



The Royal College of Radiologists

## REAP – Session 3

### Tools for Challenging Bias & Discrimination

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11 July 2024 – 5.30-7pm



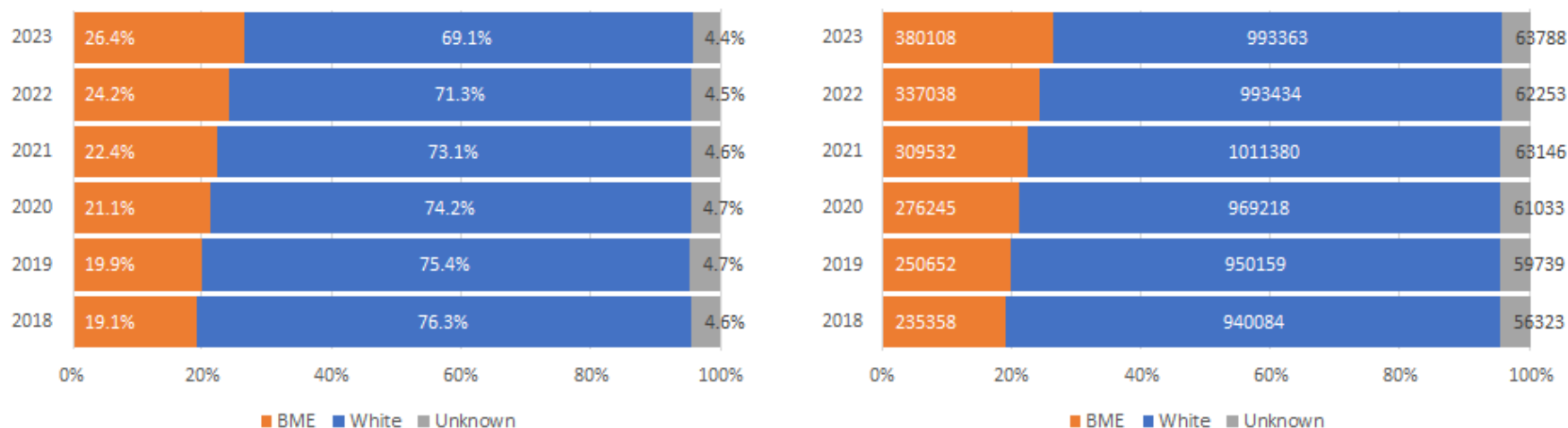
# Empowering the trainees and the role of trainers: a trainers perspective

## WRES indicator 1

### Percentage and number of staff in NHS trusts by ethnicity

In March 2023, 26.4% of the workforce across NHS trusts came from a BME background (380,108 people). Across all NHS trusts there were 144,750 more BME staff in 2023 compared to 2018 (equating to a 61.5% increase). Over the same period, the number of white staff increased by 53,279 (equating to a 5.7% increase).

Figure 1: The percentage and number of staff in NHS trusts by ethnicity, national, March 2018 to 2023

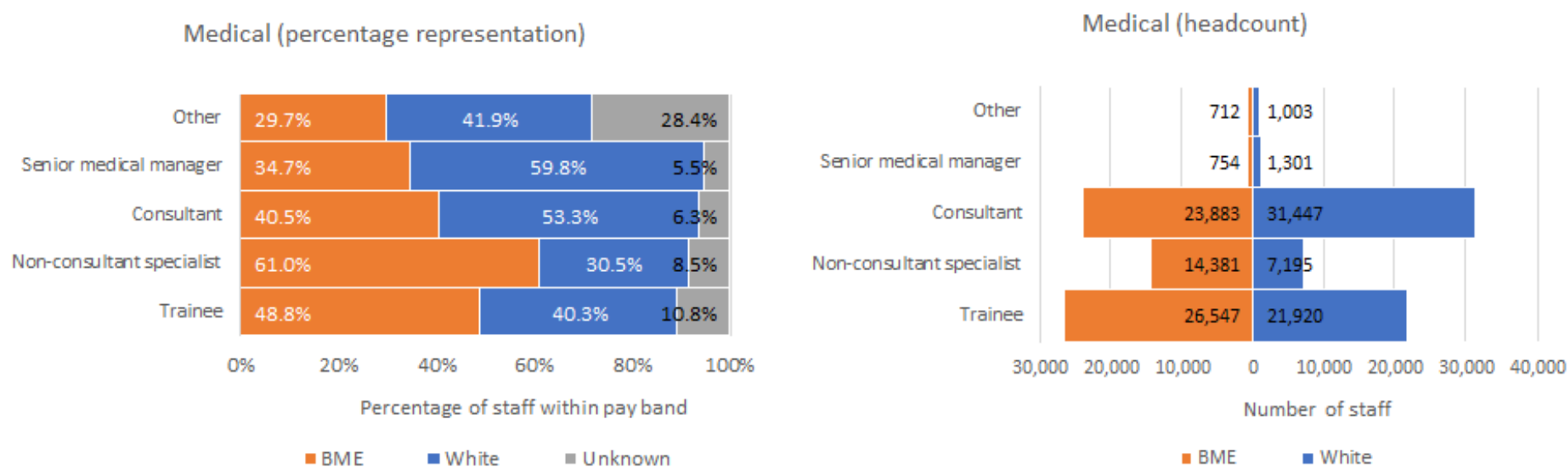


Data source: WRES data collection portal, NHS trusts only

## Percentage representation by ethnicity and level of seniority for doctors in NHS trusts

Within medicine, BME representation was at 46.8% overall. BME representation peaked in non-consultant specialist grades at 61.0%, falling to 40.5% amongst consultants, and falling further to 34.7% among senior medical managers.

Figure 6: The percentage representation by ethnicity of medical staff within each level of seniority, alongside headcounts by level of seniority, March 2023



Data source: WRES data collection portal, NHS trusts only

**Diversity in the Medical Workforce provides better patient care**

**Doctors from other countries are an essential component of the UK workforce**

**42% licensed doctors on the GMC register from Ethnic Minority background**

**In 2021 more IMGs joined the GMC register than UK-trained doctors (50% vs 39%)**

**Differential Attainment is seen in both UK and non UK graduates**

**40 % of licensed UK doctors are International Medical Graduates (IMGs)**

# The National Education and Training Survey



Record number of responses for NETS in 2023 with **38066** learners completing the survey.



