

Health Professions Council
Council meeting – 29th March 2007
Equality and Diversity Project - update

Executive Summary and Recommendations

Introduction

At its meeting on 14th December 2006, the Council considered an update about the equality and diversity project.

At that meeting, some concern was raised about the timescale for the project. Following discussion by the project team, this paper outlines a proposal that the council's scheme should be published in December 2007. The paper also outlines work already undertaken and priorities for the coming months.

The government white paper 'Trust, assurance and safety – The regulation of health professionals in the 21st century' published on 21st February made a recommendation relevant to the equality and diversity project.

Decision

The Council is invited to agree the approach outlined in this paper.

Background information

The Equality and Diversity team consists of:

Project Sponsor: Marc Seale
Project Lead: Michael Guthrie
Project Manager: Claire Phillips
Project Executive: Yasmin Hussein

Kelly Johnson – Fitness to practise
Mark Potter - International registrations
Larissa Foster – Human Resources
Jacqueline Ladds – Communications
Niamh O'Sullivan - Secretariat

Resource implications

As previously advised.

Financial implications

As previously advised.

Background papers

Paper considered by Council on 14th December 2006:

http://www.hpc-uk.org/assets/documents/100017D4council_meeting_20061214_enclosure04.pdf

Appendices

Appendix 1: General Medical Council – Equality Scheme (2006)

Date of paper

16th March 2007

DRAFT

Equality and Diversity Project update

Trust, assurance and safety – The regulation of health professionals in the 21st century

The white paper made recommendations about equality and diversity with specific reference to the fairness of equality and diversity procedures. The white paper recommends:

“As part of the accountability arrangements to Parliament, each regulator will be required, as part of its report to Parliament, to provide information on equality issues relevant to regulation within its profession; analyses of any trends in ethnicity in its fitness to practise proceedings; and an account of action taken to ensure fairness in the way that regulatory action is conducted.”

This paper sets out plans for the equality and diversity project which will support meeting this recommendation. In particular:

- Collection of demographic data from complainants and registrants involved in fitness to practise proceedings will begin early in the 07/08 financial year.
- Plans for the collection of demographic data from the general registrant population are currently being developed by the project team, with the aim that collection of data should begin with renewal cycles from June 2007.
- Publication of the scheme in December 2007.

Project timetable

At the last meeting of Council, some concern was raised about the timescale for the project. The last project plan suggested the scheme might be published at the end of 2010. This was based on a set period of time for the processes in each department to be reviewed – the fitness to practise department was to be the “pilot” department.

Following the meeting, the project team has reviewed its approach. HPC’s equality and diversity scheme, when published, would need to include the following information:

- A description of our role and functions
- An outline of the relevant legislation – the general and specific duties
- Policy Statements in each of the areas of age, gender, sexual orientation, ethnicity, religion and disability
- How we decided on which functions were relevant to meeting the duties and how we identified priority areas.
- Our rationale for producing a single scheme
- Arrangements for gathering demographic data
- Arrangements for training staff, partners and Council members
- Resources
- Arrangements for consultation – i.e. internal working group
- “Quick wins” identified during the course of the scheme
- Action plans to be met during the currency of the scheme

A scheme lasts for three years before it is revised and re-published. Yearly progress reports are also published outlining progress against the action points.

As described in the last paper, organisations take differing approaches to their schemes. Whilst some produce statements of policy and indicate how they intend to generate action points, others incorporate the action points themselves together with information about the measures that have been undertaken to tackle any adverse impact during the currency of the scheme. It is, of course, important that the scheme published by the Council is as meaningful as possible – both for the Council’s stakeholders and also for Council members and the Executive. The General Medical Council’s recently published equality scheme is appended for information as an example of a scheme recently produced by a similar organisation.

Having reviewed the timetable, the Executive proposes a different approach, which would see a scheme presented to the Council for approval in **December 2007**. In effect, this recognises both the work involved in producing the scheme, and the substantial work that would need to be undertaken after publication to meet the action points. The scheme would outline action points identified by the Executive as well as the other pieces of information listed on the previous page. It would outline deadlines for completion in each of the areas. For example, action points would include collecting demographic data on complainants and registrants who are the subject of a complaint and demographic data from the wider registrant population.

