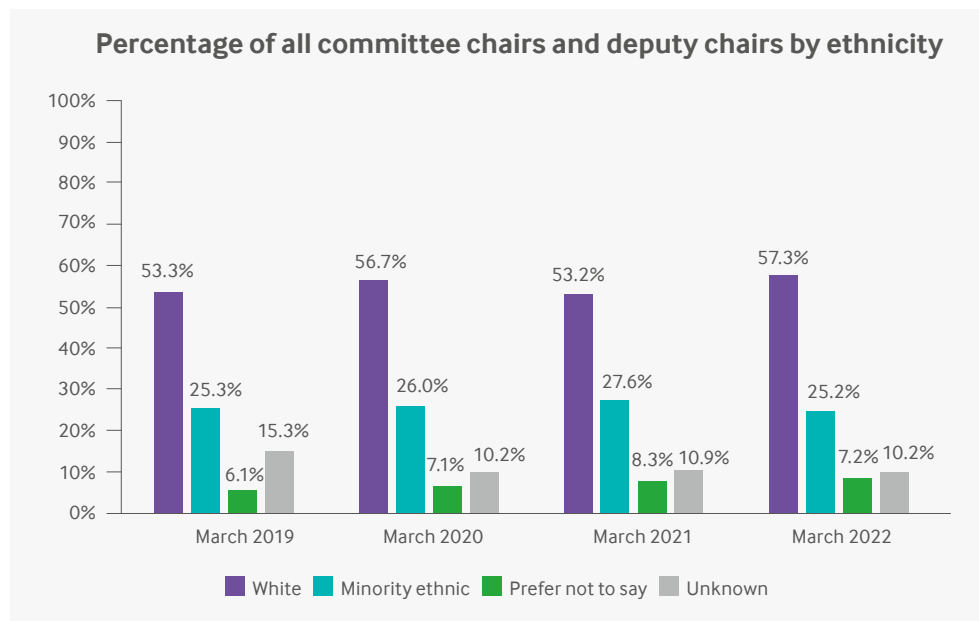
**Figure 3: The percentage figures for BMA committee by ethnicity from March 2019 to March 2022**



### 4. Committee leadership by ethnicity

When you look at the figures for committee chairs and deputy chairs broken down by ethnicity you can see that there has been little change in the percentage of ethnic minority members in leadership roles with the figure for ethnic minorities fluctuating between 25.2% and 27.6%.

**Figure 4: The percentage figures for BMA committee leadership by ethnicity from March 2019 to March 2022**



## The work continues...

The culture Inclusion oversight group met in May 2022 receive an update on progress across all recommendations. It was agreed that meetings of the culture inclusion oversight group meet quarterly for a further year.

The culture and inclusion oversight group is committed to:

- oversee the implementations of the next steps identified in this report
- promote equal rights and opportunities, tackle discrimination or disadvantage
- champion an open and inclusive culture for our members, employees and stakeholders
- support committees to be effective, efficient and represent the diversity of our membership by implementing the structural recommendations as outlined above
- enable the BMA's democratic structures to reflect the voice and demands of our members at a local, intermediate, national and UK level in line with the BMA's strategic priorities.

For further questions about the work of the culture and inclusion oversight group please contact, head of council secretariat Matt Lasham [mlasham@bma.org.uk](mailto:mlasham@bma.org.uk)

**British Medical Association**  
BMA House, Tavistock Square,  
London WC1H 9JP  
[bma.org.uk](http://bma.org.uk)

© British Medical Association, 2022

BMA 20220282