

A photograph of two women sitting at a table during a conference. The woman on the left has dark curly hair and glasses, wearing a black patterned top. The woman on the right has long black braids and is wearing a black top, gesturing with her hand while looking at a laptop. A clear glass water bottle and a glass of water are on the table. The background is blurred, showing other people at the event.

**BMA**

# Ending Sexism in Medicine Pledge: Signatories Event Summary



British Medical Association  
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## Ending Sexism in Medicine Pledge Signatories Event Summary

On Wednesday 7 February 2024, the BMA held an event for organisations who signed the BMA's Ending Sexism in Medicine Pledge. This was the second meeting of signatories, and we covered three themes at the event; women's health, sexual misconduct and career progression.

See Appendix I for a list of organisations that attended the event, and Appendix II for the full agenda.

The event included five speakers Ms Verona Beckles, Dr Hina Shahid, Ms Tamzin Cuming, Dr Olamide Oguntimehin and Dr Phil Banfield. The event was chaired by Dr Emma Runswick, Deputy Chair of BMA Council.

### Ending Sexism in Medicine – Why should an organisation sign up to the BMA's Pledge Ms Verona Beckles, Consultant Trauma and Orthopaedic Surgeon

Ms Verona Beckles shared her experience as a Black woman surgeon and what she would have told her 18-year-old self at the start of her training. Including, that being a women may negatively impact the speed of career progression, the pay you receive and the trust in your clinical ability. She also raised issues about the lack of sexual safety that many women feel at work, difficulties in reporting sexual harassment, and the importance of considering intersectionality (for example with the additional impact of racism).

The majority of pledge signatories are faculties and royal colleges, professional associations and medical schools. Ms Beckles reflected on the reasons why organisations may not currently sign-up to the Pledge, including; that they may have existing EDI strategies, the lack of targets and end dates in the pledge and concern over associating with a trade union in the current climate.



## Women's Health in Medicine: Intersectional Approaches

Dr Hina Shahid, GP and Chair, Muslim Doctors Association

Dr Shahid spoke about the disparities that are experienced by doctors with different protected characteristics and how the cumulative trauma this causes impacts health. Dr Shahid shared data on how workplaces are not supporting women's health at work, including the absence of women's workplace policies and a culture where women felt uncomfortable discussing health issues in the workplace. Dr Shahid covered the impact of a range of women's health conditions, including periods, menstrual health, peri/menopause, pregnancy and women's health cancers.

Dr Shahid discussed solutions to the problems raised. These included developing a compassionate culture that addressed sexism, ageism, ableism and provides psychological safety. Employers investing in facilities and products such as breathable uniforms, engaging in campaigns such as breast cancer awareness week and ensuring that women are asked about the changes they need and are listened to.

## Sexual Misconduct in Medicine

Ms Tamzin Cuming, Consultant Colorectal Surgeon, Co-Lead, Working Party Sexual Misconduct in Surgery (WPSMS)

Ms Cuming's presentation focused on sexual misconduct and the research that has been built up in this area in recent years. This included drawing out some of the key findings from the WPSMS research. Their survey found that sexual misconduct was prevalent in the surgical profession, with 30% of women and 7% of men being sexual assaulted by a colleague. Their research found reporting rates were very low (only 16%) with none of the cases of rape being reported. In summary, they found that men and women in surgery are living different realities.

The research was accompanied by a report with 15 recommendations. This included access to external independent investigations, reform to regulatory guidance to ensure cases of sexual misconduct are taken seriously, improved ongoing data collection and education and training for members of the team.

Ms Cuming reflected that we are just at the start of addressing this issue, and we must ensure we don't lose momentum.



## Paths & Ladders – Addressing the impact of inequality on career progression

### Dr Olamide Oguntimehin, Founder and Chief Executive of Melanin Medics

Dr Olamide Oguntimehin focused on the impact that inequality has on a doctor's career progression. Looking at the way that sexism and other forms of discrimination can play a role in constraining career choices for women and how this can be addressed.