[NETS 2023 | NHS England | Workforce, training and education \(hee.nhs.uk\)](https://hee.nhs.uk)

The National Education and Training Survey (NETS) is the only national survey open to all healthcare students and doctors and dentists in training across England. The NETS underpins our work to identify and eliminate inequalities in education and training. It takes place each October/November, with data available by the end of the following January.

# NETS 2023

70.07% had awareness of their local freedom to speak up guardian (compared to 50.39% in 2021)

Increased rate learners report bullying and harassment (1.53%) and discrimination (1.84%)

HOWEVER reporting remains low

Only 19.91% of learners who experienced discrimination (by patients or staff) reported it.

Of these 54.4% reported their organisation did not deal with it

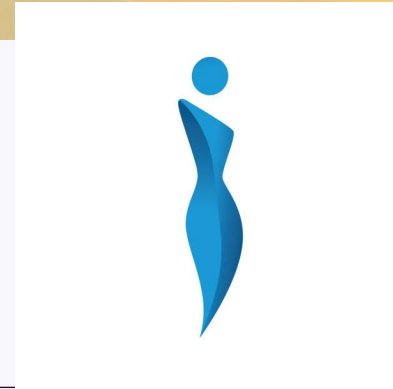
5.42% of learners have reported experiencing or witnessing (5.82%) unwanted, harmful and/or inappropriate sexual behaviours. Of these, only 23.46% reported it

# Bullying and Harassment

Non-white/Caucasian learners were **70.0%** more likely to experience **bullying and harassment** (occasionally or frequently) than White/Caucasian learners (94.9% in 2021)

Learners with a disability were **89.7%** more likely to experience **bullying and harassment** (occasionally or frequently) than learners with no reported disability (53.2% in 2021)

Women were **34.8%** more likely to experience **bullying and harassment** (occasionally or frequently) than men (25.0% in 2021)



# Differential attainment

Differential Attainment is a term used to describe the unexplained variation in the achievement of groups of individuals who share protected characteristics, when compared with groups who do not share the same characteristics.

Differential attainment is seen across the medical career lifetime of individuals from protected characteristic groups.

Multiple intersecting factors are thought to play a part in differential attainment.



ARCP outcomes



Medical examination pass rates

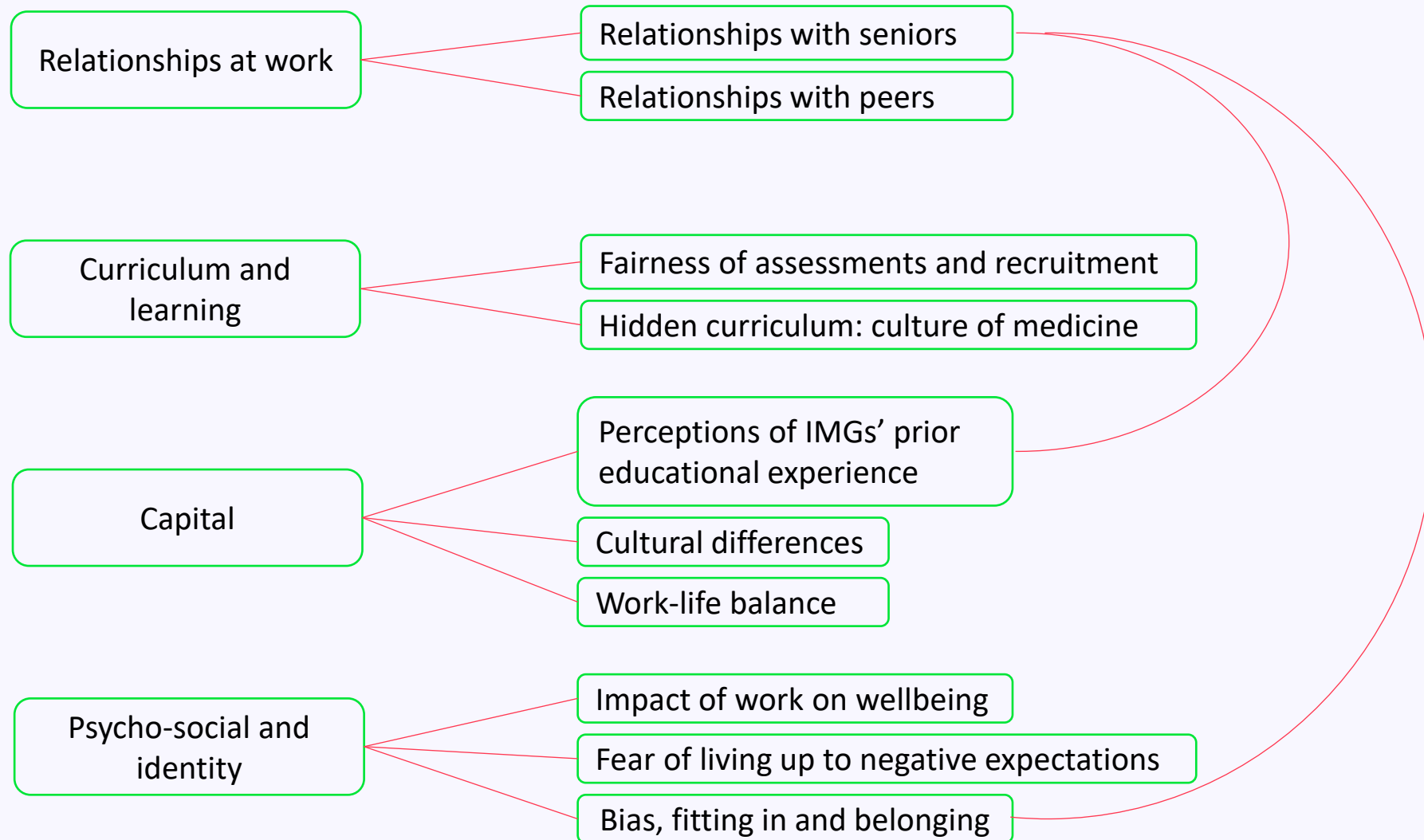


Recruitment

es

Patient safety

# Perceived causes of Differential Attainment





# Tackling disadvantage in medical education

Analysis of postgraduate outcomes  
by ethnicity and the interplay with other  
personal characteristics

