



The Royal College of Radiologists

REAP – Session 2

Allyship in Practice

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WRES Expert
London North West University Healthcare Trust

27 June 2024



Overview

How to be an Authentic Ally - 30 mins

- Yvonne Coghill's 8 A's of Authentic Allyship
- Evie's 9th 'A'

Case Study: Workshop - 30-45 mins

- Interactive
- Slido (mobile phone, browser)
- or put up hand, type in chat

Questions - 15 mins

To Global
Majority NHS
workforce

There is *nothing*
wrong with you

The system is rigged
against you

*Lord Victor Adebowale at inaugural BABS conference
15th November 2022*



Professor Camara Jones said:-

*'The edge of our comfort is our **growing edge**'*

*'I want you to **lean** into your **discomfort**'*

*'You lean in by **reading** more'*



To Everyone

Lean into your
discomfort

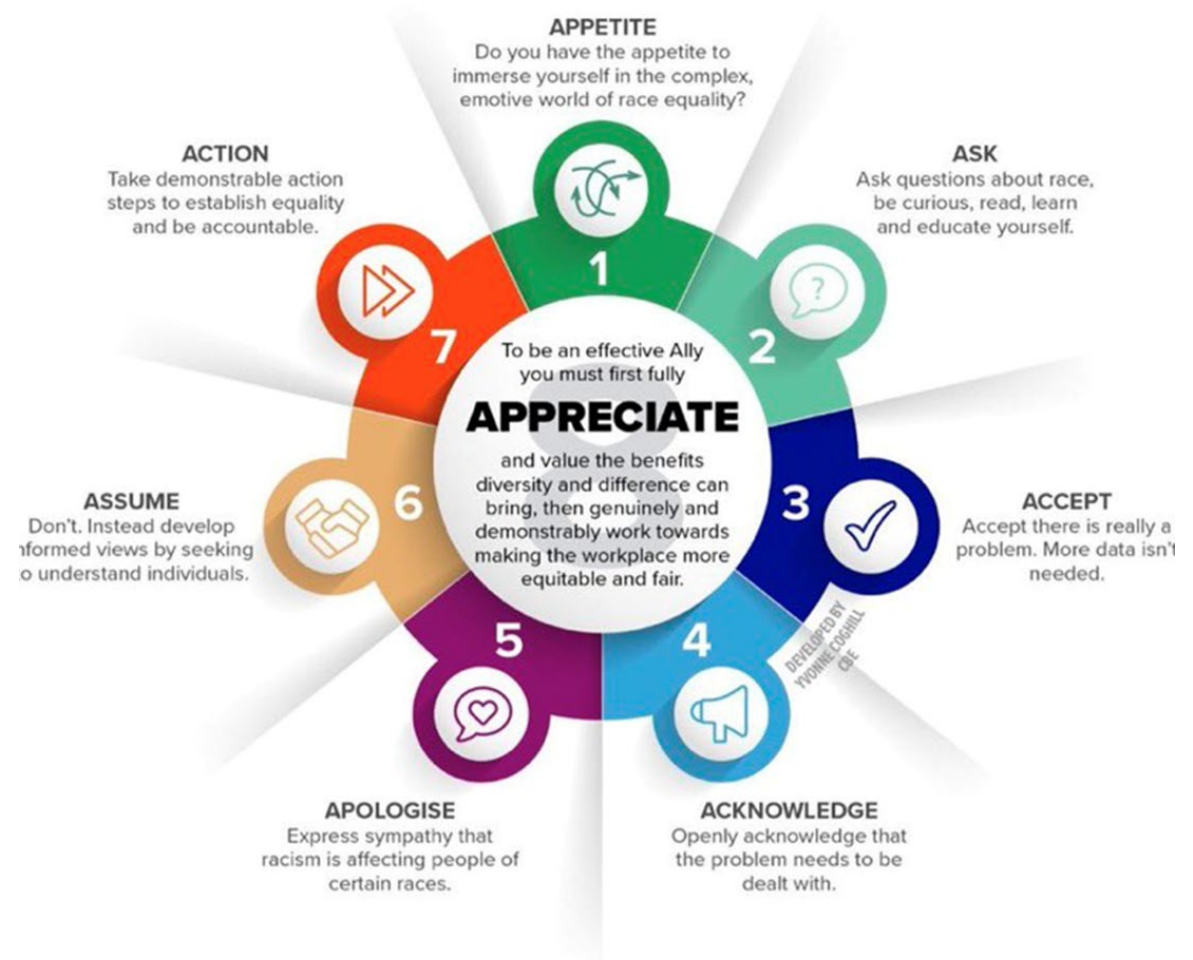
Professor Camara Jones, Leverhulme Visiting Professor in the Department of Global Health & Social Medicine at King's College London, 2022 - 2023