Fitness to practise will no longer be a “pilot” area, although it has been identified consistently throughout project meetings as a priority area and therefore a number of action points are likely to relate to this department, as well as to the Human Resources department.

A project plan will accompany the scheme when it is presented to Council in December 2007. Regular updates will be provided to Council thereafter, with formal progress reports produced each year before re-publication of the scheme in December 2010.

It is proposed that December 2007 is a reasonable timeframe in which to publish the scheme. This would allow the Executive to continue to identify action points to be part of the scheme, and get the internal working group up and running and scrutinising processes, policies and other work. It will also allow time to develop links with other organisations for wider consultation. This would ensure that the scheme had appropriate detail and was as meaningful as possible. The project team has also been identifying a number of “quick wins” - small scale changes which can be made now to avoid adverse impact (or the perception of adverse impact) and will aim to achieve as many of these as possible before publication of the scheme.

Work undertaken so far

- Equality and diversity training for the project team and Executive Management Team has taken place. Equality and Diversity training has also started for partners. Training for Council members will take place on Monday 9th July 2007. Employee training will be on a rolling basis from May 2007.
- “Towards an equality and Diversity scheme”, which sets out our approach, has been written and, subject to agreement of the revised timescale, will be revised appropriately and published on the website.
- IT requirements for the registration and fitness to practise systems have been identified.

- Each department has now identified their key processes and undertaken initial screening. Some of these processes have been considered by the wider project team, who have:
 - a) identified which functions are relevant to meeting the duties, and which are more relevant than others;
 - b) prioritised the functions;
 - c) identified quick wins and specific actions points;
 - d) identified more general areas in which we need to give further consideration – including analysing the data we already hold;
 - e) identified where further consultation – internal and external – would be desirable; and
 - f) identified those areas of work already undertaken and in department workplans for the coming financial year which should be included in the equality and diversity scheme.
- All staff meetings will take place on the 21st and 22nd March 2007 to recruit members of the internal working group.

Priorities for the coming months

- Complete initial identification of action points with each department head and the project team.
- Revise the statements of policy in each of the 6 areas previously agreed by the Council, in line with new equality and diversity legislation.
- Begin review of processes, policies and work by the internal working group.
- Start achieving “quick wins”.
- Meetings have been arranged with equality and diversity leads at the General Dental Council and General Medical Council in early April.
- Start collection of demographic data.

Equality Scheme 2007

Foreword

We are committed to valuing diversity and promoting equality throughout the GMC, and to ensuring that our processes and procedures are fair, objective, transparent and free from unlawful discrimination.

I am pleased to launch our Equality Scheme. It has been designed to complement our Business Plan and is a firm statement of our intent in meeting our business aims. We have made it a separate document to demonstrate more readily that we are meeting legislative requirements and to provide information on specific diversity and equality initiatives.

The development of the Scheme has been overseen by the Committee for Diversity and Equality. The Committee will monitor progress throughout 2007 and beyond.

Finlay Scott

Introduction

1. The General Medical Council is the independent national regulator for doctors in the UK. Our job is to ensure that patients can have confidence in doctors. Our statutory powers and duties are to protect, promote and maintain the health and safety of the public by ensuring proper standards in the practice of medicine. We do that by controlling entry to the medical register and setting the educational standards for medical schools. We also determine the principles and values that underpin good medical practice and we take firm but fair action where those standards have not been met.
2. In carrying out our functions we must:
 - a. Put patient safety first.
 - b. Support and develop the professionalism of doctors.
 - c. Be independent of Government as (through the NHS) the dominant healthcare provider, and of dominance by any single constituency.
 - d. Work to command the confidence and support of those with whom we deal.
3. Promote fairness and equality and value diversity.
4. Our Equality Scheme is based on the key aims of our business plan for 2007, and will help to further embed promoting equality and valuing diversity into our work.