General  
Medical  
Council

[https://www.gmc-uk.org/-  
/media/documents/96887270\\_tackling-  
disadvantage-in-medical-education-020323.pdf](https://www.gmc-uk.org/-/media/documents/96887270_tackling-disadvantage-in-medical-education-020323.pdf)

March 2023

# Case 1

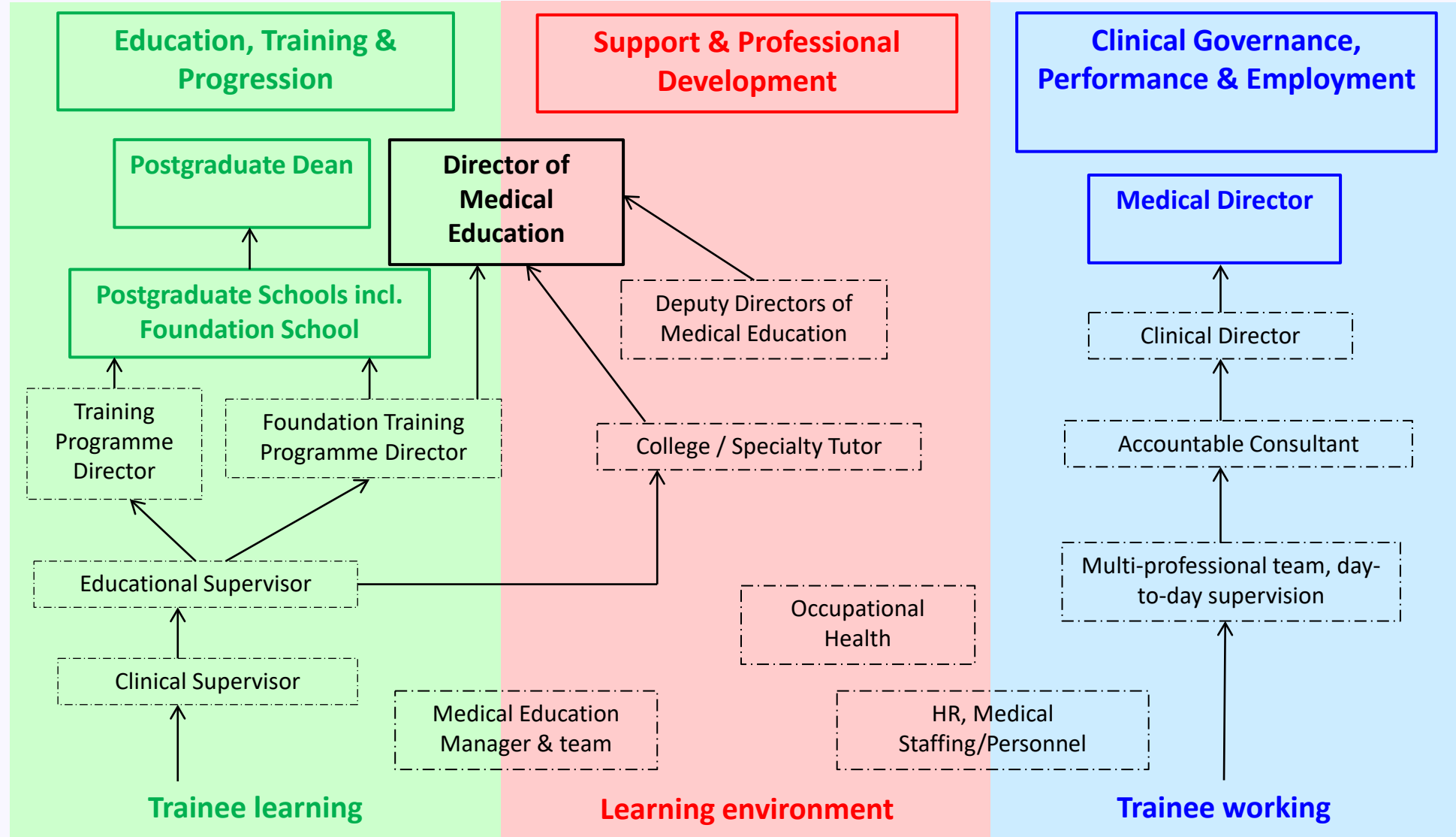
An IMG trainee from Pakistan is working in clinical oncology.

They often feel uncomfortable when working with their current CS who they feel is impatient and rude at times

