



# Promoting excellence –

equality and diversity considerations

Working with doctors Working for patients

General  
Medical  
Council

## Promoting excellence: equality and diversity considerations

### About this guide

This guide aims to support organisations in designing and providing education and training that meets the requirements set out in [Promoting excellence: standards for medical education and training](#).\*

It makes clear our expectations of the equality and diversity considerations that apply to each standard and requirement. It also gives examples of the equality and diversity evidence we expect organisations to provide, to show they are meeting the standards.

### Who is this guide for?

This guide is for people involved in designing and providing local programmes of medical education and training, and for organisations that oversee the quality of local training and education.

This guide will also be used by our staff and associates to make sure equality, diversity and fairness are appropriately embedded by any organisation when conducting quality assurance exercises.

### What is *Promoting excellence*?

*Promoting excellence* sets out the standards which set our requirements for the management and delivery of undergraduate and postgraduate medical education and training. The principles of treating patients, learners, educators, trainers and supervisors fairly underpin [Good medical practice](#) and the standards and requirements set out in *Promoting excellence*.

---

\* *Promoting excellence: standards for medical education and training*, GMC, 2016.

## A framework for meeting the standards and requirements

*Promoting Excellence* has been developed with fairness as a guiding principle. This means that we believe any issue or decision taken by an organisation should consider fairness when making decisions, and should aim to eliminate unfairness through their day-to-day work.

This goes beyond hinging compliance on a small number of directly relevant requirements that support the standards. Instead, we will assess compliance through an equality, diversity and fairness lens.

We'll look for evidence that these factors have been properly considered and have influenced the outcome.

As part of this overarching responsibility, organisations need to demonstrate that they considered equality and diversity issues related to the work they carried out, if it was relevant to do so.

We say that organisations involved in medical education and training:

- should seek to respond appropriately to the equality and diversity and fairness issues that relate to the standards and requirements set out in *Promoting excellence*
- must comply with their legal obligations to treat people fairly, eg by making reasonable adjustments for disabled learners
- should give consideration to any equality and diversity and fairness issues from the outset when developing policies and plans, and throughout their implementation
- should consider the impact of their activities on groups of people who share protected characteristics in their decision making
- should collect and interpret equality and diversity data and use this data to inform their activities and meet our standards, eg when making changes to undergraduate curricula design or delivery
- should take steps to identify any barriers for the progression of learners, and develop plans to address these
- should consult and involve groups of people who share protected characteristics in developing their activities whenever it would be appropriate and relevant to do so.

## **Our separate guide on submitting items for approval**

For royal colleges and faculties – we have [a separate guide on how to meet our equality and diversity expectations when submitting items for approval](#)

## Underpinning principles

### An evidence-based approach

Most of the work we expect organisations to address under the umbrella of equality, diversity and fairness can be followed back to a basic process: making sure the decisions you make are informed by evidence that lets you understand how your work affects different groups of people.

As part of our quality assurance framework, we will require evidence that your governance structures have been designed in such a way that equality, diversity and fairness are given appropriate weighting at the appropriate time. Occasionally, you'll need to share any evidence you have gathered with us, and show how you have made decisions based on this evidence.

We believe it is right for the subject matter experts (usually the organisations who must comply with *Promoting excellence*) to retain flexibility in the design and delivery of their approach to education and training. But we have a responsibility to get assurance that organisations have discharged their duties when developing their curricula.

### Understanding your data

You should review, interpret and analyse data by protected characteristic wherever it is reasonable and proportionate to do so. This will help you to understand if, for example, certain groups of doctors in training who share protected characteristics may be affected by your work.

You should also consider whether it is relevant to analyse data about patient groups that share protected characteristics. This may be appropriate if the work could potentially discriminate against or have a positive impact on patients who share protected characteristics.

Types of evidence that may support your analysis include:

- trainee and patient demographic and diversity data in relation to outcome
- consultations and complaints or feedback
- research.

We are keen to understand your interpretations of what the data indicates, and your assessment of any potential impacts on people who share protected characteristics.

