

**Update on implementation  
of Romney report into sexism  
and sexual harassment  
at the BMA**



**Dr Alex Freeman**

Chair, CIIG

## Introduction

As chair of the Culture Inclusion Implementation Group, I am pleased to introduce the following update on progress made in the implementation of [Daphne Romney KC's 2019 investigation](#) into sexism and sexual harassment at the BMA. Some 82 individuals gave evidence to the investigation, on what they had experienced and observed, women and men, both BMA members and staff.

Before last year's ARM, the association published findings from an internal audit on the implementation of the 31 recommendations. This report showed that although progress has been made, there was still much more to be done. Since then, we have reflected and regrouped with renewed focus on enacting real change across the association.

The Culture and Inclusion Oversight Group has evolved as has our view of these recommendations. The reformed Culture Inclusion Implementation Group, consisting of nominated elected members and relevant staff working in collaboration, continues to focus on implementing and embedding all agreed Romney recommendations.

Since the group's first meeting in November 2022, we have focused our attention on the more difficult recommendations to tackle. We are also ensuring the areas where most progress has been made are embedded and monitored to make sure they are having the intended effect.

Whilst we have seen significant progress, particularly in relation to training access and support offering, we still have a way to go, looking at how our structure and processes can be developed for a better and more inclusive future BMA.

We are determined to keep pushing forward. Many of the issues raised in the report are challenging in subject matter and implementation and we require support from all corners of our membership to ensure our work enables real change. Culture change is all of our responsibility, regardless of whether you are a BMA member or part of the staff at the BMA. Poor behaviours have no place in our BMA.

The world is a much different place since the publication of Daphne Romney KC's 2019 report. But our dedication to the improvement of culture and inclusion remains strong and I look forward to continuing to lead this work for you.

**Dr Alex Freeman**

Chair, CIIG

## 1. Formation of the Culture Inclusion Implementation group (CIIG)

In 2021, the BMA instructed independent internal auditors Crowe to commence a review of progress in implementing Romney's recommendations into allegations of sexism. Crowe found that although considerable work had been done to deliver and implement the recommendations in the original report, progress on other aspects relating to the committee structures had been slower. Acknowledging that this was due to the complexity of the changes that needed to be worked through, whilst also facing the considerable impact of the Covid pandemic.

As recommended by Crowe, In September 2022, Council agreed to reconstitute the Culture and Inclusion Oversight Group and rename the group to Culture Inclusion and Implementation Group (CIIG). The aim being to improve effectiveness and ensure that the association will deliver on its commitment to improve the culture of the BMA as recommended by the Romney report and more broadly. These included:

- clearly defining the role of the group
- revising the membership following UK Council elections
- agreeing measures for recommendations that can be reported against (note that some of the recommendations were statements and therefore, difficult to set a measure against)
- holding meetings quarterly to ensure accountability for the implementation of actions with improved reporting

Chaired by board member Alex Freeman, CIIG is made up of mainly women and now consists of nominated elected members and relevant staff representing a wide range of key stakeholders:

Elected members include:

- Four members of UK council
- Organisation Committee representative
- Network of Elected Women representative
- Disabilities, Long-term conditions, and Neurodiversity Network representative
- Forum for Racial and Ethnic Equality
- One separate representative from each of the devolved nations

Staff members include:

- Co-CEOs
- Director of EDI
- Head of Equality, Inclusion and Culture
- Director of Policy and Comms
- Director of HR
- Co-chairs of BMA staff Women's Network
- Representatives from GMB
- Branch of practice committee staff

The group's remit is to ensure that the Romney recommendations are effectively implemented by developing proposals to be considered by the Organisation Committee and/or Council where appropriate. The group also assesses the progress with implementation of all the recommendations with insight provided by key stakeholders to ensure that outcomes are evaluated and measured as recommendations are implemented. To date, the group has met three times and has made significant progress.

## 2. Progress on implementation of the Recommendations

Crowe's audit included a detailed analysis of progress made in implementing each of Romney's recommendations. It made various suggestions including improving reporting on progress; making CIIG group meetings quarterly; and improved tracking of member and staff uptake of training.

The audit and its findings have been the basis of the work being conducted by CIIG. Meetings now take place quarterly and include relevant staff and elected members who ensure better consideration of protected characteristics and intersectionality. The CIIG chair is focused on measuring outcomes and reports to council at each meeting on progress. Training for members and staff has also been a priority of the group who receive regular updates from the BMA's HR and equality, diversity, and inclusion team.

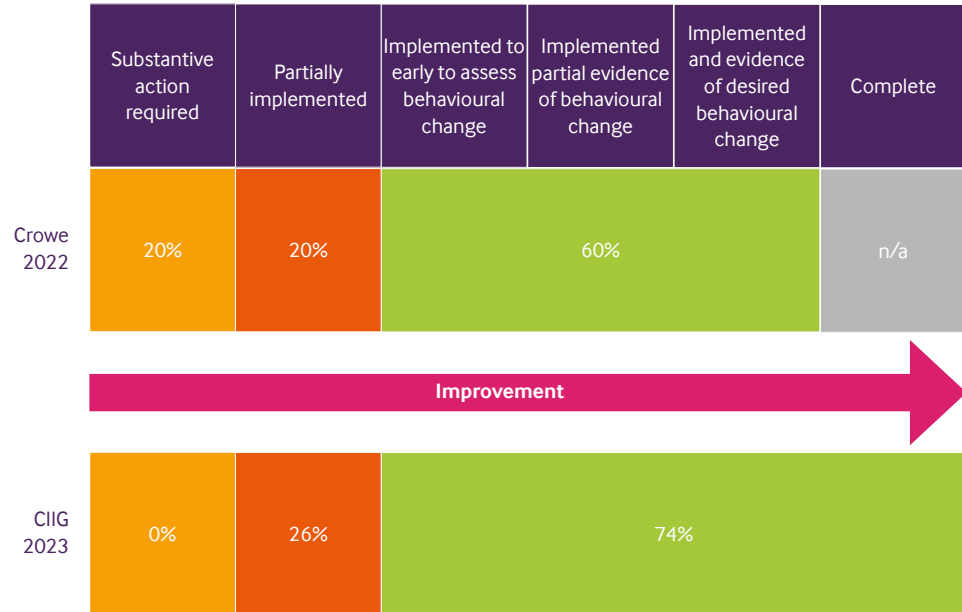
Summary Assessment – Crowe audit, March 2022						
Area of Romney report	Implemented and evidence of change	Implemented – partial evidence of change	Implemented – too early to assess behavioural change	Partially implemented	Substantive action required	No clear deliverable action identified
Culture		1	2	1		
Calling Out		2		1		
Committees			3	1	4	2
Listservers				1		
Resolution Process	1	2	1			
<b>Total</b>	<b>1</b>	<b>5</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>2</b>

2.1 the original Crowe status shown in their audit of Romney recommendations. The summation of the above recommendations does not total 31 due to a number of actions being addressed through associated recommendations/actions or the omission of a clear deliverable/impact measure. Their inclusion would therefore, duplicate the number of actions.<sup>9</sup>

CIIG were guided by the findings of Crowe to identify the recommendations which were more challenging to implement as well as some easier activities to improve progress. The monitoring and measurement of recommendations has allowed CIIG to develop an updated status of recommendations shown below:

Summary Assessment – CIIG, June 2023							
Area of Romney report	Implemented and evidence of change	Implemented – partial evidence of change	Implemented – too early to assess behavioural change	Partially implemented	Substantive action required	No clear deliverable action identified	Complete
Culture		3		1			
Calling Out		2					1
Committees	1	2	1	4		2	
Listservers		1					
Resolution Process	1					1	2
<b>Total</b>	<b>2</b>	<b>8</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>3</b>	<b>3</b>

2.2 CIIG most recent assessment of recommendation progress. A section for completed recommendations has been added for recommendations which have been completed that require no further monitoring. For example, recommendation 29 which specified the production of a booklet.



2.3: The percentage change in status of actionable recommendations since the 2022 Crowe report.

As of June 2023, CIIG has determined that 74% of actionable recommendations have been completed, 26% partially implemented and none with substantive action required. This is a significant improvement from Crowe's 2022 analysis which found that 60% of the recommendations had been implemented, 20% partially implemented and 20% outstanding.

Overall, the shift in status of recommendations shows that significant progress has been made since CIIGs first meeting in November 2022. More information on this can be found in the full recommendation status in the appendices of this report.

