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Sexism and sexual harassment at the BMA

Culture change is everyone's responsibility, finds independent review

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In April 2019 the BMA commissioned an independent review into concerns raised by two members of its GP committee, Zoe Norris and Katie Bramall-Stainer. Both women publicly alleged several incidents that they thought showed a culture of sexism, sexual harassment, and bullying within the committee, detailing what they described as the “dark, dinosaur infested depths of the world of GP politics.”¹ The review was led by Daphne Romney, QC, who was asked to establish the extent to which the claims were substantiated and to make recommendations for any changes needed to tackle the problem.²

Depressing reading

This independent investigation makes depressing reading.² Women have been working in medicine for 100 years now, and yet this report suggests they are still treated differently, and inappropriately, by some of their colleagues. Despite evidence that organisations that have equality at the most senior level perform better across several measures, we still struggle to achieve this in the medical profession. Progress has been slow. As Romney says, “the majority of men in the BMA are not sexist or sexual harassers, and every committee is not riddled with discrimination,” but problems with culture remain.

The BMA is unlikely to be the only organisation in medicine that has needed [Q to A: or needs?] to tackle what Romney describes as the “damaging elements of its discriminatory culture.” However, she reports that the BMA has never had a female chair and compares that with the rising number of female presidents of the medical royal colleges in recent years. The demographics of medicine, as reported by NHS Digital, are changing so that there are now equal numbers of men and women, with women being the majority in some specialties. We therefore need to reflect that change by leaving that “old boys’ club” culture behind and

embracing a forward looking, modern, and equal world. This would help to ensure that women feel valued and remain in the workforce, at a time when the shortage of doctors means we need them more than ever. This approach applies to all protected characteristics, not just female sex, as we need to show that we value the whole medical workforce.

Recommendations

Romney's recommendations suggest that it is everyone's responsibility to support a change in culture. We are a caring profession so should show how we care for each other in our workplaces. Opinion polls have traditionally put doctors and nurses at the top of the most trusted professions. We need to work hard to deserve and maintain that trust, and we can do that by treating all of our colleagues well.

The BMA has taken this report seriously and has already taken steps to change things for the better. It is committed to implementing the recommendations, looking to empower staff to call out inappropriate behaviour and to develop an effective complaints process that women have confidence in. It will also appoint a guardian of safe working at the BMA. The report does contain some positive findings, including a supportive environment for childcare, the development of policies on bullying and harassment, and cultural awareness and assertiveness training for staff. It is also good to note the diversity within the Junior Doctors Committee.

Implementing all of the 31 recommendations will not be without challenge. Romney suggests, for example, that quotas be introduced for the proportion of women on committees, which is likely to be met with opposition in some quarters. But since change has so far been slow, progress needs a boost.

Although the report makes uncomfortable reading, as a profession we should be making the best use of its findings and recommendations. Following on from the NHS long term plan, and in consultation across the health service, the NHS people plan is now being written. Its stated aims are to make the NHS an employer of excellence, where people are valued, supported, developed, and empowered and we see a step change in staff morale and experience.³ [Q to A: ref OK?] The independent review into the gender pay gap in medicine is also about to be published. Both these documents [Q to A: OK?] can now take account of the findings of Romney's investigation.

Building on this work gives us an opportunity to embed real change, to embrace equality, and to deal with the difficult issue of harassment and discrimination in a firm and fair way. Imagine a healthcare workforce where all doctors showed that they valued and respected each

other at all times. We would be more productive and would provide better and safer care for the populations we serve.

Competing interests: I have read and understood BMJ policy on declaration of interests and have no relevant interests to declare. **[Q to A: do you want to mention you are leading the pay gap review?]**

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[1](https://www.thetimes.co.uk/article/gps-quit-union-amid-anger-at-70s-style-sexism-pfw2pjvsr) **Smyth C.** GPs quit union amid anger at 70s-style sexism. *Times* 2019 Apr 3. <https://www.thetimes.co.uk/article/gps-quit-union-amid-anger-at-70s-style-sexism-pfw2pjvsr>

[2](https://www.bma.org.uk/about-us/equality-diversity-and-inclusion/independent-investigation-into-sexism-and-sexual-harassment-at-the-bma) **Romney D.** Independent investigation into sexism and sexual harassment at the BMA. BMA, 2019. <https://www.bma.org.uk/about-us/equality-diversity-and-inclusion/independent-investigation-into-sexism-and-sexual-harassment-at-the-bma>

[3](https://www.longtermplan.nhs.uk/publication/interim-nhs-people-plan/) **NHS.** Interim NHS people plan. 2019. <https://www.longtermplan.nhs.uk/publication/interim-nhs-people-plan/>