Legislation

5. This Equality Scheme fulfils our obligations under relevant equality legislation, the most recent being the:
 - Equality Act 2006
 - Disability Discrimination Act 2005 (DDA)
 - Employment Equality (Age) Regulations 2006
 - Employment Equality (Religion or Belief) Regulations 2003
 - Employment Equality (Sex Discrimination) Regulations 2005
 - Employment Equality (Sexual Orientation) Regulations 2003
 - Race Relations (Amendment) Act 2000 (RR(A)A)
6. A fuller list of equality legislation is contained in annex B.
7. The DDA 2005 requires us to publish a disability equality scheme by 4 December 2006, and the GMC has been included in an amendment to the RR(A)A 2000 which requires that we publish a race equality scheme by 2 March 2007. We also wish to meet the general gender equality duty linked to the Equality Act 2006.

8. We decided to go beyond legislative requirements and apply the requirements for the disability and race equality schemes to our all-inclusive scheme. For example, the DDA 2005 requires us to involve disabled people in the development of the DES and we have involved people connected with other equality strands in our Scheme.

9. However, we are able to extract the entries in the action plan which meet our duties under disability and race legislation, and copies are available on request.

Functions, Policies and Proposed Policies relevant to the General Duties

10. The DDA general duty requires that, in carrying out our functions, we have due regard to the need to:

- Eliminate discrimination that is unlawful under the legislation;
- Eliminate harassment of disabled persons that is related to their disabilities;
- Promote equality of opportunity between disabled persons and other persons;
- Take steps to take account of disabled persons' disabilities, even where that involves treating disabled persons more favourably than other persons;
- Promote positive attitudes towards disabled persons;
- Encourage participation by disabled persons in public life.

11. The RR(A)A general duty requires that we have due regard to the need to:

- Eliminate unlawful racial discrimination;
- Promote equality of opportunity;
- Promote good relations between persons of different racial groups.

12. We have assessed our functions and policies, and the proposed policies in our Business Plan. All the points in the action plan are relevant to the disability and race general duties.

13. Key action plan points are listed below under the relevant functions, with more detail available in the action plan.

a. Registration:

- i. Introduction of a single registration structure for all doctors (action plan, key aim 3).
- ii. Monitoring of doctors (action plan, key aim 1).

- iii. Improving accessibility to the List of Registered Medical Practitioners, as part of the work on website portals (action plan, key aim 3).
- b. Education:
 - i. Medical Schools – Project to develop guidance for medical schools on encouraging disabled people into medicine (action plan, key aim 4).
 - ii. Quality assurance of Foundation Programme – development of pilot programme (action plan, key aim 4).
- c. Standards:
 - i. Guidance for doctors on standards and ethics (action plan, key aim 4).
 - ii. Consultation on standards and ethics issues (action plan, key aim 4).
- d. Fitness to Practise
 - i. Access to our complaints services (action plan, key aim 5).
 - ii. Witness support (action plan, key aim 2).
- e. Human Resources (HR)
 - i. Key aim 1 of the action plan lists the following as equalities work under the HR function:
 - Recruitment and Retention
 - Staff development
 - Staff consultation
 - Monitoring human resources data

Gathering information

14. Each directorate develops operational objectives on an annual basis to enable the organisation to achieve the aims listed in the Business Plan, so the first step in gathering information was to ask directors to assess the diversity and equality implications of their directorate's objectives for 2007.

15. We shared an early draft of the resulting action plan with people from different equality groupings, including disabled people, and asked for suggestions for further work with diversity and equality implications which would assist in achievement of our business aims.

Engagement

16. We have used the following methods to contact and involve organisations and individuals in the development of this initial Scheme.

Patient and Public Reference Group (PPRG)

17. This is a GMC reference group, comprising 25 patient representatives and members of the public together with six Council members. The membership as at December 2006 is set out in annex A. The Group is responsible for enabling patient and consumer representatives to make an effective contribution to the development of GMC policy and procedures. We have liaised with the Group while developing the scheme and further details are in annex A.