What is Allyship?

Allyship is defined as a supportive association with another person or group; more specifically, with members of marginalised or mistreated group to which one does not belong.



Appetite



What is race?

Age of Enlightenment

Race

- is a social construct

Age of Enlightenment

- European intellectual movement in 17th and 18th century
- Reason and Religion
- Understand the universe and improve own condition
- Created a biological hierarchy of races
- Europeans deemed themselves to be the most rational race, on top



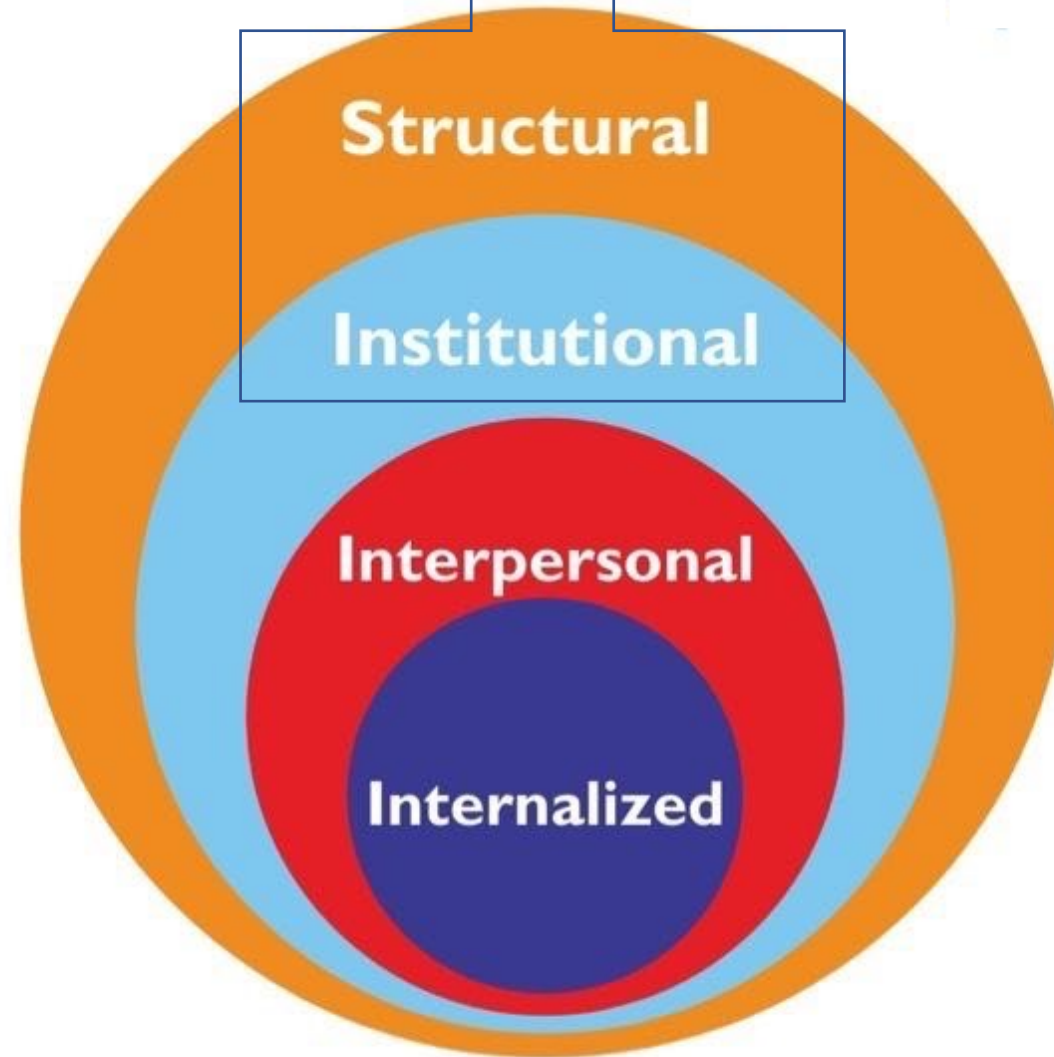
SYSTEMIC RACISM

Structural racism

Structural racism is the established hierarchy of groups based on perceived “race”. The hierarchy was created to designate superiority to one group in order to benefit from the oppression and exploitation of other groups.

Interpersonal racism

Interpersonal racism is the beliefs, attitudes, and behaviours of individuals based on bias, stereotypes and prejudice. Expressions may be conscious or unconscious, and range from subtle to violent. her groups.



Institutional racism

Institutional racism is prejudice and privilege embedded in the policies, practices, and programs of systems and institutions, including in the public, private, and community sectors. Representatives may act with or without racist intention.

Internalized racism

Internalized racism lies within individuals. We absorb the cultural racism ideas of the racial hierarchy and accept inequity as normal. People targeted by racism come to believe that the stereotypes & prejudices of racism are valid. People privileged by racism believe their own superiority.

White Supremacy

Guiding assumption that **white people** are more **superior** to those of all other races

Historically entrenched system that cements **privilege** with **white people** by....

Systemic **oppression** and **disadvantaging** people of colour

Racism is the mechanism that upholds the system of **white supremacy**



Anti-Blackness

- The term 'Anti-Black Racism' was first expressed by Dr. Akua Benjamin, a Ryerson Social Work Professor
- Racism specifically directed towards Black people
- Opposition or hostility to Black people or 'perceived blackness'
- Two-part formation of dehumanising Blackness of any value and systematically marginalises Black people