### 3. Committee structures

Of the full list of 31 recommendations, 4 stood out as particular areas that need addressing. The complex nature of these recommendations and their impact on committee structures have made them particularly challenging, however progress has been made and we are significantly closer to implementation.

#### **Recommendation 17 Quotas**

*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.*

#### **Recommendation 21 Term limits**

*Members of committees should be prevented from standing for re-election for that committee after twelve years, unless they hold an executive position.*

#### **Recommendation 22 Multi-committee membership**

*BMA Members (other than Chief Officers and others on committees in an ex officio or co-opted position) should be restricted in the number of committees they can sit on, in order to encourage new membership of those committees.*

#### **Recommendation 23 Multi-member constituency**

*Consideration should be given to multi-member constituencies for Regional Seats to allow new people to stand for election alongside the existing holders of those seats.*

Standardised standing orders, which were developed by and are overseen by the organisation committee, have now been adopted by the majority of BMA committees and are in progress in any remaining committees. They provide a framework for introducing a consistent and systematic approach to implementing the recommendations related to committee structures.

CIIG have agreed in principle that Quotas should be introduced but are cautious of the potential consequences this may have. Options are in the process of being assessed and any proposals will be widely consulted on.

The multi-member constituencies issue applies principally to GPC UK and GPC England who are in the process of reviewing their constitutions, whilst details of proposals related to introducing term limits and multi-committee membership can be found in the appendices of this report.

## 4. Culture Inclusion Survey – Monitoring change

One of the priorities of the work of CIIG is to ensure that recommendations are effectively monitored and one of the most effective ways of doing this is by surveying the elected membership.

The Culture Inclusion survey went live in mid-May 2023 with the questions split into 3 sections based on the recommendations being implemented:

1. Member support
2. Contributing and calling out
3. Behaviour

All responses were fully confidential with participants asked to rate to what extent they agreed with a statement with a free text box at the end of each section providing the opportunity to make comments. A full summary of the rated question responses can be found in the report appendices.

### 4.1 Data monitoring

Out of 352 participants, the breakdown of gender, ethnicity and age were as follows:

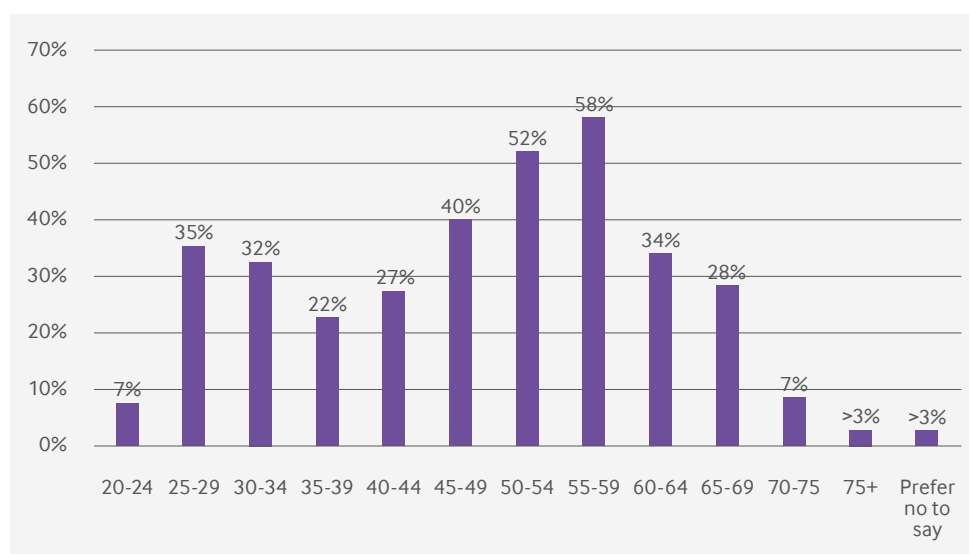
#### 4.1.1 Gender identity

Gender identity	Proportion of responses
As a man	56.4%
As a woman	39.0%
As non-binary	>3%
In another way	>3%
Prefer not to say	2.8%
Prefer to self-describe	>3%

#### 4.1.2 Ethnicity

Ethnicity	Proportion of responses
White	63.2%
Black, Asian and minority ethnic	30.2%
Prefer not to say	4.6%
Other ethnic group	>3%

### 4.1.3 Participant age



### 4.2 Question analysis

All survey results are being fully reviewed and action plans produced. In the meantime, initial findings provide insight into the upcoming work of CIIG. Starting with the questions ranked by most agreement and most disagreement.

	Top 5 questions with positive response	% Strongly and somewhat agree
1	Q20: I would recommend getting involved with the BMA to other doctor and medical student colleagues	85.5%
2	Q19: I feel able to contribute, knowing that my points of view will be valued, and differences of opinion will be respected	76.2%
3	Q27: I have confidence that my Chair and officer team will intervene when they witness inappropriate behaviour	72.7%
4	Q21: I am comfortable joining in discussions on listservers	69.3%
5	Q26: The BMA takes a zero-tolerance approach against any kind of bullying, harassment, and discrimination	64.7%

The above questions were found to have the most positive response. Although these responses indicate that there are areas which have seen progress, there is still room for improvement. When the survey is repeated in 2024, the aim will be to ensure that more questions have higher positive response rates.

	Questions	% Strongly and somewhat disagree
1	Q29: I know how to refer inappropriate listserver posts to the external, independent listserver assessors	41.5%
2	Q13: I understand how to use the BMA speak up guardian service	36.4%
3	Q14: I am aware of the committee mentoring programme.	33%
4	Q17: I believe that the BMA provides appropriate support for under-represented groups*	19.6%
5	Q26: The BMA takes a zero-tolerance approach against any kind of bullying, harassment, and discrimination	17%



The response to these questions highlights the priority areas where CIIG needs to focus. Questions 29, 13 and 14 are about support the BMA provides to elected members. From the recommendation analysis, it is clear that much work has been completed in creating products and services to support members. However, these results show that many do not necessarily know how to access them. CIIG will consider ways of ensuring such information is regularly promoted to committee members and easily found on the BMA website.

### 4.3 Survey comments

The comments provided during the survey provide insight into key concerns of elected membership. Whilst some complex issues were discussed, there were some themes which were generally repeated

#### 4.3.1 Training

Although there is plenty of training available, some find it difficult to allocate time to complete it all. They are not always aware of all courses available and not sure where to find out. CIIG are aware of this and are monitoring uptake of training as well as considering ways to improve the promotion and ensure it is easily accessible.

#### 4.3.2 Listservers

Concerns have been raised on whether listservers are fit for purpose. Many feel that their contributions are easily ignored and can find it difficult to contribute. This resonates with conversations already had at CIIG and comments from the survey will be used to explore potential alternatives to encourage more participation, ensure everyone is able to contribute and allow for diverse voices and opinions to be heard respectfully.

#### 4.3.3 Poor behaviour

Behaviour has been a key focus of CIIG and concerns have been reflected in some of the comments on the survey which also suggests more needs to be done by chairs and those in leadership positions when instances of poor behaviour occur. This is a key priority of CIIG and more work will be done in tackling these issues and ensuring instances of bad behaviour are dealt with quickly and effectively.

### 4.4 Next steps

All comments made on the survey are being reviewed and concerns raised with relevant departments. CIIG is committed to using all of the information provided in the survey to inform next steps and make positive action. A more detailed report on survey findings will be shared with council when ready.

## 5. Conclusion

The Culture Inclusion and Implementation group's focus is not merely on completing recommendations, it is about embedding and ensuring real change across the association. As well as improving opportunities for women and championing a diverse and inclusive culture for the benefit of all BMA members.

For further questions about the work of the Culture Inclusion Implementation group please contact Aoife Scott, programme manager at [ascott@bma.org.uk](mailto:ascott@bma.org.uk).

## 6. Appendices

1. Romney recommendation latest updates
2. Culture inclusion survey summary paper
3. Term limits and multi-committee membership consultation paper

## Appendix 1 – Romney recommendation latest updates

### 1 Introduction

The following report has been created to update Council and ARM on the current status of the 31 Romney recommendations.