In-depth interviews

18. We arranged, through a specialist provider, for 16 in-depth interviews in early October 2006, to consider the content of the draft Scheme.

19. The draft was already set out under the aims of the draft 2007 Business Plan, and people were asked for comments on our proposals and for other suggestions for work with diversity and equality implications which would assist in achievement of our business aims.

20. Annex A gives more detail of the interview process and the headline results.

Wider consultation exercise

21. In October 2006 we contacted 170 organisations representing and made up of doctors within the equality strands, and of patients and the public within the equality strands. We also sent the consultation document to the individual members of the Patient and Public Reference Group.

22. We received a total of 18 substantive replies by 24 November 2006, four of which were from individual members of the Patient and Public Reference Group.

23. Annex A lists the organisations and individuals who responded to the consultation, and the areas of the Scheme we have amended as a result of the responses. In general, we have been able to build in many of the points raised in respect of the Scheme. We will be responding to all who have helped us with the work, indicating how we have used their contributions.

24. The time available for the wider consultation was shorter than we would normally envisage for such an exercise. This is because our Scheme is linked directly to our Business Plan for 2007, and was developed at the same time. This ensured that promoting equality and valuing diversity is embedded naturally in our business aims and operational objectives. However, because the statutory date for publication of a disability equality scheme must be met, we could not extend the consultation period.

25. We recognise that we may receive further responses to our initial consultation, and that there may be more comment following this publication of the Scheme. For these reasons, and because we are committed to continual improvement, we will review the scheme by June 2007, taking into account any views we have received by end May 2007.

Staff Consultation

26. Staff responsible for developing the Scheme were our directors and senior managers across the organisation.

27. Our draft Scheme was made available to all staff through the GMC's internal intranet and has been considered by our Staff Forum. It will continue to be the subject of both formal and informal consultation with GMC employees.

Monitoring, including gathering information on the effect of our policies and procedures on people of various equality strands

28. The work in the action plan is spread across the organisation and built into the operational objectives of our directorates. Initial monitoring will therefore be carried out by directors and senior managers as part of their normal, day to day work. The Committee for Diversity and Equality will review all work in the action plan at its scheduled meetings by careful consideration of written reports and discussion with directors and senior managers.

29. As noted in the action plan (key aim 1), monitoring of employment issues will be carried out by our Human Resources section and reported to the Committee for Diversity and Equality.

30. We will assess the extent to which the services we provide, and the other functions we perform, take account of the needs of disabled people and people of other equality strands by a variety of methods.

31. To directly assess the effect on doctors, patients and the public of the work described in this equality scheme and action plan, we will arrange in-depth interviews similar to those carried out when we involved people in the development of our scheme (described in Annex A). We plan to do this early in 2008, after the scheme has been in place for a full year.

32. Periodically, we commission a tracking survey. This provides valuable insight into the views and attitudes of the public and the medical profession on key issues facing the GMC. In ensuring that results are representative the research agency is asked to use a large sample size with an effective spread across age, socio-demographic band, gender, ethnicity and disability.

33. We gather feedback from doctors visiting our London offices on registration business via regular surveys. These allow doctors of all equality strands to pass on comments about their experience with us.

34. The action plan (key aim 1) records planned research, audit and evaluation work on diversity issues, including working towards a better understanding of the reasons for any over-representation of international medical graduates in our fitness to practise procedures.

Arrangements for using information gathered

35. In comparison with many public authorities, the GMC is a relatively small organisation, and this makes the dissemination of information within it straightforward. Information gathered in relation to the actions in the scheme will be reported to the Chief Executive and the directors responsible for the individual work areas and will be used to inform the development of future business plans and operational plans. This will lead in to the annual review of the Equality Scheme because it builds on our overall plans rather than being a completely separate document.

36. The Committee for Diversity and Equality will also review information gathered as it monitors and reviews the scheme and the individual actions.

