

BMA Diversity Monitoring

Ensuring our democratic structures are representative

For the BMA to achieve these goals, we need to ensure that all doctors have a voice on our democratic structures. We know that some groups are consistently under-represented on BMA committees and councils.

It is crucial that we explore the barriers to participation in BMA so that our elected structures reflect the make-up, skills and backgrounds of our members and the wider medical workforce. This will allow our committees to better create policy and effectively advise on the conditions in doctors and medical students' places of work and study.

Committee monitoring is a vital aspect of our commitment to EDI at the BMA. Having accurate equality monitoring data strengthens our ability to stand up for doctors and medical students, both individually and collectively. In particular, it helps us to:

- Understand and respond to the diverse needs of our members and tailor our services accordingly.
- Improve the representativeness of our policy-making and negotiating structures.

Ensuring our structures are reflective of the membership is key for the following reasons:

1. The sustainability of the BMA

Membership size is a crucial component of the BMA's strength and a fundamental element for its legitimacy and recognition. The medical profession is becoming increasingly diverse, with women making up nearly half the profession and a high proportion of doctors relative to the wider population who are from overseas or from BME (black and minority ethnic) backgrounds. We need to recruit from and properly represent all sections of the workforce and medical student body in order to be sustainable, to grow and to allow the voices of all groups to be heard.

2. Our policy-making

The BMA is a member-led organisation with policy being largely set by the ARM, BMA council, national and regional councils, branch of practice conferences and committees. If the membership of these structures does not reflect the diversity of the membership and the wider doctor and medical student population, the BMA may fail to identify, prioritise and act upon issues that are relevant for the under-represented sections of our membership when it matters most.

3. Our external influence

Our external influence and standing with other stakeholders may be undermined if our policy positions do not properly recognise and address issues related to the increasing diversity of the medical workforce or patient population. Issues such as the gender pay gap in medicine, differential attainment and workplace bullying and harassment are current and pressing matters for the NHS and the medical workforce; it is therefore vital that we respond effectively to such EDI-related matters, and this can be aided through showing we are actively addressing under-representation in our committees.



4. The business case for diversity

Extensive cross-industry research shows that organisations are more effective when they have a more diverse and inclusive leadership and workforce. For example, [research from McKinsey](#) has shown that gender-diverse businesses deliver 21% better results than non-diverse businesses, [a study by Deloitte](#) states that inclusive work environments offer greater customer service and collaboration, and [an investigation by BCG](#) found a strong correlation between diversity and innovation, particularly in structurally complex organisations. In the health and social care sector, the [NHS Confederation](#) states that diverse leadership is a crucial part of the NHS Long Term Plan's transformative goals, and [Health Education England](#) states that embracing workforce diversity and fostering inclusion can positively impact health outcomes and organisational performance.

Equality matters

We are committed to fostering a culture within the BMA where individual differences and diversity are welcomed as set out in our [corporate equality, diversity and inclusion strategy](#).

Our [Equality matters programme](#) is designed to promote equality for all doctors working in our health service, our members, and the patients they treat.

- Equality matters because it's morally right, and so every medical student and doctor can progress and achieve their full potential.
- Equality matters because organisations rooted in equality, diversity and inclusivity are more productive, harmonious, and have more content staff.
- Equality matters because it's good for the NHS and patient care - since it brings out the best of the capability of the medical workforce.
- Equality matters in the BMA so that it may fully harness the talent in our elected representatives to act on behalf of our members and to stand by the standards we expect in the NHS.

How to complete your data

All you need to do is log in to your member profile on the BMA website and go to the 'My BMA details' section. [Read more here](#).

<https://www.bma.org.uk/about-us/equality-diversity-and-inclusion/measuring-equality>

Further information

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