### 2 Recommendation progress

The following status key was developed by CROWE in reviewing the status of recommendations in March 2022. For ARM 2023, CIIG has added an extra option for Completed recommendations

#### 2.1 Status key:

	Status	Definition
1	<b>Implemented and evidence of desired behavioural change</b>	The action has been fully implemented, with evidence to demonstrate the action has been embedded and target objectives/outcomes are being achieved.
2	<b>Implemented – partial evidence of behavioural change</b>	The action has been fully implemented and partially embedded. There is evidence of behavioural/cultural change and reasonable progress on embedding and evidence of clear plan and intent for full embedding.
3	<b>Implemented – too early to assess behavioural change</b>	The action has been fully implemented. No evidence of satisfactory and reasonable embedding or no clear plan and intent for full embedding.
4	<b>Partially implemented</b>	The action has been partially implemented. Proposals have been established and a clear project plan has been developed through to full implementation.
5	<b>Substantive action required</b>	Substantive action is required to address the action. Timeframes for the action to be addressed may be unclear and/or absence of clear plan for implementation.
6	<b>Completed</b>	This item has been completed a clear measurable outcome which does not need further monitoring
7	<b>No clear deliverable action</b>	A clear action is required to be established so that progress against the recommendation can be monitored.

## 2.1 Culture

	Recommendations at a glance	CROWE status Mar 22	CIIG status Apr 23		Measures
1	Every member of the BMA must take responsibility for their behaviour [...]	2	2	CIIG acknowledges that whilst positive action has been made, including the introduction of the speak up guardian service, there are significant steps needed to improve behaviour. It has also become apparent that more focus is needed on relations between members and staff.  The current formal resolution procedures are robust and should be respected. Whilst this process is certainly needed, CIIG would also recommend where possible the promotion of informal resolution processes. In doing so it is hoped that poor behaviour can be addressed quickly, avoiding escalation.  CIIG suggests the agreement on a zero-tolerance statement on bad behaviour and a review of procedures for repeat offenders.  They would also encourage those elected members in leadership positions to take more responsibility in calling out bad behaviour when it happens.	Feedback on Speak up service (satisfaction)
2	Members of the BMA should realise that the old hierarchical systems in medicine do not apply in the BMA. [...]	3	2		Annual committee member survey to understand members experience to be able to assess extent of culture change and impact of introducing speak up guardian.
3	Respect should also be shown by all genders towards all genders and to their own. [...]	3	2		No of complaints successfully resolved through mediation as a % where individuals acknowledge adjustment of behaviours required.
4	Staff are part of the team, and they should be treated with respect. [...]	3	2		Behaviour charter embedded/ % of those signed up.
5	Shouting is never acceptable in the workplace.	3	2		
6	The BMA should consider implementation of best practice for ensuring diversity and gender balance from other organisations, [...]	4	4	CIIG recognises more needs to be done. An agreement on quotas would address this issue though appreciate this is difficult to implement as there are various legal issues which impact this.  Modelling on introducing quotas has been undertaken and is being worked through so that recommendations can be made for implementation.	
7	Everyone in the BMA should call out bad behaviour when they see it, whether it is harassment, sexual harassment, discrimination or bullying. Particular onus on the Chief Officers, Chairs and Officers of Committees, and Senior Management to do this. [...]	3	2	CIIG encourages all those in leadership positions need to be responsible for calling out bad behaviour when they see it.  Colleagues and staff must be treated with respect – the principal duty should fall on the individual not to behave badly. There is currently a robust resolution process in place, details of which can be found <a href="#">here</a> .	

## 2.2 Calling out

	Recommendation	CROWE status	Status 2023	CIIG activity	Measures
8	Staff must be protected from these (bad) behaviours and should be empowered to call it out. [...]	2	2	The BMA continues to provide a good level of wellbeing support to staff, including the provision of active bystander training. CIIG encourages all support provided to be regularly promoted and updated as necessary.	Monitor the uptake and feedback of active bystander training.
9	Staff should be trained to be able to have difficult conversations with doctors and with other members of staff. [...]	2	2	CIIG recognises that staff still have difficult conversations which can result in poor behaviour. Staff should be supported and empowered through training and line management.	Staff survey results.
10	HR policies should be reviewed, including the staff investigation process. [...]	4	3	It has been agreed that this will be taken forward by the GMB/BMA Policy Review Working Group.	Updates from GMB representatives at CIIG meetings

## 2.3 Committees

	Recommendation	CROWE status	Status 2023	CIIG activity	Measures
11	Every committee member in the BMA must undergo training in diversity, equality, anti-bullying, active-bystander and collegiate working [...]	3	2	The corporate and member development team have implemented modules for the entire BMA membership alongside active-bystander training and bespoke training for chairs.	Continue monitoring of uptake and feedback from all training.
12	There should also be further mandatory training for Committee Chairs as early as possible into their tenure. [...]	3	2	With the recent introduction of the new CRM system, we will be able to better monitor member uptake and attendance.  It will also enable follow-up and the gathering of proper feedback on training to assess whether attendees are meeting the intended aims of the sessions.	
13	Members of committees (including the Chair and members of the Executive) should be subject to periodic feedback [...]	4	3	CIIG recognise the need for a feedback process but concerned that 360 would be too intensive and off putting to elected membership. Recommend considering less formal feedback structures which happen more regularly but less intensive.  Piloting of a post meeting feedback form is underway and results to date are positive.	A feedback mechanism which is suitable for all meetings.  Seek to see a good response rate once implemented.
14	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.	3	2	Appointments Oversight Subcommittee has recently reviewed its Terms of Reference and process to ensure appointment and election processes are transparent and widely advertised.  Election communications have also been reviewed to encourage more people to stand. This includes the following excerpt:  <i>'The BMA is committed to ensuring our committees are diverse and representative. We encourage nominations from members who are underrepresented on our elected structures, including women, members from an ethnic minority background, LGBTQ+ members, and members who are disabled, neurodivergent or have a long-term condition.'</i>	Reporting of nominations and elections results.  Reporting of outcomes of appointments.

15	Meetings should not take place without everyone eligible to be there being invited and notified of the meeting, not afterwards.		Complete	Completed – this is standard practice of meeting management	This has been implemented. No measure/further action required.
16	It would be good for women across the organisation to get together in a BMA Women's group [...]	3	1	Since the publication of the report, a number of staff and elected member groups have been created, including: – BMA national FREE (forum for racial and ethnic equality) – Network of Elected Women – BMA DLN network  Whilst the implementation of networks for staff and members has seen positive progress, CIIG are keen to assess opportunities for these networks to join activity. It is hoped that doing so will help improve member/staff relations.	No measure/further action required.
17	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. [...]	5	4	CIIG have agreed that the use of Quotas would be beneficial to improve representation in committees. They do however acknowledge that implementing this will be challenging and needs careful consideration.  Modelling on introducing quotas has been undertaken and is being worked through so that recommendations can be made for implementation.	No of committees who have introduced constraints.  Committee monitoring data/medical workforce data.
18	At least two committee seats are reserved for those who have not previously been elected, (male or female) on Branch of Practice Committees. Mentoring should be made available as required. [...]	3	2	Consideration was given to introducing protected seats for new members more broadly, but it was agreed by the previous representative structures group that this would not be taken forward and that there would be a focus on renewing the visitors scheme and supporting new committee members.  In the current 2022/23 session, visitors scheme numbers are as follows: – 15 applicants – 15 successful (100%) – 60% women	Number of applications to participate as in the mentoring programme/visitors scheme.
19	Thought should be given to holding meetings around tables rather than in the Council chamber.		Complete	This happens whenever practical.	No measure needed
20	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.	3	2	There is a guidance and training available for chairs which includes information on positive action for calling particular groups first. CIIG encourages chairs to receive frequent reminders of this guidance.	Annual elected member survey data
21	Members of committees should be prevented from standing for re-election for that committee after twelve years [...]	5	4	CIIG have developed a paper on both recommendations which will be consulted on with committees, with the aim of implementing recommendations for the 2023-24 session.	Nomination/election data.  Committee diversity monitoring data.
22	BMA Members (other than Chief Officers and others on committees in an ex officio or co-opted position) should be restricted in the number of committees they can sit on.	5	4		

23	Consideration should be given to multi-member constituencies for Regional Seats to allow new people to stand for election alongside the existing holders of those seats.	5	1	The majority of committees already operate multi-member constituencies (subject to size, representative nature etc.), including at ARM. CIIG has determined that for the majority of committees no action is required.	Dependent on result of GPC review
			4	This appears to be an issue relating to GPC UK and GPC England (as below)  GPC UK and GPC England are currently reviewing their constitution.	