Colourism

- Discrimination on the basis of skin tone
- Skin shade prejudice privileging those with lighter skin
- Often among the same ethnic or racial group
- Different from racism but related
- Racism is **inter**-racial
- Colourism is **intra**-racial
- It's a product of colonisation
- Global phenomenon: Africa, Asia, North America, South America, Europe, Australia

*Dr. Ronald E. Hall, Professor in the School of Social Work, at Michigan State University, USA
Dr Aisha Phoenix, Lecturer in Social Justice, Kings College London*

Misogynoir

- Intersection of misogyny (sexism) and anti-Black racism experienced by Black women
- 1st coined by queer Black feminist scholar Moya Bailey in 2008

Racism & Sexism



Misogynoir

#BAMEOVER



1. Where possible, the RHO will **always be specific** about the ethnic groups it is referring to – only using collective terminology where appropriate and necessary
2. The RHO will **not use acronyms or initialisms** such as ‘BME’ or ‘BAME’
3. Where collective terminology is needed, the RHO will always be **guided by context**, and not adopt a blanket term. Where there is a need to refer to more than one ethnic group at a time, the RHO will use terms such as ‘Black and minority ethnic’, ‘ethnic minority’, ‘Black, Asian and minority ethnic’, interchangeably, to reflect the varying views of its stakeholders
4. The RHO will always be **transparent** about its approach to language
5. The RHO will be **adaptable and remain open** to changing its approach to language in the future



Global Majority

Collective term for 'ethnic' groups that constitute 80% of the global population

A phrase coined by **Rosemary Campbell-Stephens**, an international consultant, author and speaker on leadership

It refers to people who are Black, African, Brown, Asian, dual-heritage, Indigenous to the global south and/or have been racialised as 'ethnic minorities'

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background

Black, Black British, Caribbean or African

- Caribbean
- African
- Any other Black, Black British, or Caribbean background

Mixed or multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed or multiple ethnic background

White

- English, Welsh, Scottish, Northern Irish or British
- Irish
- Gypsy or Irish Traveller
- Roma
- Any other White background