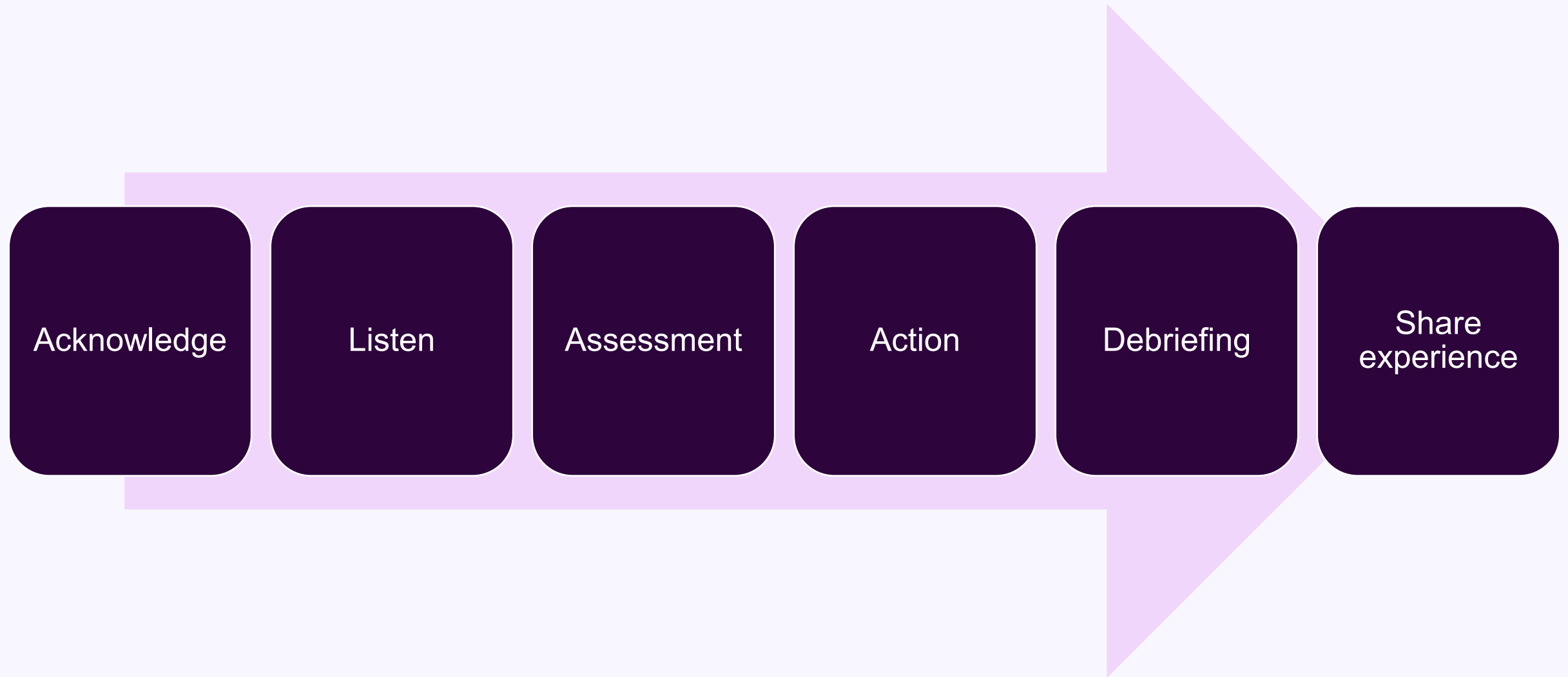
Recently when they asked some questions about a case they were told “I would expect you to have read up on this can’t you read English!”

Their end of placement assessment meeting is due and they are very anxious about this

# Support structure for Trainees

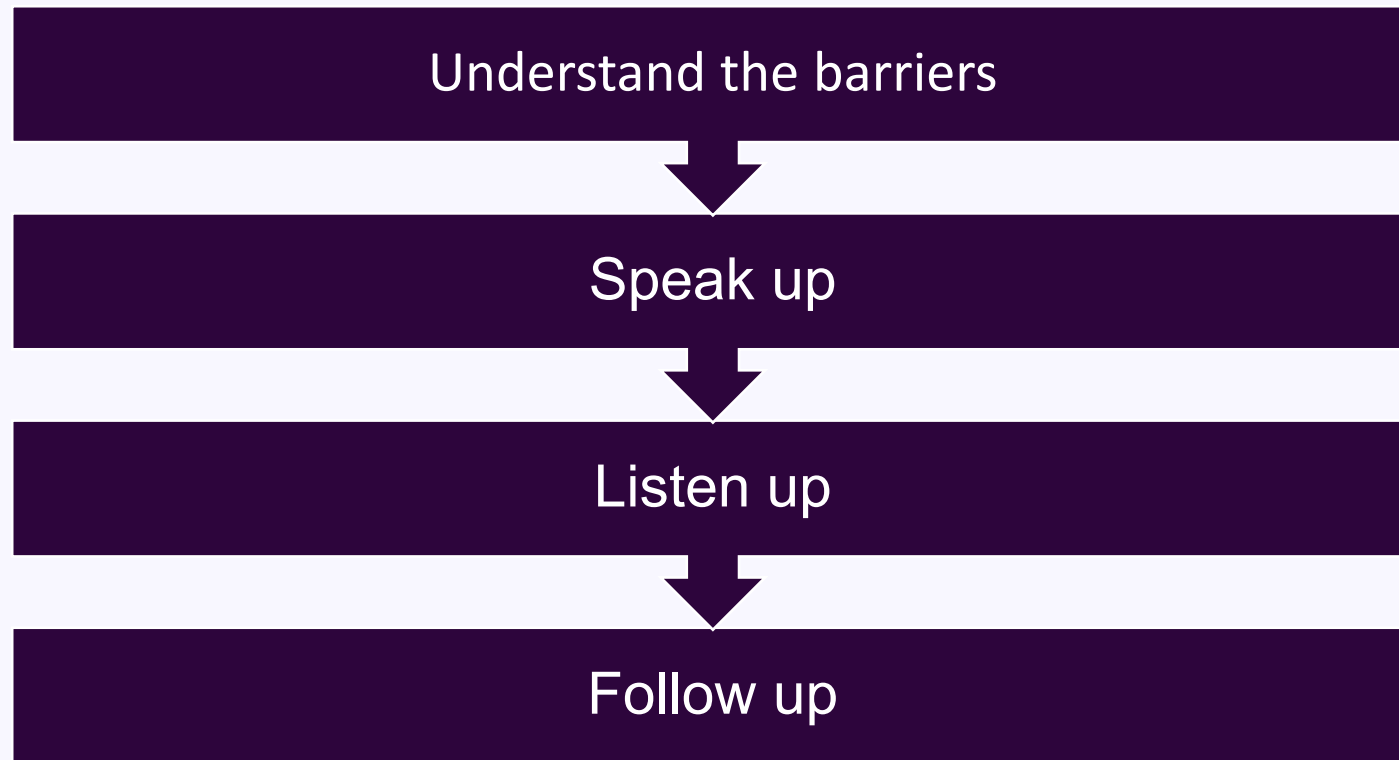


# Case 1



## How to improve speak up culture in 6 steps | Positive (positivegroup.org)

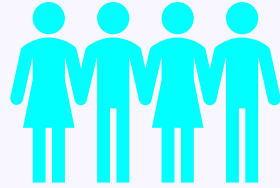
Creating a healthy challenge culture at work isn't just about encouraging people to speak up – it's also about creating the right space for people to be heard.