## 2.4 Listservers

	Recommendation	CROWE status	Status 2023	CIIG activity	Measures
24	All committee listservers should be effectively monitored by assessors with a speedy determination of complaints by both doctors and staff.	4	2	<p>CIIG agrees that listservers have robust monitoring procedures in place.</p> <p>Whilst it is acknowledged that listservers are a straightforward solution for member communications. CIIG have a couple of concerns.</p> <ol style="list-style-type: none"> <li>1. Many members are overwhelmed by the volume of messages received meaning they can miss key information.</li> <li>2. The structure of messages mean that many find it difficult to contribute. For example, where topics quickly change.</li> </ol> <p>CIIG suggests alternative options should be seriously considered, such as using Teams channels, though acknowledges that this is difficult as not all members have BMA accounts.</p> <p>CIIG surprised by low numbers of complaints and interventions and feel experience shows there are more instances requiring intervention.</p>	<p>Tally whether the trigger of a profanity being blocked to the interventions required.</p> <p>Number of suspensions made as a result listserver warning.</p>

## 2.5 Resolution process

	Recommendation	CROWE status	Status 2023	CIIG activity	Measures
25	Following the implementation of the new external processes for complaints, the administration of the Resolution Process should be moved to the Human Resources Department. [...]	2	Completed	<p>It has been agreed that this recommendation should not be enacted. However, the Complaints team and HR team work collaboratively during relevant complaints and the director of HR is now a contact in the resolution process documentation.</p> <p>Review of the data from recent resolution process submissions has not shown any evidence of partiality.</p>	Continue to monitor number of submissions to resolution process. The aim being for this to continually reduce in number.
26	If complaints are made under the Resolution Process, the BMA must ensure that there is adequate support, counselling, and protection for the complainant.	2	1	Resolution process documentation now includes detailed information on sources of support. Uptake of this is being continually monitored.	<p>Actioned.</p> <p>No measure but procedures are continually monitored.</p>

27	The panel of doctors should be widened to include those not on Council or regular committees. [...]	3	Complete	Panel members are now drawn from a wider panel than Council and committee members. The panels now also reflect diversity.	This has been implemented. No measure/further action required.
28	If a complaint is made about a doctor, but met by a counter-complaint, it should still be investigated, and, if necessary, taken to a panel even if it is one word against another, should the complainant's case be deemed to be sufficiently compelling.		1	Refinement of process in October 2019 that involves the referral of complaints to the external investigators, ensures that all complaints are dealt with consistently. Any further updates to resolution process will be made in light of experience.	This has been actioned and is now part of the process. No measure/further action required.
29	A booklet should be produced which explains in clear language the options under the Resolution Process. This should be easily accessible on the website.	1	Complete	Booklet has been created and updated alongside changes to resolution process.	This has been implemented. No measure/further action required.
30	Where a complainant wishes their name to be anonymous, there is a limited amount of investigation that can take place, but enquiries should be made as far as possible [...]		1	CIIG wish to ensure individuals continue to be supported in complaints where appropriate and encourage informal resolution where needed.	Continued assessment of complaints data
31	Conversely, where an anonymous complaint is received, it should be pursued only where the circumstances appear to merit it [...]		1	Part of this process is reliant on Line Management to mediate complaints and encourage staff to use formal process where necessary (ensuring that the complaint meets threshold for formal procedure).  To date there have been very few anonymous complaints made or received by the Corporate and Member Development team. In line with the resolution process any complaints are consistently investigated. Complaint reporting is undertaken on a quarterly basis, and the nature of anonymous complaints are included in reporting statistics.	

## Appendix 2 – Culture inclusion survey summary paper

### 1 Context

The Culture Inclusion survey was created to monitor progress made in improving the BMA's culture following the publication of Romney's 2019 report into sexism. It was open to all elected members who completed the survey anonymously.

The questions were divided into three sections:

1. Member support
2. Contributing and calling out
3. Behaviour

Participants were asked to gauge to what extent they agreed with a given statement. Results from this survey will be used to inform activities of the Culture Inclusion Implementation Group, chaired by Alex Freeman.

### 2 Participant analysis

#### 2.1 Gender

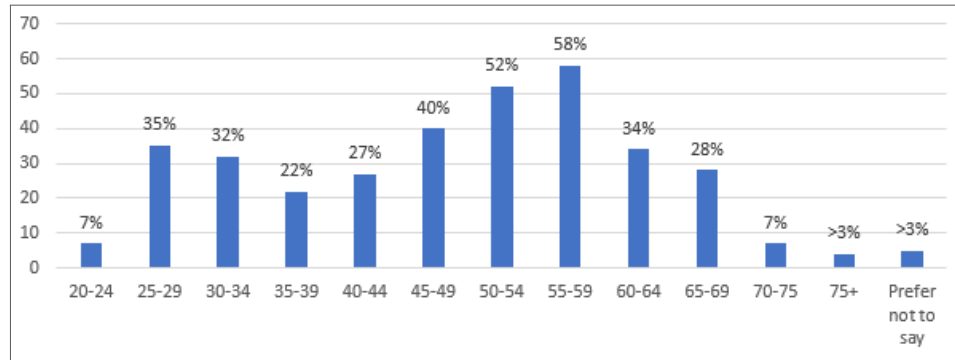
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Prefer to self-describe	>3%

#### 2.2 Ethnicity

Ethnicity	Proportion of responses
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Black, Asian and minority ethnic	30.2%
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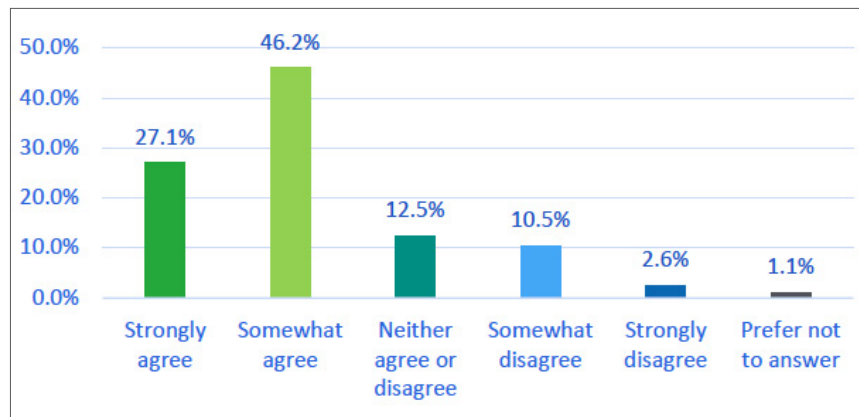
### 2.3 Age



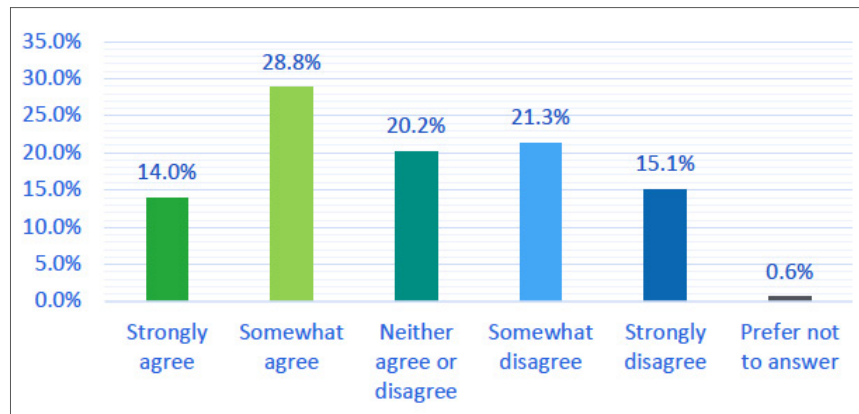
## 3 Question responses

### 3.1 Member support

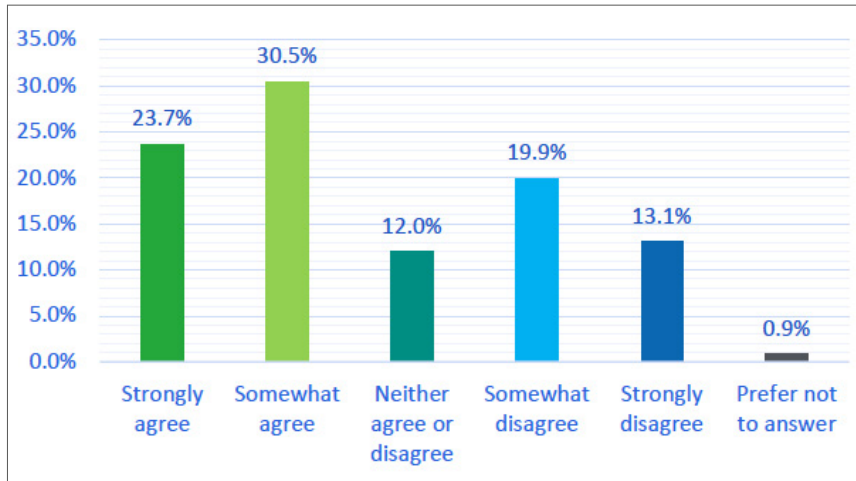
3.1.1 Question: I am aware of all the training available to me as an elected member.