Equality Impact Assessment

37. Our equality impact assessment procedure requires the people developing policies to consider equality implications at all stages of the work and was designed to help in that process. Policy developers and managers are responsible for their own work in this area, but must submit a report on the EIA to their director at the time the policy is submitted to a committee. When Council papers are submitted to the Chief Executive for approval, report authors are asked to confirm that they have conducted an equality impact assessment and to pass the assessment report to the Secretariat. Information on the EIA is included in the paper.

38. We have carried out equality impact assessments on our developing policies since 2002, so the majority of our existing policies were checked for equality impact across the six strands of age, disability, gender, race, religion or belief and sexual orientation before implementation.

39. The equality impact assessment procedure has been reviewed as part of the work on this Scheme, and is at annex B of this document.

Publishing Results of Equality Impact Assessments

40. Council papers on policy development or amendment will contain the results of impact assessments and consultation exercises, so that these can be considered at the same time as the policy itself. Council papers are public documents, available from our website or as a paper copy on request.

Public Access to Information and Services

41. Our publication 'Guide for patients – how to complain about a doctor' was revised during 2006. It is available via our website or in hard copy, as are our publications which give guidance to doctors. Under key aim 5 in the action plan, we

set out how we will improve information and sign-posting for those wishing to make a complaint about a doctor.

42. Under the provisions of the Freedom of Information Act 2000, we have a Publication Scheme which is approved by the Information Commissioner. It sets out all the information we routinely make available to the general public and shows:

- The information that the GMC publishes or plans to publish
- The format it is available in (e.g. electronically or in hard copy)
- If there is any charge made for the information.

43. The Publication Scheme and general information on the Freedom of Information Act 2000 is available on our website at

http://www.gmc-uk.org/publications/right_to_know/freedom_of_information.asp

Arrangements for Training Staff in connection with the General Disability Equality and Race Equality Duties

44. All staff attend mandatory training courses on disability awareness and diversity and cultural awareness. These are designed to raise the awareness of employees in respect of equality policy, legislation, behaviour, attitudes and best practice for issues of disability, culture and race.

45. In addition, we offer non-mandatory 'e-learning' courses for staff on equality legislation, including age, disability, gender, and race. This is desk-top learning via computers, and gives employees the opportunity to be flexible with their time when undertaking the modules.

Action Plan

46. To follow is the GMC's Equality Action Plan for 2007. Because it is closely aligned with our Business Plan, we have divided it into sections to match our business aims.

Equality Scheme – Action Plan

Key Aim One: Enhance confidence in doctors by continuing to improve our capacity for supporting excellence and best value in medical regulation.

Activity and expected impact	Completion date	Date of CDE Review
<p>Business Planning The GMC produces an annual business plan. We will ensure that promoting diversity is an integral part of our business planning process so that managers must consider the impact of their work on diversity and equality when planning business.</p> <p>Impact: This will ensure that promoting and valuing diversity and equality is an integral part of everything that we do.</p>	December 2007 and annually thereafter	October 2007 (so that it can review the process for the 2008 plan).
<p>Equality impact assessments (EIA) This is an internal process, to be used as policies are developed. We will develop further and encourage the active use of equality impact assessments as part of the policy development process, by arranging training and discussion seminars for staff.</p> <p>Impact: Staff will be more confident in assessing equality impact. The assessments will draw attention to any areas of inequality at an early stage, before the policy is put into operation as well as identifying opportunities to promote diversity.</p>	June 2007	July 2007
<p>Recruitment and Retention We will ensure an inclusive and accessible approach to advertising vacancies. We will ensure that our recruitment advertising strategy reaches as wide a group of potential candidates as possible.</p> <p>We will also ensure that the selection process (interviews and testing) is accessible and free from discrimination. We will refer to this in our advertisements. We will also liaise effectively with candidates who need adjustments to the selection process.</p> <p>We will work closely with disabled employees to ensure that our policies and procedures support their continued employment and personal development. We will ensure appropriate processes are in place to ensure adjustments are made and appropriate advice is available.</p>	Continuous	July 2007