Other ethnic group

- Arab
- Any other ethnic group



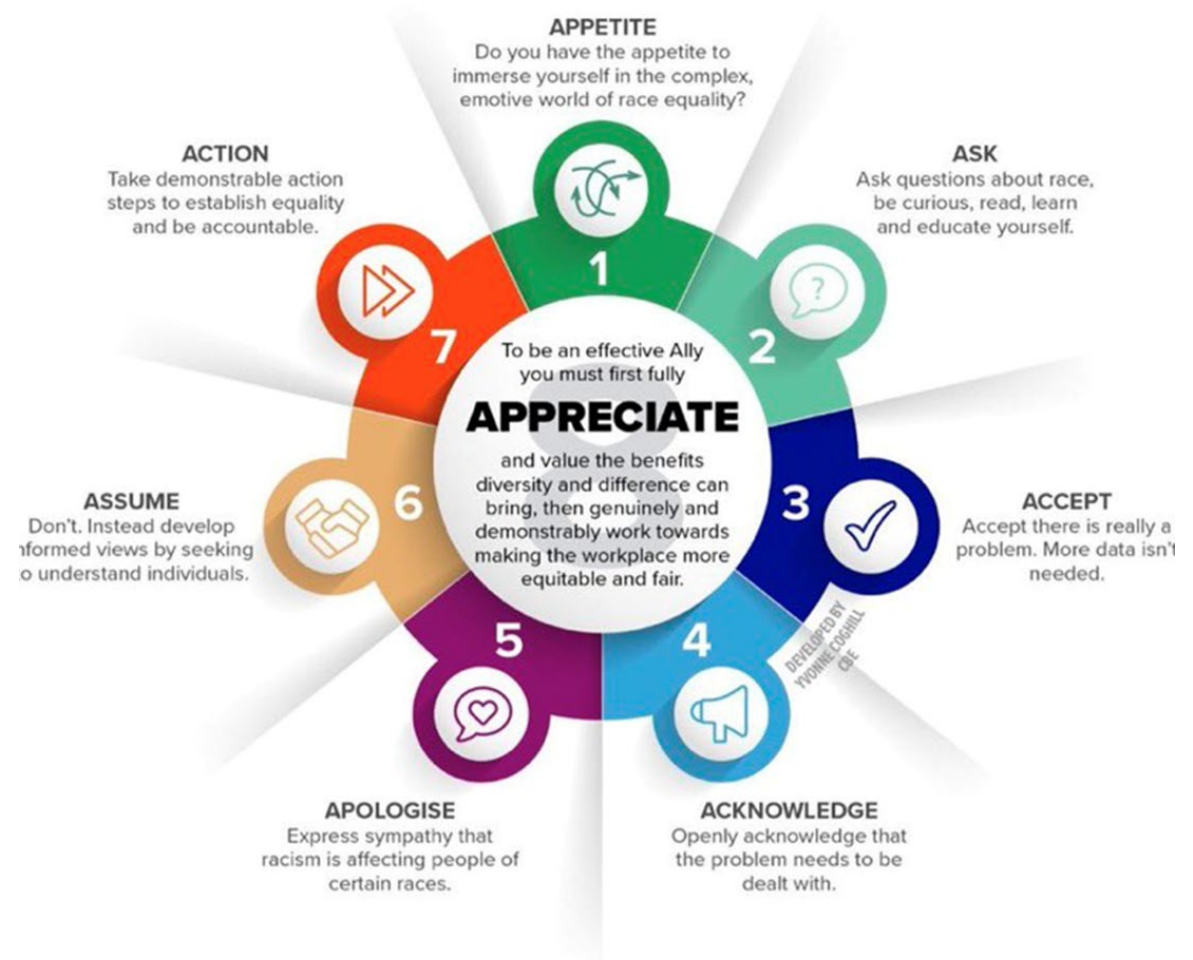
Evelyn Mensah, MBBS, MD, FRCOphth, FGCS
@eveosh

...