We publish a wide range of data on our website, including progression data for learners by protected characteristics and the issues we've found through our enhanced monitoring

processes. You can find these at [www.gmc-uk.org/educationevidence](http://www.gmc-uk.org/educationevidence) where you'll also find links to our training survey reports, results from thematic reviews and other data.

## **Supporting disabled learners**

You must support disabled learners to participate in education and training. This includes, but is not limited to, making reasonable adjustments.

This means taking reasonable steps to:

- avoid substantial disadvantage where a provision, criterion or practice puts people with a disability at a substantial disadvantage
- avoid substantial disadvantage, where a physical feature puts people with a disability at a substantial disadvantage – this includes removing the physical feature in question, altering it or providing a reasonable means of avoiding it
- provide an auxiliary aid where, without one, a person with a disability would be put at a substantial disadvantage.

But support for disabled learners goes beyond merely complying with the need to make reasonable adjustments. We expect organisations to demonstrate a consistent approach to identifying barriers and to proactively offer support to those who need it to reach their full potential. This avoids an unhelpful focus on the legal minimums of reasonable adjustments, as well as serving as a practical example of how an organisation can place equality, diversity and fairness at the heart of their daily business.

### *Reasonable adjustments and competence standards*

The legal obligation to make reasonable adjustments does not mean lowering the competence standards required of disabled learners. A competence standard is defined by the *Equality Act 2010* as 'an academic, medical or other standard applied for the purpose of determining whether or not a person has a particular level of competence or ability'.

In simple terms, organisations have a responsibility to level the playing field for disabled candidates by making reasonable adjustments to reduce the potential disadvantage they face compared to non-disabled candidates doing the same assessment. This duty to make reasonable adjustments may apply to any aspect of the way the assessment is delivered (any provision, criteria or practice) but does not apply to the application of a competence standard.

This area is complex, and it may be considered that the method of assessing the competence standard also constitutes part of the standard itself. The evidence you have for making this decision will be essential. Competence standards must be reviewed on an ongoing basis.

## Case Studies

We know that many organisations are keen to understand what works well, including examples of case studies and good practice. You can [read examples of good practice on our website](#).

We want to expand the range of examples. So over the coming months, you'll see more examples of good practice, which can help you to learn from the experiences of others. It will also help us better understand how organisations are engaging with our guidance, and to identify future areas of improvement.

## How to meet the requirements of *Promoting excellence*

The following pages show each theme from *Promoting excellence*, followed by what we consider appropriate indicators that an organisation is meeting the standards from that theme. The final column gives examples of the kind of evidence we look for when we make our decisions.

## How to meet the equality and diversity requirements in *Promoting excellence*

	Theme	Equality and diversity indicators	Possible evidence
1	<p><b>Learning environment and culture</b></p> <p><b>S1.1</b> The learning environment is safe for patients and supportive for learners and educators. The culture is caring, compassionate and provides a good standard of care and experience for patients, carers and families.</p> <p><b>S1.2</b> The learning environment and organisational culture value and support education and training so learners are able to demonstrate what is expected in <i>Good medical practice</i> and to achieve the learning outcomes required by their curriculum.</p>	<p>Equality, diversity and fairness are embedded in or form part of the organisational values.</p> <p>The organisation has policies and processes that promote an inclusive culture and learning environment for all stakeholders.</p> <p>The organisation monitors outcomes and trends by protected characteristics for learners and educators in the following areas:</p> <ul style="list-style-type: none"> <li>▪ Access to learning</li> <li>▪ Attainment rates and progression at each stage</li> <li>▪ Tribunals or incidents of bullying, harassment and other forms of discrimination.</li> </ul> <p>The organisation monitors by protected characteristics the perceptions of learners and educators in these areas:</p> <ul style="list-style-type: none"> <li>▪ Their experiences of training</li> <li>▪ The quality of induction and supervision</li> <li>▪ The organisational 'climate'</li> <li>▪ Their awareness of the relevant policies and procedures</li> </ul> <p>The organisation publishes information by protected characteristics on learners and educators, and can show how this intelligence informs its policy development and planning.</p> <p>There are policies and processes in place for</p>	<p>Feedback from a diverse range of key stakeholders.</p> <p>Documentation on policies and procedures, and on codes of conduct.</p> <p>Policies deal with health, psychological concerns and wellbeing.</p> <p>Systems in place to monitor and record information by protected characteristic, eg concerns and complaints.</p> <p>Systems in place to investigate complaints of bullying and discrimination. Examples of how issues have been identified and resolved.</p> <p>Data on outcomes and trends by protected characteristics for learners and educators.</p> <p>Evidence of how the needs of different learners are considered.</p> <p>Evidence of support schemes or initiatives being evaluated.</p>