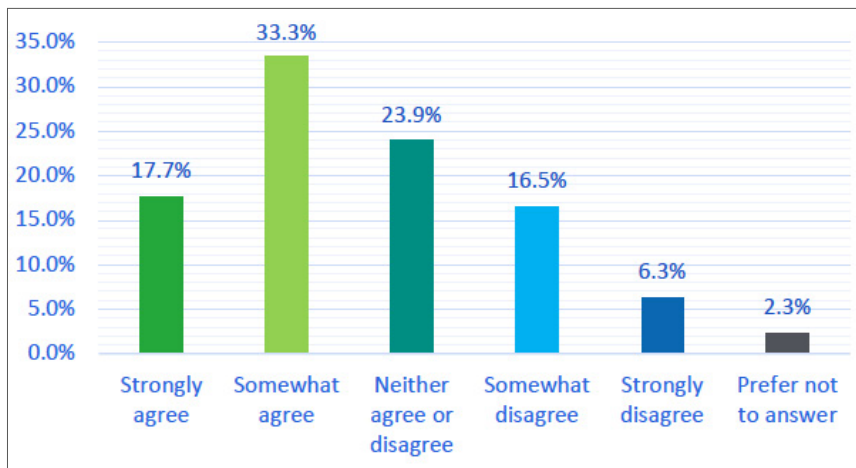
3.1.2 I understand how to use the BMA speak up guardian service.



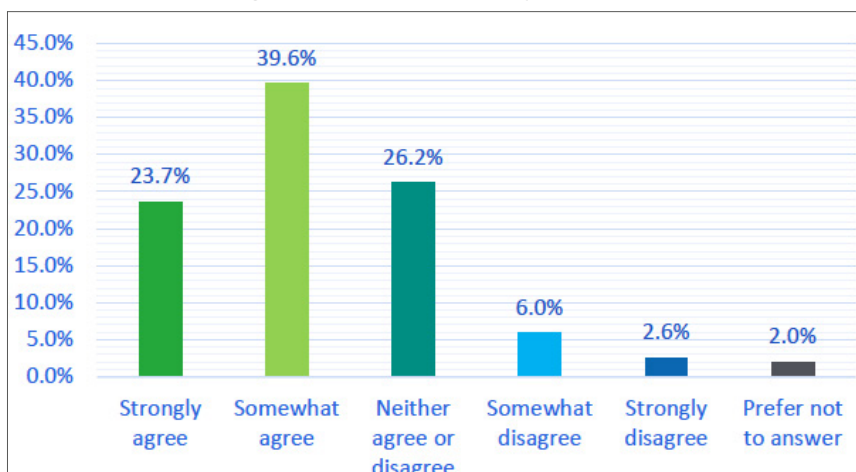
3.1.3 I am aware of the committee mentoring programme.



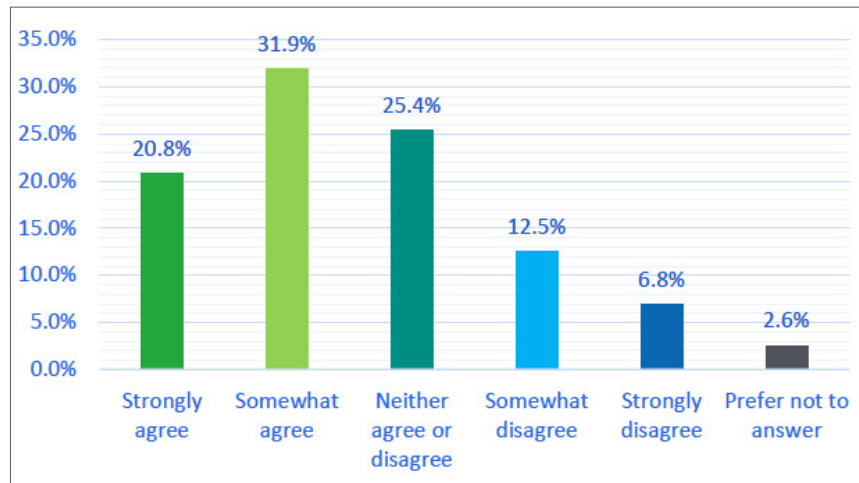
3.1.4 I was easily able to complete all the training courses available to me as an elected member.



3.1.5 I feel the training available is relevant to my role as an elected member.



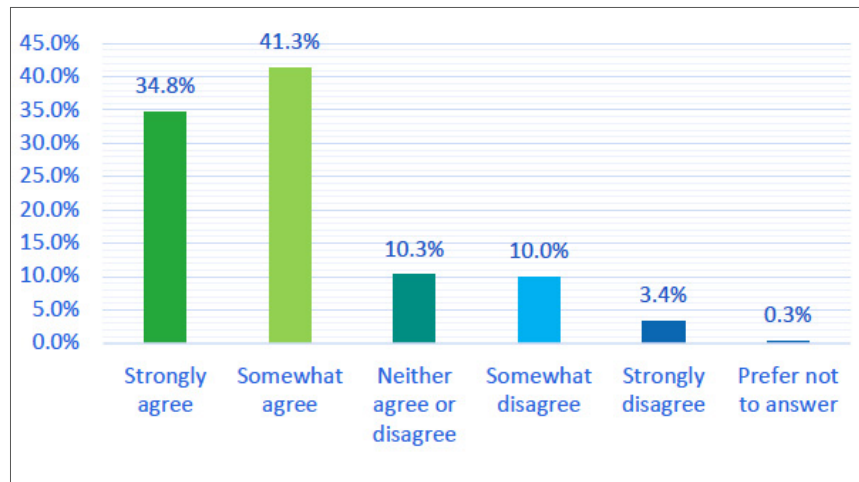
3.1.6 I believe that the BMA provides appropriate support for under-represented groups\*



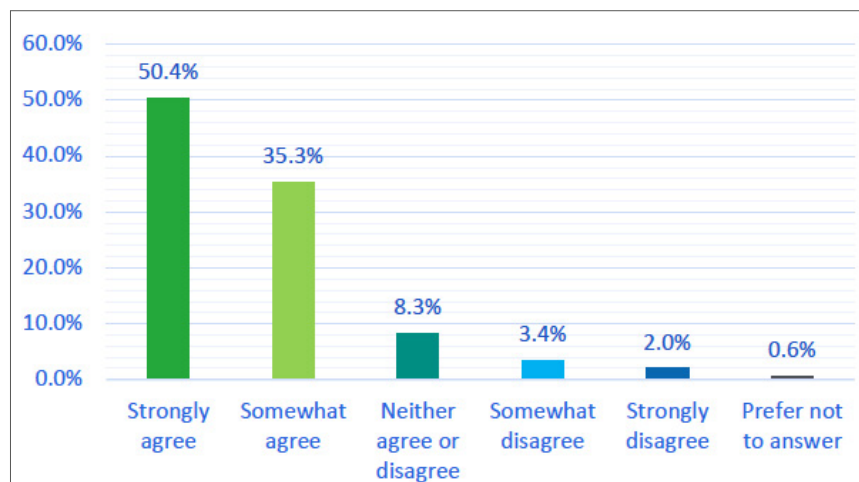
\*Under-represented groups includes but is not limited to women, members from an ethnic minority background, LGBTQ+ members, members who are disabled, neurodivergent or have a long-term condition and members with religious faith.

3.2 Contributing and calling out

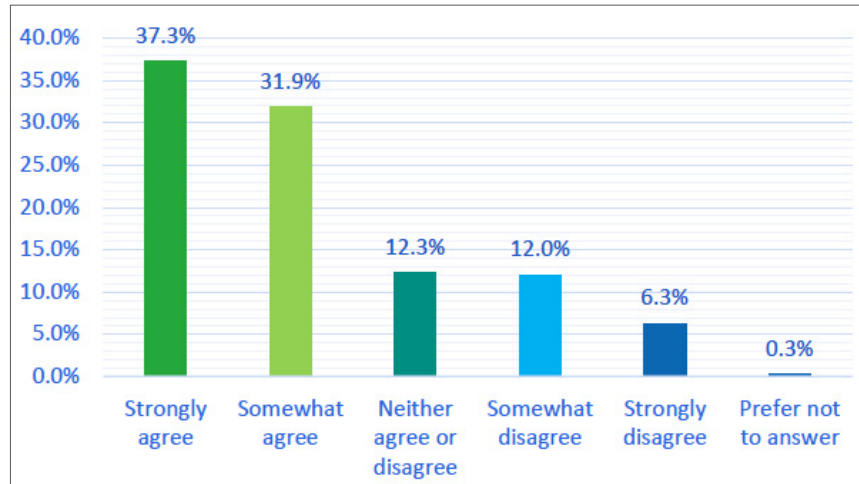
3.2.1 I feel able to contribute, knowing that my points of view will be valued, and differences of opinion will be respected.