<p>We will continue to have in place employment policies that support our approach to diversity (these include flexible working arrangements, childcare voucher schemes). We will also ensure that our employee benefits (such as the pension scheme) are made available in line with best practice.</p> <p>We have completed a review of all our employment policies to reflect changes in legislation ahead of the scheme's publication.</p> <p>Impact: These measures will encourage applicants from various equality strands, including people with disabilities, to apply and ensure that fair selection processes are used.</p>		
<p>Employment and Staff Development</p> <p>We ensure, and will continue to review on a regular basis, that suitable adjustments to our policies and procedures are in place to meet the needs of disabled staff. We will also ensure that our policies and procedures apply fairly to all staff and meet our obligations under all the relevant diversity legislation.</p> <p>We will ensure that suitable policies will continue to ensure that any complaints are addressed quickly. We will also continue to ensure that training is accessible to all staff.</p> <p>We ensure that all staff have access to, and are aware of, our policies on diversity and disability. We also ensure that all staff have access to training on cultural and disability awareness, and diversity, and that they develop an understanding of how policies in these areas relate to their roles.</p> <p>We will ensure that employees have access to training on each individual aspect of diversity and the law.</p> <p>Impact: These measures will ensure that all staff have the skills and knowledge to deliver services (both internal and external) to people who are disabled, black/minority ethnic, lesbian, gay, bi-sexual, of various religions and beliefs, and regardless of whether they are female or male.</p>	Continuous	July 2007
<p>Staff Consultation and Involvement</p>	Continuous	July 2007

<p>We have an established staff forum that includes representatives of staff across the organisation. We will ensure that it considers equality issues, including those of disability and access, on a regular basis. We will also ensure that our internal communications with employees are accessible.</p> <p>Impact: This will ensure that general issues relating to equality can be raised by employees and responded to quickly and effectively. It will provide a forum for receiving feedback on progress and support the implementation of new policies and procedures on diversity. However, individuals would be able to retain their privacy by raising matters with their manager or the Human Resources Section.</p>		
<p>Monitoring Human Resources data</p> <p>We will analyse recruitment and employment trends to ensure that we have a detailed view of the composition of the GMC workforce. This is based on our equal opportunities monitoring form that all employees and job applicants complete.</p> <p>Impact: The monitoring of key trends will allow us to assess the impact of our policies and procedures and inform policy developments.</p>	Continuous	July 2007
<p>Procurement</p> <p>We will ensure that equality issues, including disability and access, are considered when procuring goods and services.</p> <p>Impact: This will ensure that the GMC's procurement decisions support our policies on diversity.</p>	Continuous	July 2007
<p>Information Systems (IS)</p> <p>We will continue to ensure that accessibility is a key consideration in the operation and development of IS systems. IS will play a key role in supporting the delivery of accessible services to the GMC's key service users through the development and review of key IS systems.</p> <p>The IS helpdesk will provide an effective and responsive service to disabled GMC staff who need support, advice, systems or hardware adjustments to undertake their roles effectively.</p>	Continuous	July 2007

<p>Impact: IS systems will provide effective support for the delivery of accessible services, enabling increased access to GMC services and advice. Internally the IS team will ensure that adjustments for disabled staff are well managed and effective.</p>		
<p>Facilities</p> <p>The Facilities function will ensure that the GMC provides an accessible working and service delivery environment. The accessibility audit recommendations will be regularly reviewed and the facilities helpdesk will provide a responsive and effective service for employees and visitors, including people with disabilities.</p> <p>We will also ensure that staff who play a key role in handling visitors to our offices are suitable trained on diversity issues.</p> <p>Impact: The GMC will operate within modern and accessible working and service delivery locations with access issues being effectively managed and addressed.</p>	Continuous	July 2007
<p>Research and Development (includes audit and evaluation exercises)</p> <p>We will set in place a working partnership with the Economic and Social Research Council (ESRC), and agree funded projects by March 2007.</p> <p>We will fund a research fellowship in conjunction with the ESRC to work with us on diversity issues surrounding a number of aspects of the Council's work, to include fitness to practise.</p> <p>We have found that proportionately, there appears to be over-representation of international medical graduates referred for Hearing at the end of the investigation stage of our fitness to practise procedures in comparison to UK qualified doctors. We have commissioned an external review of decisions taken in fitness to practise cases at the investigation stage of our procedures to develop a better understanding of the reasons for this.</p> <p>Impact: The ESRC programme of work will include the</p>	March 2007 Programme completion 2009	May 2007 July 2007