# The Impact of Trainees in Diversity and Inclusion



Fresh perspectives  
and enthusiasm



Challenging  
Traditional norms



Catalyst for change

# Cultural Competency - An important Skillset for 21<sup>st</sup> Century

Cultural competence is **the ability to effectively interact, work, and develop meaningful relationships** with people of various cultural backgrounds.

**It goes beyond tolerance**, which implies that one is simply willing to overlook differences.

Instead, it includes **recognising and respecting diversity through our words and actions in all contexts.**

***Acknowledging that we all have biases and that we all hold stereotypes is the first step in cultural competence.***

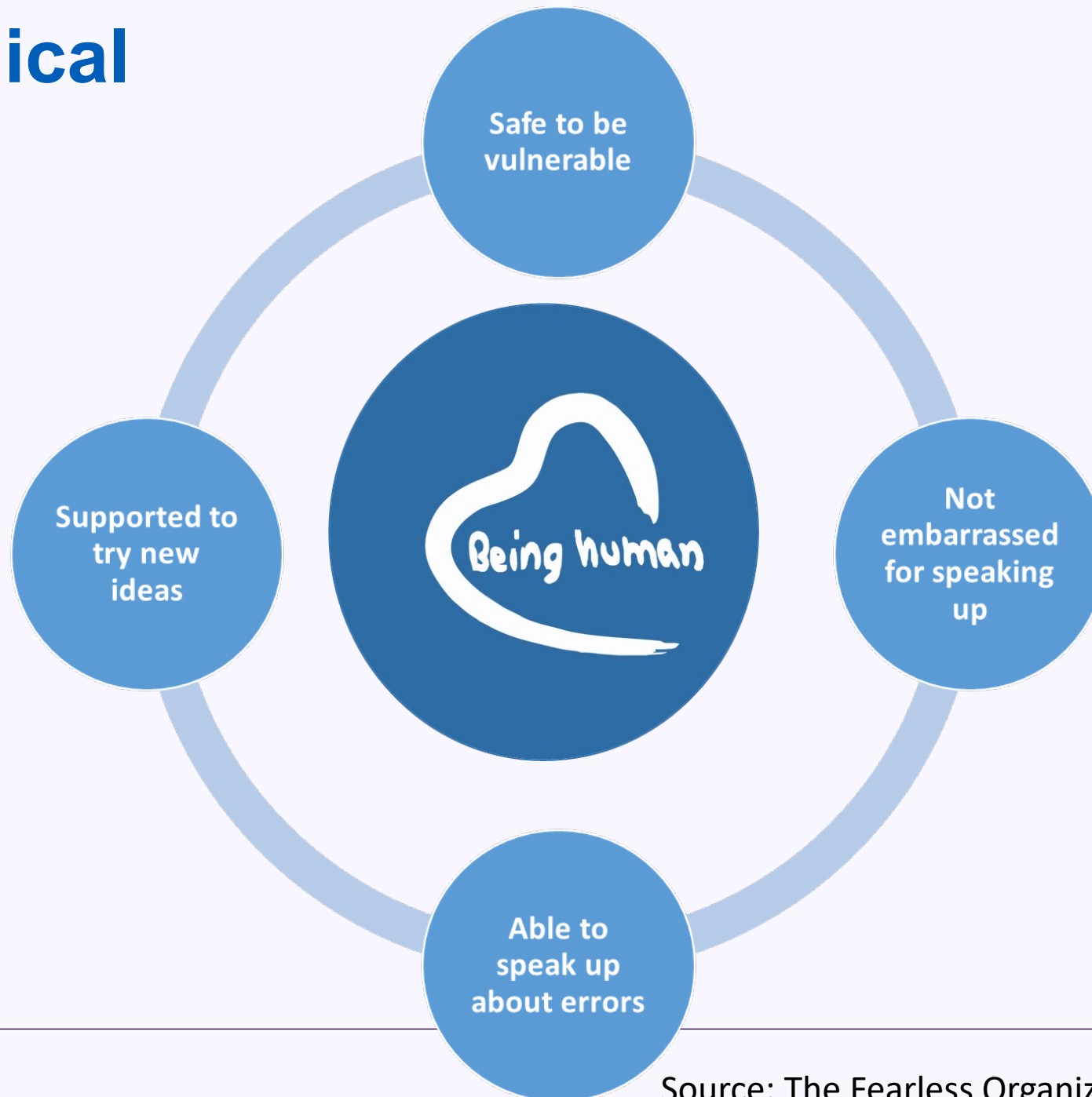


# What We Can do Together

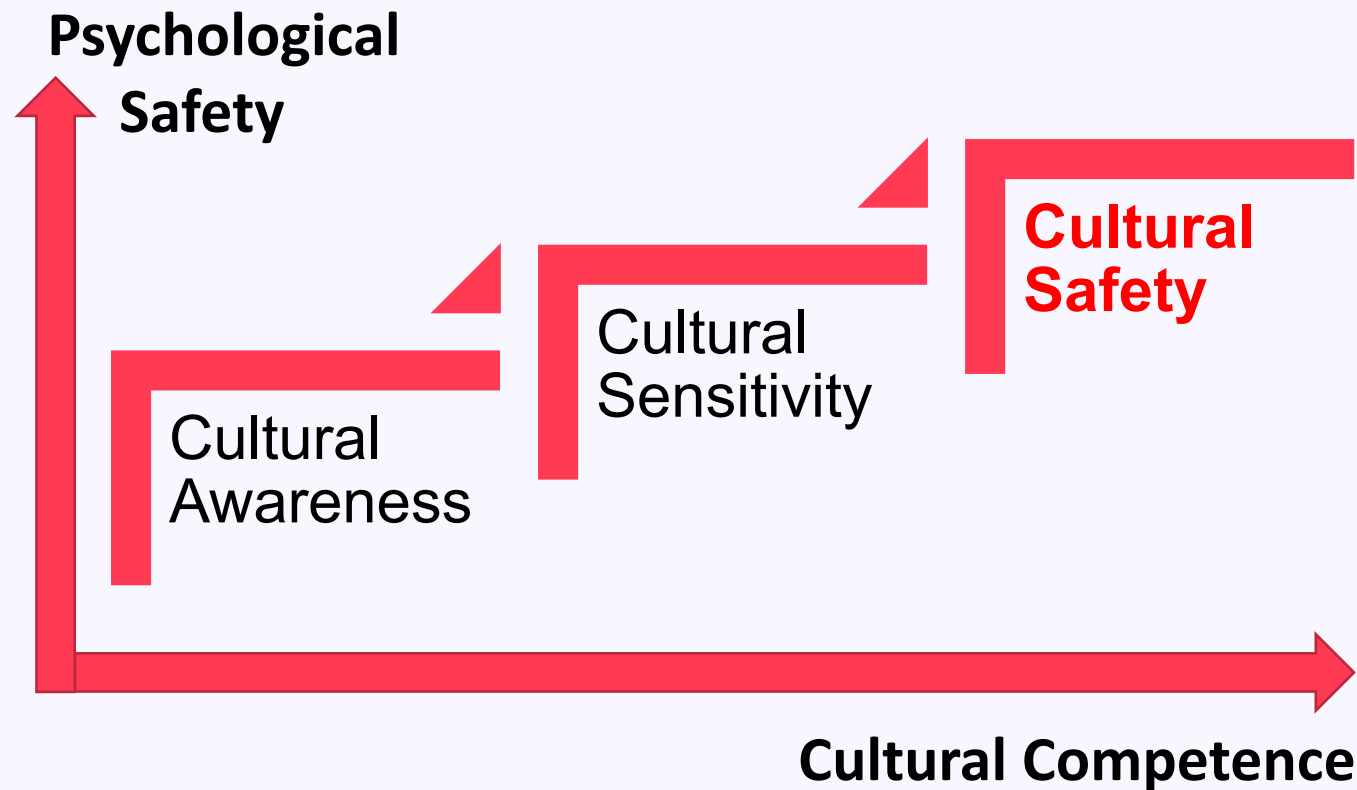
Teams that work together **Must** train together

Need	Need to be honest with ourselves- Our biases
Reflect on	Reflect on what we do- An opportunity to take an active part
Be	Be curious and challenge assumptions
Share	Share learning with your networks
Observe	Observe your environment (Be intentional and purposeful)
Use	Use your circle of influence to bring about change (one person at a time)

# Psychological Safety



# Developing Cultural Safety



# Safe Learning Environment Charter – Feb 2024



The Charter aims to strengthen NHS workforce



Is designed for learners and those responsible for supporting placement learning across all learning environments and all professions within them