3.2.2 I would recommend getting involved with the BMA to other doctor and medical student colleagues.

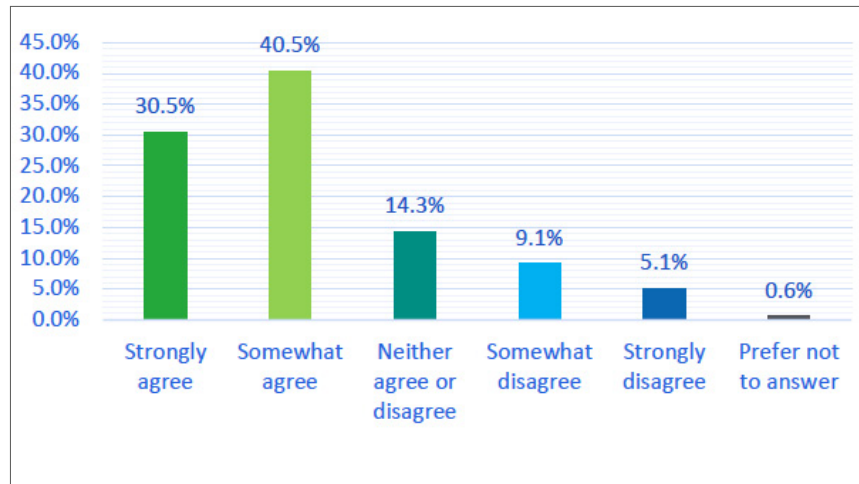


3.2.3 I am comfortable joining in discussions on listservers.

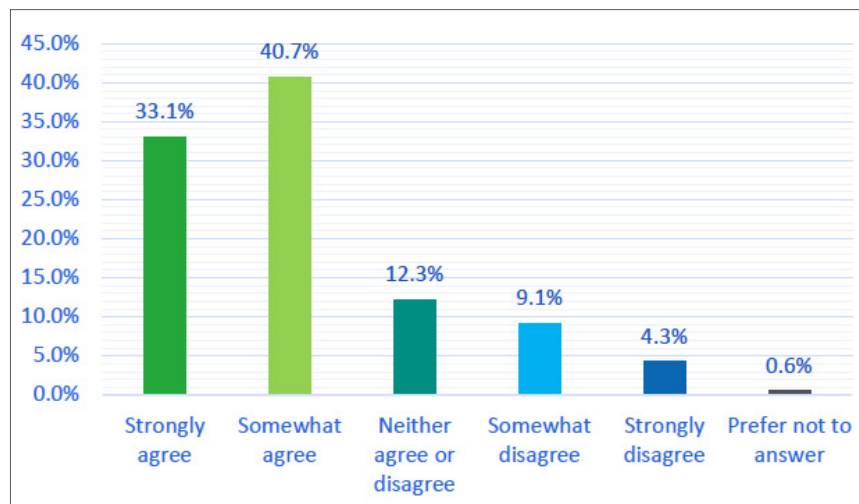


3.3 Behaviour

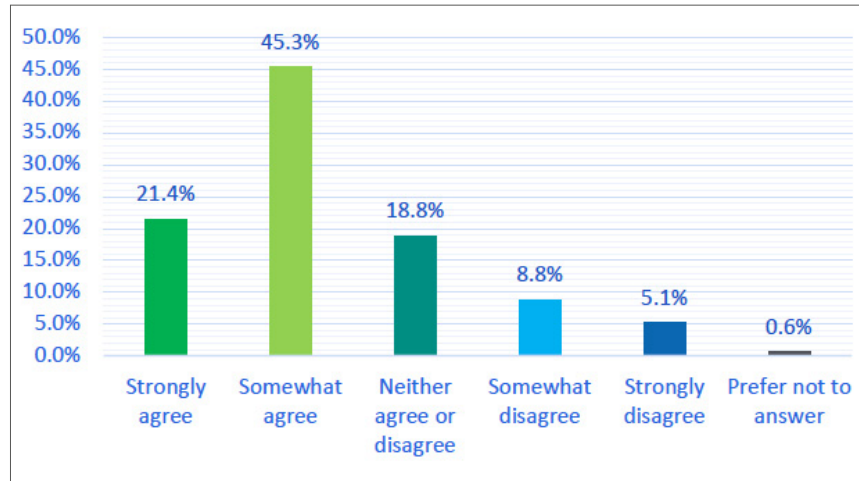
3.3.1 The BMA is committed to fostering a culture that is inclusive of all members.



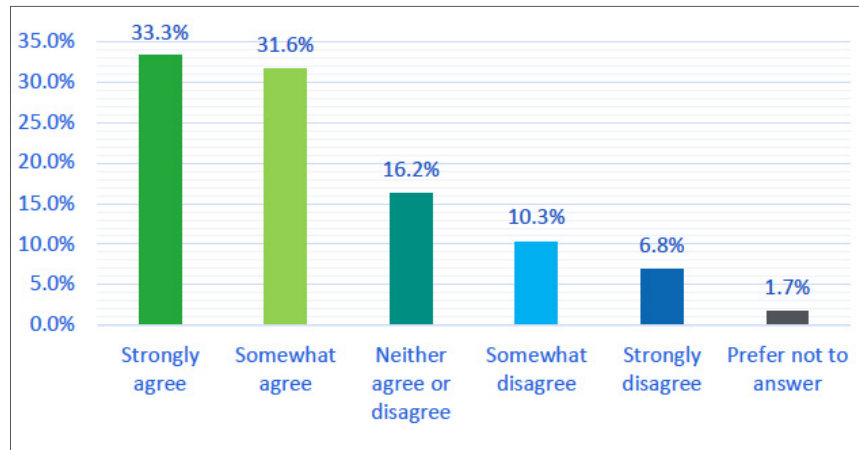
3.3.2 The BMA is a civil and respectful working environment.



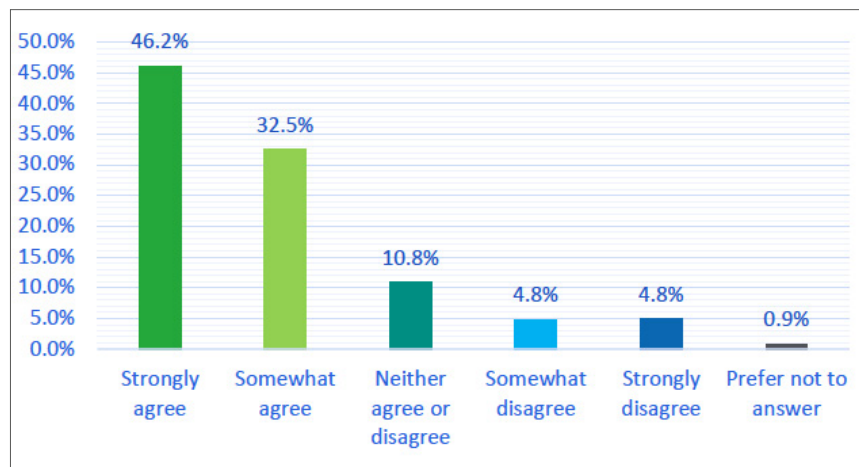
3.3.3 I am aware of the different ways I can raise behaviour related concerns in the BMA.



