

Publication of report into sexism and sexual harassment at the BMA

In April this year the BMA commissioned a fully [independent review](#) into concerns raised by BMA members who had been subject to sexist behaviour and sexual harassment. The review was led by Daphne Romney QC who was also asked to make recommendations to address gender bias and harassment in the BMA drawing on examples of best practice.

The BMA has today published the findings and recommendations of the review on the [BMA website](#) alongside a message to members from Chaand Nagpaul, BMA Council Chair in which he offers his “heartfelt and unreserved apologies to all of those who have been affected by these behaviours.”

In her findings published today Daphne Romney notes that some women “feel they are undervalued, ignored, and patronised because they are women. This applies to both doctors and members of staff. This is because of an ‘old boy’s club’ culture for some that lingers on without proper challenge, which treats women as of less importance and ability.” She also hopes that: “this Report will focus attention within the BMA on the damaging elements of its discriminatory culture, including the (limited) instances of sexual harassment.”

She adds women remain underrepresented on BMA committees and that “there is also a culture of intolerance of other views” seen on some committees and listservers.

She does however add that:

“the majority of men in the BMA are not sexist or sexual harassers, and every committee is not riddled with discrimination. There are hundreds of BMA committees, most of which carry out their work perfectly properly. Notably the smaller committees tend to work much better, because people know each other and show more respect for each other’s views. The larger Branch of Practice Committees tend to be the ones with the problems.”

Alongside the findings, Daphne Romney has made several recommendations relating to BMA committees that will be considered by BMA Council and by the recently announced BMA-wide governance review. These recommendations include:

- Every committee member in the BMA must undergo training in diversity, equality, anti-bullying, active-bystander and collegiate working through bespoke courses specifically developed for the BMA sourced through an appropriate provider.
- There should also be further mandatory training for Committee Chairs as early as possible into their tenure. This bespoke training should develop their skills in managing meetings, including and encouraging all members to participate, identifying and dealing with bad behaviour, and understanding the basic principles of fairness and equality in making appointments on that committee.
- Members of committees (including the Chair and members of the Executive) should be subject to periodic feedback (on an anonymous basis) from fellow committee members and staff about their behaviours, along the lines of a 360 appraisal.
- There should be careful monitoring of appointment practices, ensuring that rather than the tap on the shoulder for a committee role, for projects and so on, everyone is given a chance to apply and objective criteria are drawn up for the role.
- Meetings should not place without everyone eligible to be there being invited and notified of the meeting, not afterwards.

- It would be good for women across the organisation to get together in a BMA Women's group to support and to mentor each other – this should also include staff from each Directorate and it should consider whether it should join the European Women's Lobby.
- Committees should emulate Council and introduce quotas or minimum numbers of women in order to better reflect the percentages of men and women in each branch of practice. Each committee should set those quotas after consultation with the Organisation Committee.
- Women have to be encouraged to stand; often when they do, as a GPC Survey showed, they are elected. I recommend that there should be at least two committee seats for those who have not previously been elected, (male or female) on Branch of Practice Committees, in order to allow them to understand how to consolidate a position after their term is up, and to make a name for themselves. Mentoring should be made available as required. There should be more events for talent spotting where newcomers can be told about the committee's work; there should also be a scheme where people can shadow or observe an existing member of the committee to familiarise himself or herself with the way that it works. This practice has been operated in large companies to get a better gender balance, with women who often work in different departments, and who do not know anyone doing that work, can learn about it before applying to become involved. I recommend that the measures suggested in the GPC UK Gender Task Report should be adopted, and in the case of other committees, adapted.
- Thought should be given to holding meetings around tables rather than in the Council chamber, so that people talk to each other and not at each other; confidence should also be built by more break-out groups.
- Chairs should be encouraged to call more women, and to emulate the example of GPC and JDC in trying to call a woman to speak first so as to encourage more women to speak.
- Members of committees should be prevented from standing for re-election for that committee after twelve years, unless they hold an executive position. The purpose of this is to allow new members onto the committee. Members may seek re-election to that committee after three years, unless they hold a time limited executive position. Transitional arrangements should be agreed for existing members.

The BMA has already begun to make some of the changes suggested by Daphne Romney including the release of the [Equality Matters](#) programme of work designed to promote equality for our members and all doctors working in the health service. This includes new bespoke training modules for members aimed at raising awareness of why equality and inclusivity matter.

Changes have also been made to the way in which members can safely and effectively raise concerns including the introduction of a new 24-hour support line so members can speak to someone in confidence and an independent complaints investigation process carried out by an external firm so that members and staff alike can be assured of impartiality. We will also be, in addition to Daphne Romney's recommendations, introducing an external Guardian of Safe Working and internal Staff Listening Champions.

If you have experienced sexism or poor behaviour you can speak to someone in confidence by contacting the BMA's 24-hour code of conduct support line on 033 3212 3618