		<p>escalating concerns. These arrangements are communicated across the organisation, and learners and educators are aware of them.</p> <p>Behaviour guidelines are explicit and applied consistently.</p> <p>The organisation has procedures, policies and practices that treat all learners and educators fairly, and are applied consistently when dealing with appeals, suspensions, fitness to practise and other concerns.</p> <p>There are schemes or initiatives in place to enable all learners to meet the standards.</p> <p>The organisation has a reasonable adjustments policy, and complies with its legal obligations on accessibility.</p> <p>Learners and educators feel confident reporting incidents of bullying and harassment. The organisation can show that any concerns or incidents are effectively addressed.</p> <p>All trainers and supervisors are trained in equality and diversity principles relevant to their role, eg cultural awareness.</p> <p>There are systems in place to provide personalised learning approaches for all learners.</p>	
2	<p><b>Educational governance and leadership</b></p> <p><b>S2.3</b> The educational governance system makes sure education and training is fair and</p>	<p>The organisation has a strategy, supported by action plans, to meet its equality and diversity objectives.</p> <p>Learners and educators are aware of the organisations responsibilities under equality and</p>	<p>Documentation, eg equality and diversity strategy, action plans, notes of board meetings where equality and diversity issues are discussed.</p>

	<p>based on principles of equality and diversity.</p>	<p>human rights legislation.</p> <p>The organisation complies with our guidance on the equality and diversity evidence required when submitting changes for approval.</p> <p>The organisation has established clear accountabilities for its work on equality and diversity (outside of the HR department), and can show that equality and diversity issues are discussed at board level.</p> <p>The organisation monitors the impact of its activities (including policies, processes and systems) by protected characteristics.</p> <p>A diverse range of stakeholders (including patients and the public) are involved in shaping the organisations activities, particularly when services are being redesigned.</p> <p>The organisation has a clear system for raising concerns about education and training internally. It collects data on the learners and educators within these processes by protected characteristic.</p> <p>The organisation can demonstrate that its systems for recruiting, selecting and appointing learners and educators are open, fair and transparent. This includes:</p> <ul style="list-style-type: none"> <li>▪ Competency based job specifications</li> <li>▪ Promoting opportunities internally and externally</li> <li>▪ Equality, diversity and fairness training for anyone involved in recruitment and selection</li> <li>▪ Collecting data on outcomes at each stage of</li> </ul>	<p>Data and systems to monitor impact, progression and outcomes for all stakeholders by protected characteristics. Evidence of actions taken to address any disproportionality.</p> <p>Equality and diversity considerations are documented and provided when submitting changes for approval.</p> <p>Evidence of consultation or engagement with a diverse range of stakeholders in developing or redesigning services.</p> <p>Evaluations and reviews include consideration of whether the frameworks, programmes and placements are being delivered in a way that is fair to all groups. For example:</p> <ul style="list-style-type: none"> <li>▪ are placements fairly divided?</li> <li>▪ do more international medical graduates or female trainees have to travel further for placements?</li> <li>▪ is only one type of assessment being used that creates barriers for disabled trainees?</li> </ul> <p>Recruitment, selection and</p>
--	---	--	--