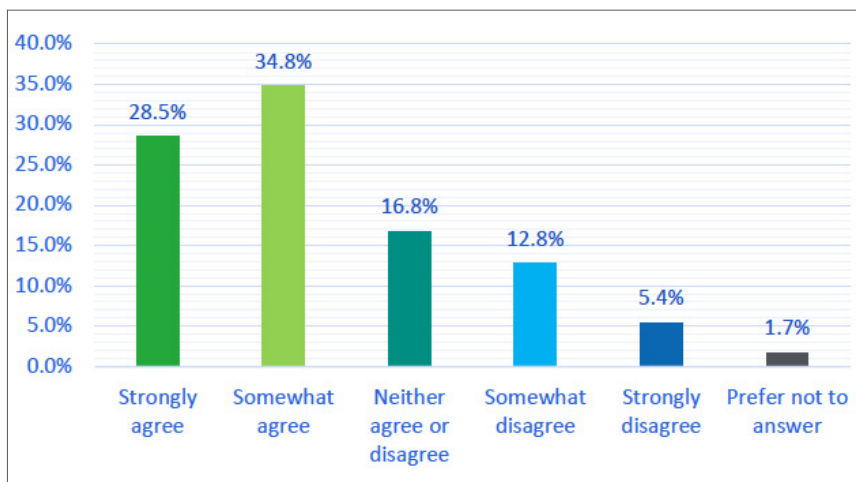
3.3.4 The BMA takes a zero-tolerance approach against any kind of bullying, harassment, and discrimination.



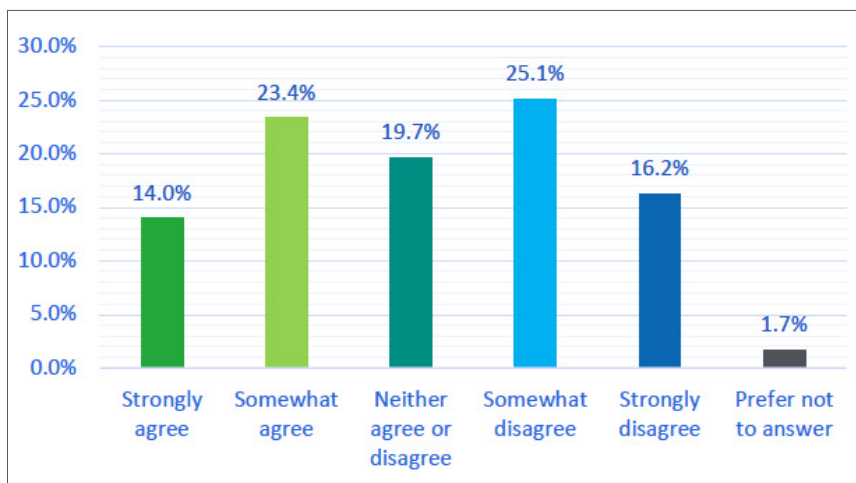
3.3.5 I have confidence that my Chair and officer team will intervene when they witness inappropriate behaviour.



3.3.6 I have the confidence to call out instances of poor behaviours on listservers.



3.3.7 I know how to refer inappropriate listservers posts to the external, independent listservers assessors.



**3.4 Next steps**

A more thorough analysis of data is being prepared and will be shared with elected membership when ready. Any questions relating to the Culture Inclusion Survey should be directed to Aoife Scott, programme manager [ascott@bma.org.uk](mailto:ascott@bma.org.uk).

## Appendix 3 – Term limits and multi-committee membership consultation paper

### 1 Introduction

The Romney review was commissioned by the BMA in 2019 in response to complaints made by members about sexism in the Association. A report was published in October 2019 with 31 recommendations covering the following areas:

- Culture
- Calling Out
- Committees (Structures/Training/Culture)
- Listservers
- Resolution Process

There were a number of recommendations related to BMA committee structures that were aimed at improving representation and were discussed by committees at the time:

- *Recommendation 17: 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.*
- *Recommendation 21: Members of committees should be prevented from standing for re-election for that committee after twelve years, unless they hold an executive position.<sup>1</sup> 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.*
- *Recommendation 22: BMA Members (other than Chief Officers and others on committees in an ex officio or co-opted position) should be restricted in the number of committees they can sit on, in order to encourage new membership of those committees. This would also allow committee members better to contribute to the committees they do sit on.*
- *Recommendation 23: Consideration should be given to multi-member constituencies for Regional Seats to allow new people to stand for election alongside the existing holders of those seats.*

Since then, standardised standing orders, which were developed by and are overseen by the organisation committee, have now been adopted by the majority of BMA committees and are in progress in any remaining committees. They provide a framework for introducing a consistent and systematic approach to implementing the recommendations related to committee structures.

Proposals to implement recommendations related to introducing term limits (recommendation 21) and multi-committee membership (recommendation 22) have recently been considered by CIIG (Culture Inclusion Implementation Group). Committees are now being consulted on proposals before being formally considered by the organisation committee, which if supported by Council, will be implemented in June 2023.

<sup>1</sup> This has been interpreted to mean chair and deputy chair positions in the BMA context.

## 2 Background

Following publication of the Romney report in October 2019, UK council unanimously resolved to take forward the 31 recommendations and set up a group to oversee the implementation. The Romney Implementation Oversight Group (RIOG), later renamed the Culture Inclusion Oversight Group (CIOG) to reflect a broader remit of considering inclusion across all diversity strands, was established by council in November 2019 and first met in January 2020.

The group met regularly in 2020 to oversee progress on the recommendations and regular updates were provided to Council. However, the group only met twice in the 21/22 session following implementation of a number of the recommendations, changes to key staff and challenges faced during the pandemic.

### 2.1 Audit of implementation – the Crowe report

Motions were carried at ARM 2021 which instructed the BMA to undertake an audit of the BMA response to implementing the Romney recommendations and to publish the results within 6 months of completion of the audit.

At the time of ARM 2021, the BMA had already asked Crowe as our independent internal auditors to undertake a review of progress in relation to the Romney report. The objective of the review was to provide assurance regarding the implementation and embedding of the recommendations from the Romney report. This report was finalised in March 2022.

The report found that CIOG had undertaken a considerable amount of work during 2020 to deliver and implement the recommendations in the original report, particularly in relation to the resolution process, training for staff and members and actions to improve culture in the BMA. However, progress on other aspects in particular relating to the committee structures had been slower, acknowledging that this was due to the complexity of the changes that needed to be worked through.

The Crowe report suggested several recommendations which will improve the effectiveness of CIOG going forward, and in turn ensure that the association more widely will deliver on its commitment to improve the culture of the BMA as recommended by the Romney report and more broadly. These included:

- clearly defining the role of CIOG
- revising the membership of CIOG, following UK Council elections
- agreeing measures for recommendations that can be reported against (note that some of the recommendations were statements and therefore, difficult to set a measure against)
- meetings of CIOG to take place on a quarterly basis to ensure accountability for the implementation of actions with improved reporting

In September 2022, Council agreed the revised action plan and reconstituted CIOG as the CIIG (culture inclusion implementation group – see Appendix 1) and renewed its commitment to implementing the Romney recommendations in full.



### 3 Committee term limits

***Recommendation 21: Members of committees should be prevented from standing for re-election for that committee after twelve years, unless they hold an executive position.<sup>2</sup> 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.***

#### 3.1 Benefits

It is expected that implementing this recommendation will have the following potential benefits:

- Aid turnover on committees ensuring that a wider pool of grass roots members can become involved in our policy making and representative structures.
- Ensure that our decisions and policies remain current and relevant to doctors on the ground – new members bring fresh ideas and the ability to question and challenge established norms and behaviours.
- Ensure that we encourage inclusive and accessible participation; and utilise all available talent to maximise a committee's effectiveness.
- Ensure that the process – and the perception of the process – for securing a committee role is transparent and fair.
- Ensure sustainability and succession planning of the committee in the long term, and that the committee does not rely too much on specific individuals.
- Support all members to progress at the BMA and in their medical careers by maximising the opportunities to learn and develop new skills, and network within the BMA – encouraging new leaders at the association.

While there may be some concerns about the loss of corporate memory, expertise and experience this exists in any election and can be pro-actively planned for by committee staff.

#### 3.2 Analysis

There have been several discussions over the years about the need to refresh committee membership as a part of addressing under representation as well as getting new members involved in BMA work. A BMA research project conducted some years ago on women and leadership in the BMA showed that women members are more likely to stand for election to vacant seats rather than challenge a long-term incumbent. There is also supporting ARM policy from 2014:

*That this Meeting welcomes the work done by the BMA to improve the engagement of members across diverse groups, and in particular the work to improve the representation of women in medical leadership positions, and:*

- i) recognises the potential for culture change arising from increased diversity in committees;*
- ii) recommends modelling successful BMA careers in all genders to identify support mechanisms that would be useful for any future leaders;*
- iii) calls for measures to renew and refresh representation within the BMA such as time-limited tenure within a particular representative role.***

The BMA articles and bye laws do not set any restriction on the number of committee terms an individual can undertake (with the exception of the Audit and Risk Committee which sets the maximum at 9 years). Committees that have adopted the standardised standing orders now also have term limits of 6 years for chairs.