Dr Oguntimehin raised how organisations needed to focus on developing career paths and ladders that enable fair career progression. Creating supportive tools and policies along the natural career pathways, things like access to inclusive work environments, access to social capital (role models, mentors and sponsors) and access to career building opportunities. She mentioned Melanin Medics' Enrichment Programme as an example.

Organisations developing career ladders that allow more people to reach leadership positions. This is often referred to as breaking the glass ceiling. It can be done through structural changes such as normalising flexible working, challenging gender stereotypes and rethinking how development programmes are designed. Dr Oguntimehin emphasised the importance of extending the ladder down to others to build long-lasting fairness. Melanin Medics' Surgin: The Lewin Programme was used as an example of a career ladder.

## Closing Reflections

### Dr Phil Banfield, Chair of Council, British Medical Association

Dr Phil Banfield provided his reflections on the discussions of the day. That it was evident from the discussion of the day that there remain fundamental differences to the career experiences of doctors and medical students based on their gender, and that collective action to address sexism is needed immediately. A key takeaway from the event was to recognise intersectionality in this work going forward.

He reflected on the role of allyship. Men need to be present in these discussions in order to better understand and identify sexism when it takes place. Dr Banfield talked about the role that leaders play in culture change and reaffirmed the BMA's leadership team's commitment to BMA members and staff that this is an issue they take seriously and will invest in making lasting change.



## Breakout Discussions

The meeting split into breakout discussions where each group were asked to discuss questions based on a real-life case study. Outlined below are the actions that came from these discussions.

### *Sexual misconduct and reporting*

Firstly, there was a discussion on changing the culture that enable sexist misconduct to take place.

The suggested actions from the breakout discussions were:

- Implementation of policies and codes of conduct that set out the standards of the organisation or team. These should include the consequences for staff who break these standards
- Leadership teams to speak out on sexism. Leadership being vocal on this subject area have proven to filter down into organisational culture change
- Education and training for all staff on sexism and its impact, it is not effective to just provide this to those with management responsibilities
- Employees should be informed on reporting processes and have trust that they will produce fair outcomes
- Exit interviews, including at the end of rotations and medical students leaving clinical placement
- HR to make effective use of data to identify organisational problems. Review areas of high staff turnover, numbers of complaints and act when patterns arise
- Posters and materials to outline what behaviour is unacceptable
- Anonymous reporting and independent reporting
- Active bystander training.



We also discussed what steps make a successful reporting process, with a particular focus on medical students reporting when on clinical placements. The suggested actions from the breakout group were:

- Strengthening communication between universities and hospitals and other workplaces to allow continuity of processes for a student reporting
- Implementing a policy where all sexual misconduct cases are reported to board level
- Establishing agreement on who is involved in the duty of care of medical students
- Better data collection to measure the experiences of doctors and medical students on clinical placements
- Better information on what constitutes criminal behaviour and what a police process will look like
- Introduction of informal conversations with those who have acted in a sexist way
- Change processes from always starting with an informal discussion. This may not be appropriate in certain incidents
- Consistent support for those reporting, develop a process where the person does not need to consistently retell their story and potentially add to their trauma
- Have a point of contact in each deanery for reporting sexual misconduct
- Ensure that reporting processes are developed in collaboration with groups most likely to be targeted.





## *Career progression opportunities*

The breakout discussions also focused on career progression opportunities. With a discussion on the structure that allows those in educational roles to provide more opportunities to trainees and students based on their gender or any other type of preferential treatment.

There was a discussion on the power imbalance that makes reporting this difficult, with the potential for the person you are complaining about being responsible for progression.

The actions attendees developed to address this were:

- Implementing unconscious bias training for all in educational supervisor roles
- Active-bystander training – aimed at empowering other trainees to call out this behaviour when they see it
- Ensuring opportunities are inclusive of those who work LTFT and/or have caring responsibilities
- Additional support for women returning to work – anticipate this in how training is set out to incorporate this
- Transparency on how training opportunities are allocated – see if it possible for educational supervisors to monitor this
- Encouraging men to take on more caring responsibilities
- Focus on addressing discrimination targeted at pregnant doctors where they currently find opportunities taken away from them based on gender stereotypes that they will no longer be as invested in their careers
- Dedicated leads to monitor training opportunities.