<p>exploration of the issues associated with transfer from training to practice, and may include the experiences of international medical graduates. Confirmation of the specific research projects commissioned will take place in mid-2007.</p> <p>The external review and research fellowship should lead to a better understanding of diversity issues and the reasons for any over-representation of international medical graduates in our fitness to practise procedures.</p>		
<p>Monitoring of doctors</p> <p>We will take steps to improve our collection rate of ethnicity information of doctors on our register. We will investigate the feasibility of monitoring disabilities, sexual orientation and age of doctors on our register.</p> <p>Impact: Access to this information about working doctors will assist us to understand the needs of doctors and to ensure that our service provision meets those needs. It will also enable us to undertake meaningful research into our fitness to practise procedures and to inform our policy development.</p>	<p>December 2007</p>	<p>October 2007</p>

Key Aim Two: Deliver effective, patient-centred regulation by engaging fully with those who use or benefit from our services to ensure their views are properly represented.

Activity and expected impact	Completion date	Date of CDE Review
<p>Patient and Public Involvement (PPI)</p> <p>We piloted a plan for improving patient and public involvement with the GMC during 2005. In 2006 we agreed a strategic framework to take forward our patient and public engagement activities. This framework highlights the need to work with hard to reach groups including groups that may receive unfavourable treatment/ may experience discrimination.</p> <p>Impact: This will embed PPI in our policy development and service provision so that the needs of all parts of the community can be taken into account at an early stage.</p>	<p>January 2007 and continuous</p>	<p>May 2007</p>
<p>Witness Support</p> <p>When a complaint about a doctor is considered by a fitness to practise panel, people connected with the case may be asked to give evidence. We will introduce a GMC witness support pack which will include a form requesting information on accessibility needs and language needs. We will ensure that appropriate support is available to those who need it.</p> <p>Impact: Improved support, including the provision of support, translations and interpreters, for those giving evidence to encourage those who may otherwise be reluctant and to reduce the stress of what can be a difficult experience.</p>	<p>December 2007</p>	<p>January 2008</p>

Key Aim Three: Support patient-centred care by maintaining an accessible, accurate, and up to date medical register, and by improving further the quality and scope of the information it contains.

Activity and expected impact	Completion date	Date of CDE Review
<p>Introduction of a single registration structure for all doctors</p> <p>We will implement the Section 60 Order which has been approved by Parliament and which will enable us to use the same framework for the initial registration of all doctors.</p> <p>Impact: The system of limited registration for non-UK/EEA qualified doctors will be replaced with a simpler, fairer framework for registration which will apply to all doctors seeking registration in the UK for the first time, regardless of whether they qualified in the UK or abroad. New registrants will, however, continue to be required to satisfy the GMC of their capability for practice at the point of registration.</p>	<p>GMC's preparation for implementation will be complete by August 2007</p>	<p>October 2007</p>
<p>Accessibility of website portals</p> <p>We will make full use of the capabilities built into our new IT systems and available through other sources (free screen reader options for instance) to improve accessibility to our public-facing portals such as MyGMC (for doctors), List of Registered Medical Practitioners (LRMP) (for patients, public and doctors). We will also make additional information available on these portals so that the information is more readily available.</p> <p>Impact: This will enable greater access to our service for those who have difficulty in using traditional websites.</p> <p>Extending information via the LRMP will enable more people to access information about doctors at an early stage. This will assist people in deciding whether they need to contact us and, combined with improved accessibility, enable people to protect their independence and confidentiality if they wish.</p>	<p>December 2007</p>	<p>January 2008</p>

Key Aim Four: Enable doctors to deliver high quality care to patients by making best use of our responsibility for setting standards for doctors and co-ordinating all stages of medical education.