The introduction of term limits on BMA committees has proved to be one of the more controversial recommendations from the Romney report and there is a balance to be had with involving new members, succession planning and retaining corporate memory.

<sup>2</sup> This has been interpreted to mean chair and deputy chair positions in the BMA context.

### 3.3 Proposal to introduce committee term limits

Members will be limited to no more than 12 years on a committee, unless they hold a chair or deputy chair position. Members may seek re-election to that committee after two years. For those who hold a chair or deputy chair position (or are elected to one) and meet the 12 year period within their term, they will be permitted to continue their term plus one additional year during which they may re-stand for election as chair/deputy chair.

The limit applies separately to each committee an individual is a member of and does not transfer from one committee to the next or across committees.

Recognising that a number of elections will have taken place before these proposals are introduced, to avoid destabilising the work of committees and allow succession planning, implementation will be staggered as follows:

Number of consecutive years on committee	Maximum number of additional years on the committee
>12	1 term or 2 sessions, whichever is longer
10 – 11	1 term or 3 sessions, whichever is longer
<9	3 sessions

To address concerns that posts will be left unfilled, individuals who have reached the 12-year limit would be eligible to stand for election if nominations for a seat are re-opened.

Committees will continue to be able to co-opt members who have particular expertise or experience.

## 4 Multi-committee membership

***Recommendation 22: BMA Members (other than Chief Officers and others on committees in an ex officio or co-opted position) should be restricted in the number of committees they can sit on, in order to encourage new membership of those committees. This would also allow committee members better to contribute to the committees they do sit on.***

### 4.1 Benefits

It is expected that implementing this recommendation will have the following benefits:

- Ensure that we encourage inclusive and accessible participation; and utilise all available talent to maximise a committee’s effectiveness.
- Ensure that the process - and the perception of the process – for securing a committee role is transparent and fair.
- Provide committee members clear expectations about their expected time commitment, and sufficient time to contribute fully to their committee role.
- Support all members to progress at the BMA and in their medical careers by maximising the opportunities to learn and develop new skills, and network within the BMA – encouraging new leaders at the association.

This recommendation was not just about increasing diversity on committees and to improve contributions, but was also about improving behaviours. Paragraph 58 of the Daphne Romney’s report states:

*“People are on too many committees, and for too long. ... Some seats on committees never change, and so the behaviour does not change, but is perpetuated.”*

## 4.2 Analysis

While analysis undertaken suggests that there is not a wide scale problem of members being on multiple committees, there are outliers and there is a gender bias that increases with the increased number of committees.

**Table 1 – Analysis of multi-committee membership**

Number of members on 1 or more committee <sup>3</sup>	Number of committees <sup>4</sup>
609	1
233	2
71	3
35	4
13	5
8	6
7	7
5	8
-	9
4	10

**Table 2 – Analysis of multi-committee membership by gender**

Number of members on 1 or more committees	Number of committees	Male	Female
35	4	22	13
13	5	9	4
8	6	6	2
7	7	5	2
5	8	4	1
-	9	-	-
4	10	3	1

There might be good reason for multi-committee membership depending on the committees individuals are on, the committees they elect to and the willingness of other committee members to take up additional representative roles. There may also some benefits in multi-committee membership because those individuals have an overview of activities which can inform the decisions of other committees and groups, although arguably this function should be undertaken by ex-officio members of committees. Equally, multi-committee membership creates potential conflicts of interest and puts power in the hands of the few creating an imbalance between committee members.

Members often become members of multiple committees due to no other nominations being received, or following nominations being reopened a number of times. The organisation committee is considering cross representation on committees separately and improving election communications to encourage members to stand for election is considered below.

<sup>3</sup> Excludes chief officers

<sup>4</sup> Focussing on 55 UK and national committees. Excludes regional committees, subcommittees or committees that do not have a direct election.

### 4.3 Proposals to limit multi-committee membership

It is proposed that the committee standardised standing orders (part 1) will be updated to include a limit to the number of committees that an individual can be elected to from within a committee or constituency. This would have a direct impact on multi-committee membership and create opportunity for new people to be elected.

There is a considerable difference in the size of committees which will impact on how this applies. This will be managed through a grading system based on committee size:

Number of members of committee	Maximum number of seats members are eligible to be elected to
<10	No limit
10<20	3
20<40	2
>40	1

Members will be encouraged to make their own assessment at nomination stage around how many committees they are standing for, but no limits will be imposed until elections have taken place so that there is equal opportunity to stand in elections. Depending on the level of interest in the elections and number of elections individuals are standing in, a preference/ranking system may need to be put in place. Limits would not apply to subcommittees, elections at conference/ARM or elections to external committees.

In election communications, we will encourage members to consider their own capacity when standing for election to committees more broadly and encourage members to not hold multiple seats to allow others to contribute. Clear information about role profiles, expected time commitments and support available to committee members will also be to encourage engagement, along with clear statements encouraging underrepresented groups to nominate themselves.

## Appendix 1 – survey questions

Two documents/surveys:

1. Includes proposals for terms limits and multi-committee membership.

Sent to:

- Council
- Nation councils
- UK and nation BoP committees
- Professional and policy committees

2. Includes proposals for terms limits only. Sent to:

- Governance committees
- Regional Councils
- Regional BoP committees

1. Demographic info:

- Age (range)
- Ethnicity
- Gender identification
- Branch of practice
- Amount of time as elected member in BMA (range)
  - E.g., Less than 1 year, less than 5 year etc.
- Committees currently a member of:

The culture inclusion implementation group has developed proposals for introducing term limits on BMA committees and limiting the number of committees individuals can sit on. These were recommendations from the Romney report into sexism and sexual harassment at the BMA. Full details of the proposals is available [here](#)

Broadly, the proposals for introducing term limits on committees would limit continuous membership on a committee at 12 years, after which members would be required to have 2 years where they did not seek re-election to the committee. The introduction of term limits would be staggered to provide certainty to current committee members and to avoid destabilising membership of current committees.

2. Do you agree with the introduction of term limits on BMA committees?

- Yes
- No
- I don't know

3. Do you have any comments to support your response (open text)?

4. Do you agree with the introduction of term limits on BMA committees as proposed?

- Yes
- No
- I don't know

5. Do you have any comments to support your response (open text)?

6. Can you see any unintended consequences for the introduction of term limits that have not been considered?

- Yes  
 No  
 I don't know

7. Do you have any comments to support your response (open text)?

Proposals to limit the number of committees that a member can sit on focuses on limiting the number of committees that an individual can be elected to from within a committee or constituency. Recognising the different size of committees, a grading system based on committee size will be used to ensure committees can be fully constituted.

8. Do you agree with limiting the number of BMA committees an individual can be a member of?

- Yes  
 No  
 I don't know

9. Do you have any comments to support your response (open text)?

10. Do you agree with the limiting the number of committees an individual can be a member of as proposed?

- Yes  
 No  
 I don't know

11. Do you have any comments to support your response (open text)?

12. Can you see any unintended consequences limiting the number of committees an individual can be a member of that have not been considered?

- Yes  
 No  
 I don't know

13. Do you have any comments to support your response (open text)?

- 14. Thank you for completing the survey. Do you have any other comments that you would like to make in relation to improving the BMA's committees and representative structures (open text)?**



## Appendix 2 – culture inclusion implementation group

### Responsibility

The group's remit is to ensure that the Romney recommendations to tackle sexism and sexual harassment are implemented by developing proposals to be considered by organisation committee and/or Council as appropriate. The group will review implementation progress in a strategic context with insight provided by key stakeholders ensuring that outcomes are reviewed and measured as recommendations are implemented.

The group will regularly report to Council and will be able to escalate issues to Council for consideration if required.

### Name change

Recognising the shift in responsibility, in that this group will be accountable to Council and expected to contribute to the implementation of changes, the group has been renamed as the 'Culture and Inclusion Implementation Group'.

### Membership

The group will consist of:

- Board director (woman) **Alex Freeman – group chair**
- RB chair (in an ex-officio capacity)
- Four other members from UK Council (at least 2 will be women)
- Representation from Organisation committee (woman)
- Representation from the BMA's diversity networks and forums – Network of Elected Women (1), Disabilities, Long-term conditions, and Neurodiversity Network (1) and the Forum for Racial and Ethnic Equality (1) (all women)
- Representation from Northern Ireland Council (1), Scottish Council (1) and Welsh Council (1) (all women)
- Chair(s) of BMA Staff Women's Network
- Staff GMB representatives (2, at least one woman)
- Staff EDI representative (woman)



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