Dear All on [#MedTwitter](#) in the U.K.
Please endeavour to disaggregate [#ethnic #groups](#) to
at least the following when analysing anything in
healthcare, research or the workforce in the [#NHS](#). We
are not a conglomerate group of people.
Thanks Evie

[ethnicity-facts-figures.service.gov.uk/style-
guide/et...](https://ethnicity-facts-figures.service.gov.uk/style-guide/et...)

Ask



Read!





Tweet



dr. jenn m. jackson

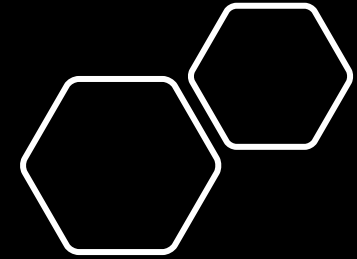
@JennMJacksonPhD



Stop arguing with people who didn't do the reading.

14:01 · 20/09/2022 · [Twitter for Android](#)

1,965 Retweets **216** Quote Tweets **10.4K** Likes





Evelyn Mensah, MBBS... · 30/09/2022

I **gifted** these 4 **books** to a former **#NHS** **#CEO**. I strongly believe that **#antiracism** should be a *core skill* of every **#NHS** leader if we want to achieve parity. What **books** have you **gifted** or read in your **#antiracism** or **#allyship** journey and how were they received?



37

90

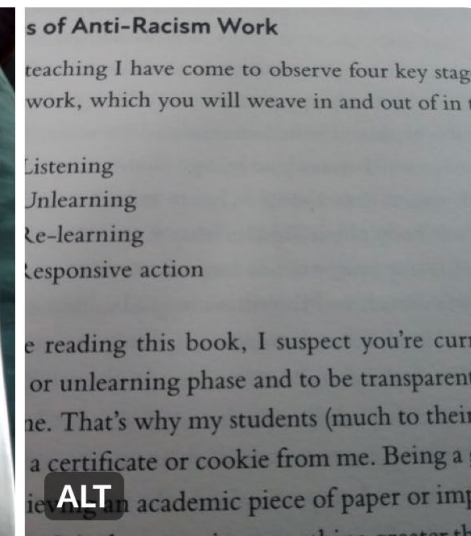
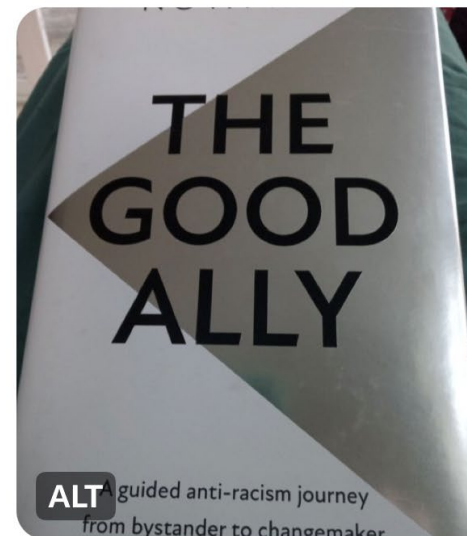
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anna baverstock

@anna_annabav

Reading this brilliant and at times wince inducing (with self recognition) book by [@novareidoffic](#). Mainly at the stage of listening and unlearning with the aim of re-learning and action.

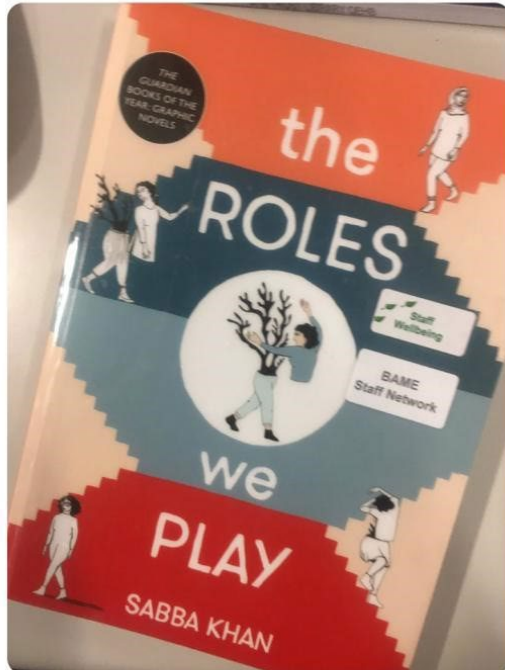




moomin
@MindyDawes3

Replying to @eveosh @minoritisedNHS and @anna_annabav

Loved this book @sabbakhan_ and highly recommend such a touching sharing of life journey (so far)



Tweet your reply

3 Retweets 1 Quote Tweet 9 Likes



Dr tulika jha #Creating @Tulika... · 6d ...
Replying to @MindyDawes3 @eveosh and 3 others

I loved this a lot !!!