Activity and expected impact	Completion date	Date of CDE Review
<p>Guidance for doctors on standards & ethics</p> <p>We will develop guidance for doctors which further explains and illustrates how the principles relating to equality and respect for diversity, in our core guidance <i>Good Medical Practice</i>, apply in providing care to the whole community. We will do this by:</p> <ul style="list-style-type: none"> - Working with the Disability Rights Commission on guidance to improve doctors understanding of the needs of people with disability. - Development and consultation and publication of guidance on doctors' responsibilities to respect the religious beliefs of patients - Development of work plan to address equality and diversity issues which arise in doctors' working lives, in conjunction with CDE. <p>We will work to improve accessibility of our guidance, including format, languages, distribution and promotion.</p> <p>Impact: This will improve doctors' understanding of how principles apply in practice, and the skills and practical measures they can take to ensure that all patients are treated fairly and with respect.</p>	<p>March 2007</p> <p>October 2007</p>	<p>October 2007</p>
<p>Consultation on Standards and Ethics Issues</p> <p>We will monitor our consultation processes to ensure that we have effective means of obtaining views from all communities in society, including groups who are traditionally 'hard to reach'. We will do this by:</p> <ul style="list-style-type: none"> - Continuing to build consultation lists and contacts in partnership with appropriate charities and other bodies; - Monitoring responses to consultation questions about the individual's age, ethnic origin and location; - Continuing to use existing tools, such as commissioning research, and developing new tools, for obtaining views from and identifying issues of particular concern to all interested groups in the community. <p>Impact: Improving GMC understanding of issues affecting different groups in society, and how these can be addressed in our advice to doctors.</p>		

<p>Medical Schools</p> <p>We have bid for funding for a project relating to disability from the Department for Education and Skills through its 'Gateways to the Professions' initiative. Subject to securing this, we will issue further advice to medical schools and students on equality and diversity issues. This will include making reasonable adjustments for students with disabilities.</p> <p>In our review of <i>Tomorrow's Doctors</i> we will consider the scope for promoting equality and valuing diversity.</p> <p>Impact: This will assist medical schools in enabling students with diverse needs, including those with disabilities, to complete their medical training. It will demonstrate the GMC's commitment to equality and diversity in undergraduate education.</p>	<p>December 2007</p>	<p>October 2007</p>
<p>Quality Assurance of the Foundation Programme</p> <p>We will continue to develop the QAFP pilot with advice from equality and diversity experts and through consultation with a wide variety of groups. We will ensure that there are specific standards to populate our equality and diversity domain and develop methods to ensure the implementation of these standards. Through dedicated training, we will ensure that the Visitors for our quality assurance systems are able to address a wide range of requirements including a commitment to promoting equality and valuing diversity.</p> <p>Impact: Development of an inclusive approach to the regulation of quality assurance. Publication of findings illustrating good practice in equality and diversity issues.</p>	<p>December 2007</p>	

Key Aim Five: Enhance patient safety by improving further the procedures for dealing with doctors whose fitness to practise may be impaired.

Activity and expected impact	Completion date	Date of CDE Review
<p>Access to our complaints services</p> <p>We will improve information and sign-posting for those wishing to make a complaint about a doctor by:</p> <ul style="list-style-type: none"> - ensuring that the <i>Guide for Patients</i> is available in languages recommended in the 2006 <i>Communications Accessibility Audit Report</i>, in an 'Easy Read' format, and in Welsh. - simplifying the complaint form in <i>Guide for Patients</i>. - continuing to publish four versions of <i>Guide for Patients</i>, adjusted to refer to relevant procedures of the four UK countries. - using the Readers' Panel to ensure that publications for patients and the public are in clear, accessible language. <p>Impact: <i>Guide for Patients</i> and the complaint form will be accessible to more people who do not read English, to people with a learning disability, and to people with other communication disabilities, for example aphasia. This will allow them to be independent, and to protect their confidentiality, because they are not so likely to need others to help them make a complaint.</p>	<p>December 2007</p>	<p>May 2007</p>