		<p>a recruitment and selection process</p> <ul style="list-style-type: none"> <li>▪ Giving feedback to unsuccessful candidates.</li> </ul>	<p>appointment policies include non-discrimination statements.</p> <p>Job specs are based on objective criteria.</p> <p>Anyone involved in recruitment or selection receives fairness training.</p> <p>Information about protected characteristics is not attached to the materials that decision-makers review.</p> <p>Evidence that the organisation has identified and acted upon any differentials in outcomes.</p>
3	<p><b>Supporting learners</b></p> <p><b>S3.1</b> Learners receive educational and pastoral support to be able to demonstrate what is expected in <i>Good medical practice</i> and to achieve the learning outcomes required by their curriculum.</p>	<p>The organisation has policies and systems in place to deal with bullying, harassment and other forms of unlawful discrimination, and undermining behaviour.</p> <p>The organisation collects data on incidents of bullying, unlawful discrimination and undermining behaviour.</p> <p>The organisation has systems in place to support disabled learners, including an established process for making reasonable adjustments, and to promote their approach in this regard to disabled learners.</p> <p>Learners receive information and support to enable them to move between different stages of education and training. The needs of disabled learners are considered, particularly when transitioning between different stages.</p>	<p>Documentation on policies and processes.</p> <p>Data on progression, incidents of bullying, harassment etc. Numbers of complaints and grievances made by learners about discriminatory behaviour by staff or other learners.</p> <p>Data about complainants by protected characteristics. Examples of how complaints have been resolved.</p> <p>Feedback from a diverse range of learners, eg around their awareness of the available</p>

		<p>Doctors in training must have access to systems and information to support less than full time training. Doctors in training must have appropriate support in advance of and upon returning to a programme following a career break.</p> <p>All learners receive regular and robust feedback on their performance, development and progression. The organisation collects data on the progression of learners by protected characteristics.</p> <p>Learners who are not able to complete their training should be given career advice.</p>	<p>resources; and their experiences of less-than-full-time working, returning to work after a break.</p> <p>Evidence that health and wellbeing resources are accessible by all learners, eg info about how to get on them is promoted in induction, on the website, and so on.</p> <p>Examples of how disabled learners have been supported, how adjustments have been agreed and actions or plans put in place for those learners, and of how those plans are reviewed.</p> <p>Examples of how disabled learners been supported or monitored through placements, eg communications between medical schools, deaneries and Health Education England review meetings.</p>
4	<p><b>Supporting educators</b></p> <p><b>S4.1</b> Educators are selected, inducted, trained and appraised to reflect their education and training responsibilities.</p> <p><b>S4.2</b> Educators receive the support, resources and time to meet their education and training responsibilities.</p>	<p>The organisation follows guidelines for fair recruitment and selection.</p> <p>All educators receive an appropriate induction to their role, regular appraisals, and access to professional development.</p>	<p>See theme 2 for recruitment and selection guidelines</p> <p>Feedback from educators on the quality of their induction, development, and access to professional development.</p> <p>The organisation collects data on the profile of its educators by protected characteristic, and tracks</p>

			<p>promotion and the take up of development opportunities.</p> <p>Evidence that educators can deal effectively with issues about cultural differences, supporting disabled learners, less than full-time training, allegations of discrimination, and other issues.</p> <p>Evidence of time allowed for educators to receive and utilise support and training.</p>
5	<p><b>Developing and implementing medical school curricula and assessments</b></p> <p><b>S5.1</b> Medical school curricula and assessments are developed and implemented so medical students can achieve the learning outcomes required for graduates.</p> <p><b>S5.2</b> Postgraduate curricula and assessments are implemented so doctors in training can demonstrate what is expected in <i>Good medical practice</i> and to achieve the learning outcomes required by their curriculum.</p>	<p>Medical school curricula provide students with an understanding of how to provide effective treatment to a diverse, 21<sup>st</sup> century population.</p> <p>Assessments are fair, reliable and valid assessments, and based on the required learning outcomes.</p> <p>Assessors are appointed using a fair recruitment and selection process, and receive training relevant to the equality, diversity and fairness issues that arise in their role.</p> <p>Assessors understand their role in making sure assessments are fair, and that the assessments comply with equality legislation.</p> <p>Disabled learners are well supported to meet the standards of competence. The organisation collects data on requests for support, including reasonable adjustments, and the outcomes of those are recorded.</p>	<p>Coverage of needs of diverse groups of people in the curricula, for example, current health inequalities and the needs of diverse patients. Evidence of how learners will be equipped to understand the needs of diverse patient groups if they are not training in an area with diverse patient groups in clinical environments.</p> <p>Evidence of patients and the public with protected characteristics being consulted about and involved with curricula changes.</p> <p>Evidence of how different learners will be able to meet curricula outcomes, eg how international students will be inducted and supported throughout the training;</p>

