

Advancing Workforce Race Equality and Inclusive Working Environments

Case Study: Putting ED&I aspirations into practice (GMC)

THE EVIDENCE BASE: WHY REGULATORY ED&I ASPIRATIONS MATTER

The GMC's equality, diversity and inclusion (ED&I) aspirations are grounded in longstanding evidence that **systems and organisational practices can unintentionally produce unequal experiences and outcomes.**



GMC analysis and external reviews have consistently shown that **differences in experiences and outcomes are complex**, and emerge from interactions between professional context, system design, and the variable support for individuals from marginalised groups.

This evidence reframes ED&I from a compliance or representation issue to a **core regulatory effectiveness issue**: if regulatory systems are not experienced as fair, accessible and proportionate, this undermines trust, learning, engagement and ultimately patient safety.

The GMC recognised it has clear **levers for change** that it can use to shift outcomes across the system and within its regulatory processes over time. These levers reflect both its role as a regulator (setting expectations, assuring fairness, and using insight to drive improvement) and as an employer (modelling inclusive practice and accountability).

- **Data, transparency and accountability:** measuring disproportionality, publishing progress against targets, and using insight to identify where variation sits and what interventions are working.
- **Influence and convening power:** working with system partners (designated bodies, educators, employers and other regulators) to align action, share learning, and support consistent implementation of good practice.
- **Regulatory process design and decision-making:** reviewing and improving end-to-end processes to reduce avoidable bias, increase consistency, and make experiences more transparent and proportionate.

- **Engagement and lived experience:** listening to doctors and learners – especially those disproportionately affected – to test assumptions, understand barriers, and co-produce improvements.
- **GMC as an employer:** strengthening recruitment, retention, progression and inclusive culture within the GMC to model the behaviours and accountability it expects across the wider system.


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HOW THE GMC ESTABLISHED ITS ED&I TARGETS AND MEASURES

In response to evidence that longstanding inequalities exist in regulatory pathways, the GMC translated its ED&I aspirations into a defined set of priority outcomes. These were supported by programmes of work aiming to achieve specific, measurable indicators that were reported annually.

These priority areas reflect where the GMC has either direct regulatory control or significant influence. They include:

- disproportionality in referrals to the GMC from employers
- inclusivity & preparedness alongside differential attainment and progression in medical education and training
- strength of fairness assurance and anti-bias measures in regulatory decision-making
- representation and experience within the GMC as an organisation

Measures were selected using three criteria set out in the ED&I annual reports:

- **materiality:** whether differential outcomes are large enough to undermine fairness or trust
- **actionability:** whether regulatory levers could reasonably influence the measure
- **interpretability:** whether trends could be explained and scrutinised over time

This resulted in a deliberately **small number of headline targets**, supported by wider contextual data. The intention was to prioritise sustained attention and learning over short-term performance measures.

CHANGES THE GMC IS OBSERVING

Across [four published ED&I annual reports](#), the GMC has taken a **longitudinal approach to assessing progress**, focusing on sustained trends in headline measures rather than year-on-year volatility. In reporting progress, the GMC was cautious about drawing firm conclusions in the early stages.

This reflects both the scale of the inequalities involved and the time lag between regulatory intervention and measurable outcome change. Setting aspirations with defined measures is intended to support learning and scrutiny over time, recognising the complexity of factors that influence change.

After three years, reported progress against the measures includes:

- consistent improvements on fairer employer referral indicators and forecasts – suggesting this could continue towards a point where there is no significant disproportionality in referral
- early signs that organisational action is narrowing the attainment gap in specialty training: measures across core and higher specialty training (inclusive environment, annual review of competence progression and exams) have moved in a positive direction. Improvement is more pronounced for international medical graduates (IMGs) than for UK Black and ethnic minority specialty trainees, which may reflect initiatives such as enhanced inductions and exam preparation targeted to this group
- challenges that will need to be addressed to achieve the ambition, including upfront costs associated with pilot initiatives and the practical constraints of scaling up in a resource pressured system (for example, educator time across postgraduate deaneries, employers, and medical royal colleges and faculties)
- limited improvement in measures for earlier stages of training, which is identified as an increased focus for 2024–2025; forthcoming data on medical school assessments and, in future, the Medical Licensing Assessment (MLA) will provide further insight into inequality in the early years of medical education
- progress on some of the GMC's own inclusive employer measures, with the overall workforce target being ahead of schedule, while progress in other areas remains challenging

Taken together, four years of reporting demonstrate a shift from establishing whether inequities exist to understanding how, where and why they persist. The GMC increasingly uses its measures to prioritise enquiry, focus regulatory attention, and support proportionate intervention, rather than to present simple success or failure narratives.

The reports are explicit that progress is uneven across domains, slower in areas dependent on employer level change, and vulnerable to external pressures on the system. This transparency is presented as a strength of the approach, reinforcing credibility with stakeholders and maintaining focus on long-term regulatory responsibility.