Underpinned by equality, diversity and inclusion

# Safe Learning Environment Charter – Feb 2024

**Respect and  
feeling valued**

**Positive  
identity**

**Wellbeing**

**Raising  
concerns and  
speaking up**

**Placement  
induction**

**Communication**

**Flexibility**

**Supervision**

**Teaching and  
learning needs**

**Time and space  
for learning**

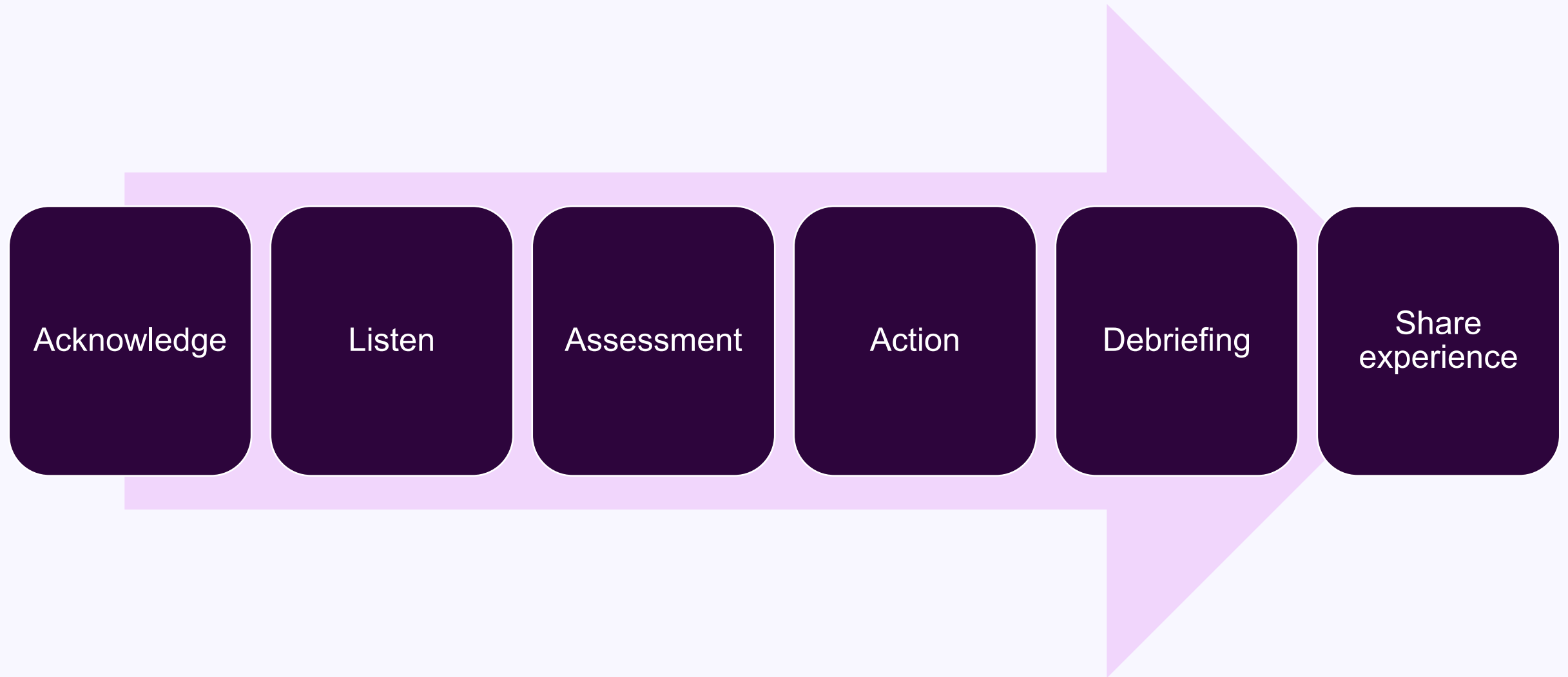
# Case 2

You are an ES for a trainee with highly functioning autism

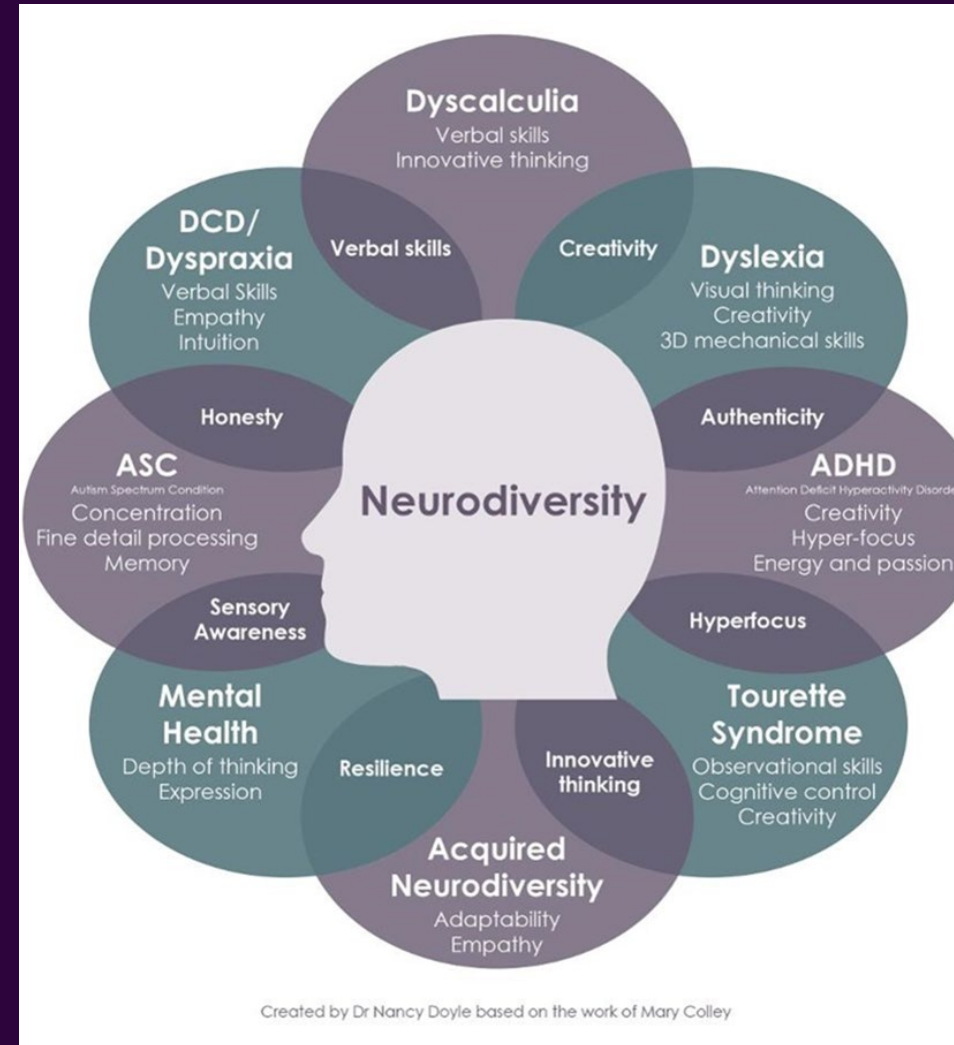
During one of the supervisor sessions they admit to feeling very isolated and unhappy

They feel other trainees do not include them in their conversations and are often excluded from study sessions and describe feeling like there is a wall between themselves and their colleagues

# Case 2



# Neurodiversity



# Neurodiversity in the Population

1 in 7 people (15%) are neurodivergent

10 - 15% are dyslexic

5% are dyspraxic (DCD)

4% have ADHD

1-2% are autistic

# Disclosure and Non-Disclosure

Reasons of nondisclosure may include :

Fear of discrimination, bullying and harassment

Cultural differences and perception of Neurodiversity

Qualitative and ethnographic studies (Kinsella et al, 2017; Shaw et al, 2017)

**Seven in ten neurodivergent workers have experienced discrimination in the workplace**



Source: Westminster Achievability Commission for Dyslexia and Neurodivergence

# **BMA Report – Disability in the Medical Profession – January 2022**

55% of disabled doctors and medical students who need reasonable adjustments have obtained them

77% were worried about being treated unfavourably if they declared a disability or long term health condition

41% reported that telling their workplace / medical school had resulted in support

# What available to expand our understanding

[Neurodiversity Awareness with Dr Nancy Doyle \(youtube.com\)](#) – this is a 30 minute introduction to neurodiversity – not aimed at medics specifically

[Dr Seb Shaw - The experiences of autistic doctors: a cross-sectional study - full version \(youtube.com\)](#) – this is an interesting recording of a paper that studied the experiences of autistic doctors

[Understanding neurodiversity in healthcare education by NHS England Workforce, Training and Education \(spotify.com\)](#) – this is a podcast produced by NHSE

[Neurodiversity Experts | Neurodiversity in the Workplace | Lexxic](#)

[Passionate about Neurodiversity - Genius Within](#)