		<p>The organisation collects, analyses and acts upon equality and diversity data on each stage of the assessment process, and outcomes for learners who share protected characteristics.</p>	<p>how disabled learners are supported.</p> <p>See theme 2 for recruitment and selection guidelines:</p> <ul style="list-style-type: none"><li>▪ training materials</li><li>▪ job specs</li><li>▪ documentation on recruitment and selection policies and processes</li><li>▪ feedback from stakeholders who share protected characteristics</li><li>▪ progression data.</li></ul> <p>Evidence of the steps being taken to identify and act upon any differentials in outcomes from assessments for learners with protected characteristics.</p> <p>Data on complainants and appeals by protected characteristics.</p>
--	--	--	--

## Legal Annex

### Our legal responsibilities

We protect, promote and maintain the health and safety of the public. Our role is to make sure the needs of medical students and doctors in training are met, and to have proper regard to the range of considerations that apply to different groups of medical students and doctors in training. We do this through our standards, which are anchored in our duties under the *Equality Act 2010*, and seek to hold institutions to a standard in line with our responsibilities under the legislation.

### The public sector equality duty

As a designated public authority under the *Equality Act 2010*,\* we have to comply with the three aims of the public sector equality duty. These are:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by the act
- advance equality of opportunity between people who share a relevant protected characteristic and those who do not share it
- foster good relations between people who share a relevant protected characteristic and those who do not share it.

Complying with the equality duty means we must show that we've considered the three public sector equality duty aims when we make decisions. This includes the decisions we make as part of our work to assure the quality of medical education and training.

We expect bodies involved in delivering aspects of our regulatory activities to consider equality, diversity and fairness at every available opportunity – something *Promoting excellence* makes clear. This guide explains how we expect organisations to meet our standards. These standards have been informed by our duties under the *Equality Act 2010*, but this guide is not designed to assist organisations to meet their own specific obligations under the act.

---

\* Although the *Equality Act 2010* does not apply in Northern Ireland, we remain bound by its demands. This means Northern Ireland organisations may find that to meet our standards, we ask them to do more than meet the demands of domestic legislation. However, this does not involve working contrary to the legal position in Northern Ireland.

## Protected characteristics

The *Equality Act 2010* makes it unlawful to discriminate against people because of a protected characteristic. The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion and belief
- sex
- sexual orientation.

The definition of race includes nationality, national origin, ethnic origin and colour.

Place of qualification or primary medical qualification are not listed as protected characteristics under the *Equality Act 2010*. But we believe it is essential to approach these in the same way, because different cohorts of doctors are often associated by nationality and ethnicity.

Equally, as understanding of the issues affecting fairness in medical education and training grows, it may be relevant to include other factors (such as socioeconomic background of your learners) in your considerations of where they may experience unfair barriers to progression.

Email: [gmc@gmc-uk.org](mailto:gmc@gmc-uk.org)  
Website: [www.gmc-uk.org](http://www.gmc-uk.org)  
Telephone: **0161 923 6602**

General Medical Council, 3 Hardman Street, Manchester M3 3AW

Textphone: **please dial the prefix 18001** then  
**0161 923 6602** to use the Text Relay service

## Join the conversation

 [@gmcuk](https://twitter.com/gmcuk)       [facebook.com/gmcuk](https://facebook.com/gmcuk)  
 [linkd.in/gmcuk](https://linkd.in/gmcuk)       [youtube.com/gmcuktv](https://youtube.com/gmcuktv)

This information can be made available in alternative formats or languages. To request an alternative format, please call us on **0161 923 6602** or email us at [publications@gmc-uk.org](mailto:publications@gmc-uk.org).

Published October 2017

© 2017 General Medical Council

The text of this document may be reproduced free of charge in any format or medium providing it is reproduced accurately and not in a misleading context. The material must be acknowledged as GMC copyright and the document title specified.

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

Code: GMC/PEEDC/1017

General  
Medical  
Council