The final discussion was asking about how we can equip those in positions of power with the skills to lead in a fair and inclusive way. From the discussion the actions set out below emerged. Some of the suggested actions that came from the discussions were:

- Training for all with management positions, this shouldn't be generalised training, but specific to the role/environment
- Address systematic and institutional discrimination and this should filter down into individual behaviour
- Reward doctors who are seen to be leading in a fair and inclusive way – promote the practices of good leaders
- Men should be expected to participate in events to address sexism
- Enable environments for safe self-reflection
- Management training and the principles associated with inclusive leadership should be embedded into training at early stages of a doctors' career
- Anyone in the GMC list registered as a trainer should be asked about this at revalidation.

## Appendix I

1. Attendees at the event represented the following organisations:
2. Association of Anaesthetists
3. Bristol Medical School
4. British Association of Physicians of Indian Origin
5. British Islamic Medical Association
6. British Orthopaedic Association
7. British Orthopaedic Trainees Association
8. British Society of Gastroenterology
9. BMA Consultants Committee
10. BMA Council
11. BMA GP Sessionals Committee
12. BMA Medical Academic Staff Committee
13. BMA Northern Ireland Council
14. BMA Patient Liaison Group
15. BMA SAS Committee
16. BMA Scottish Council
17. BMA Welsh Council
18. Department of Health Northern Ireland
19. ENT UK
20. Faculty of Intensive Care Medicine
21. Faculty of Sports and Exercise Medicine
22. George Eliot Hospital NHS Trust
23. Health and Care Women Leaders Network, NHS Confederation
24. Medical Women's Federation
25. Melanin Medics
26. Mile Oak Medical Centre
27. Muslim Doctors Association
28. NHS Tayside
29. Northern Care Alliance NHS Foundation Trust
30. Plymouth University, Peninsula Medical School
31. Queen's University Belfast, School of Medicine, Dentistry and Biomedical Sciences
32. Royal College of Emergency Medicine
33. Royal College of Obstetrics and Gynaecology
34. Royal College of Paediatrics and Child Health
35. Royal College of Physicians
36. Royal College of Psychiatrists
37. Royal College of Radiologists
38. Royal College of Surgeons England
39. University Hospitals of Leicester
40. University of Buckingham Medical School
41. University of Exeter, Faculty of Health and Life Sciences
42. University of Manchester Medical School
43. University of Sunderland Medical School
44. West Hertfordshire NHS Trust
45. Western Health and Social Care Trust
46. Women in Surgery Forum, Royal College of Surgeons

# Appendix II

## Agenda

9.30am	<b>Registration and refreshments</b>
10am	<b>Welcome and introduction</b> Dr Emma Runswick, BMA deputy chair of council
10.20am	<b>Ending Sexism in Medicine – why we signed up to the pledge</b> Ms Verona Beckles, Havering and Redbridge NHS Trust
10.30am	<b>Impact of sexism on women’s health</b> Dr Hina Shahid, Muslim Doctors Association
10.40am	<b>Questions and answers</b>
10.50am	<b>Sexism misconduct in the medical profession</b> Ms Tamzin Cuming, Women in Surgery Forum chair
11.00am	<b>Questions and answers</b>
11.05am	<b>Breakout discussions</b>
11.30am	<b>Break</b>
11.40am	<b>Impact of inequality on career progression</b> Dr Olamide Oguntimehin, Melanin Medics CEO and founder
11.50am	<b>Questions and answers</b>
11.55am	<b>Breakout discussions</b>
12.20pm	<b>Closing remarks</b>
12.30pm	<b>Event closes</b>
12.30pm	<b>Networking</b> (for in person attendees)

**BMA**

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