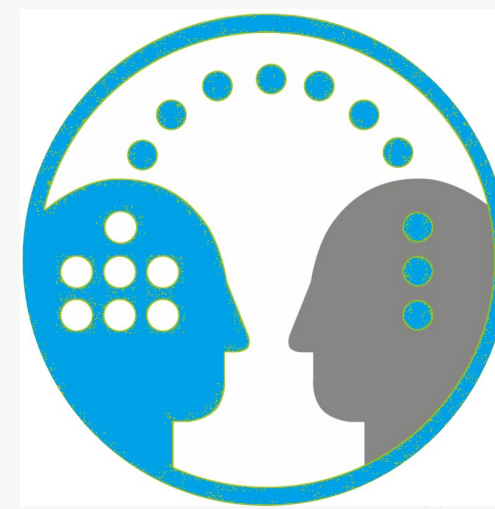
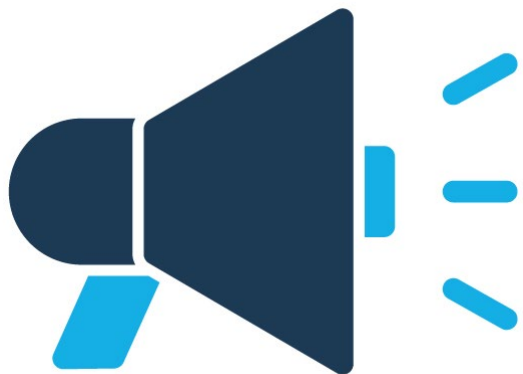
[Neurobox: Leading UK Workplace Adjustments Provider](#)

# Biases

Ninety percent of our thoughts processes are on auto-pilot. These are unequivocally influenced by the associations we unknowingly make between one thing and the other from a very young age

Everyone has biases- These are deeply held beliefs and assumptions which influence how we work and make decisions.

Inclusion is a work inside of us that we need to do together. It is everyone's responsibility- willing to put in the work (sifting through those associations)



This table highlights the differences in traditional, reverse and reciprocal mentoring. (Adapted from a comparison of types of mentoring summarised from Harvey, McIntrye, Heames, & Moeller, (2009)

Source: Leyla O. <https://diversemininds.co.uk/race-reciprocal-mentoring-programmes/>

	Traditional Mentoring	Reverse Mentoring	Reciprocal Mentoring
Definition		A relationship between a senior member and a junior member of an organisation created to enable the senior member to be mentored by the junior member to understand the barriers they fac.	
Emphasis on		The junior/underrepresented staff member to share information on how to improve the organisation. Sharing lived experience, general guidance and advice.	
Role of Mentors		To provide insights and information into their experience of working at an organisation and highlight things that could be improved.	
Best for acquiring		What's going on the ground, the day-to-day. Understanding current trends and perspectives. Cross organisational relationships.	

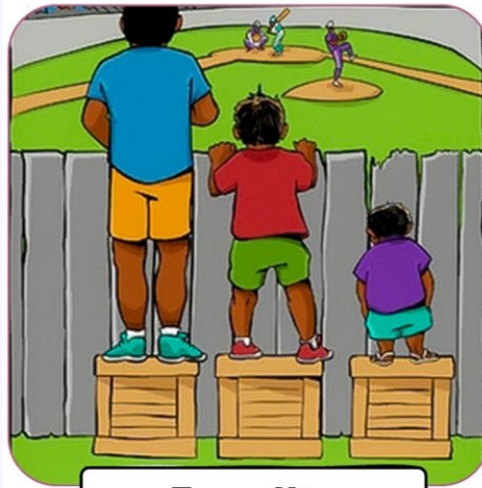


## Kindness is a clinical intervention

Our mission is to spread kindness in healthcare. Because kinder healthcare care is safer healthcare. When healthcare staff work in kinder cultures not only does their wellbeing improve, patient wellbeing does too. When people *experience* kindness in stressful clinical situations, they get better outcomes. And *being* kind has its benefits, people who demonstrate kindness are calmer, happier, more productive, and less stressed.

Yet there is an epidemic of unkindness in healthcare. Around 25% of NHS staff say they have experienced bullying in the past year. Our research shows colleagues' poor behaviour is the

#1 cause of disengagement in the NHS. These unkind behaviours are everywhere, every day.



**Equality**



**Equity**

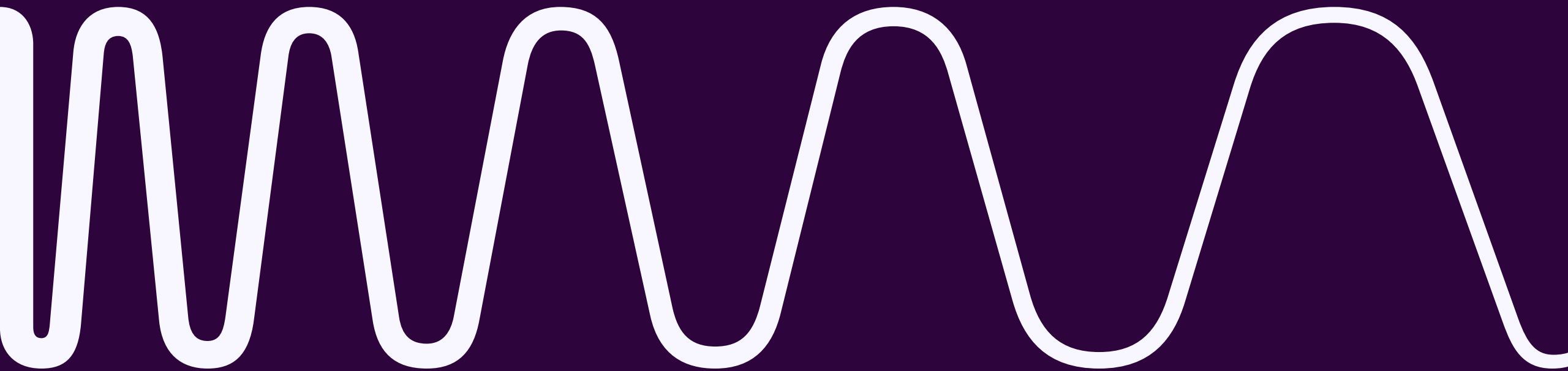


**Inclusion**



**Belonging**

Thank you  
Questions?



Next session is on 1 August 2024  
International Medical Graduates

Any queries please contact:  
[professionalnetworks@rcr.ac.uk](mailto:professionalnetworks@rcr.ac.uk)