Evelyn Mensah, MBBS, FRCOph... · 6d ...
Replying to @MindyDawes3 @minoritisedNHS and 2 others

Thank you for sharing Mindy



sabba ♦ eqqes @sabbakhan_ · 5d ...
I've also been working as part of a larger team on how the NHS can work to be a better more supportive place of employment for black and brown people, so it's nice to see my book getting picked up as part of these conversations 🥰❤️🙏



Show replies

I loved this and love everything by @EmmaDabiri . She's great!



Rachael Moses @NHSLeader · 6d ...
I've never read this book so have just ordered. Thank you for the recommendation ❤️

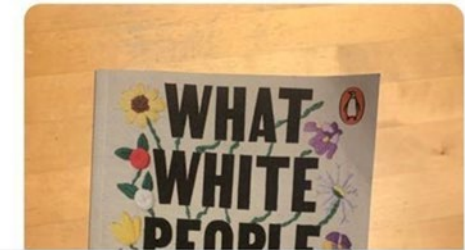


Emma Dabiri @EmmaDabiri · 6d ...
Replying to @nhhoward @eveosh and 2 others



Evelyn Mensah, MBBS, FRCOph... · 6d ...
I agree Natasha. I love this book and have both the book and the audio version. This aesthetically 'cute' book by @EmmaDabiri pulls absolutely no punches !! Also lovely to listen to Emma's beautiful dulcet tones 🥰

Would definitely recommend



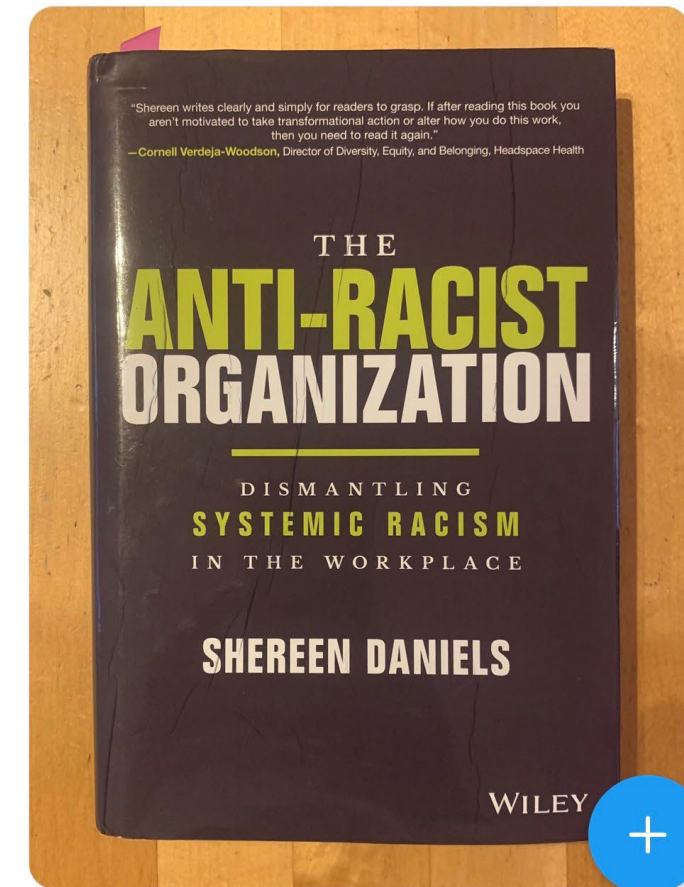


Evelyn Mensah, MBBS... · 30/09/2022 ...

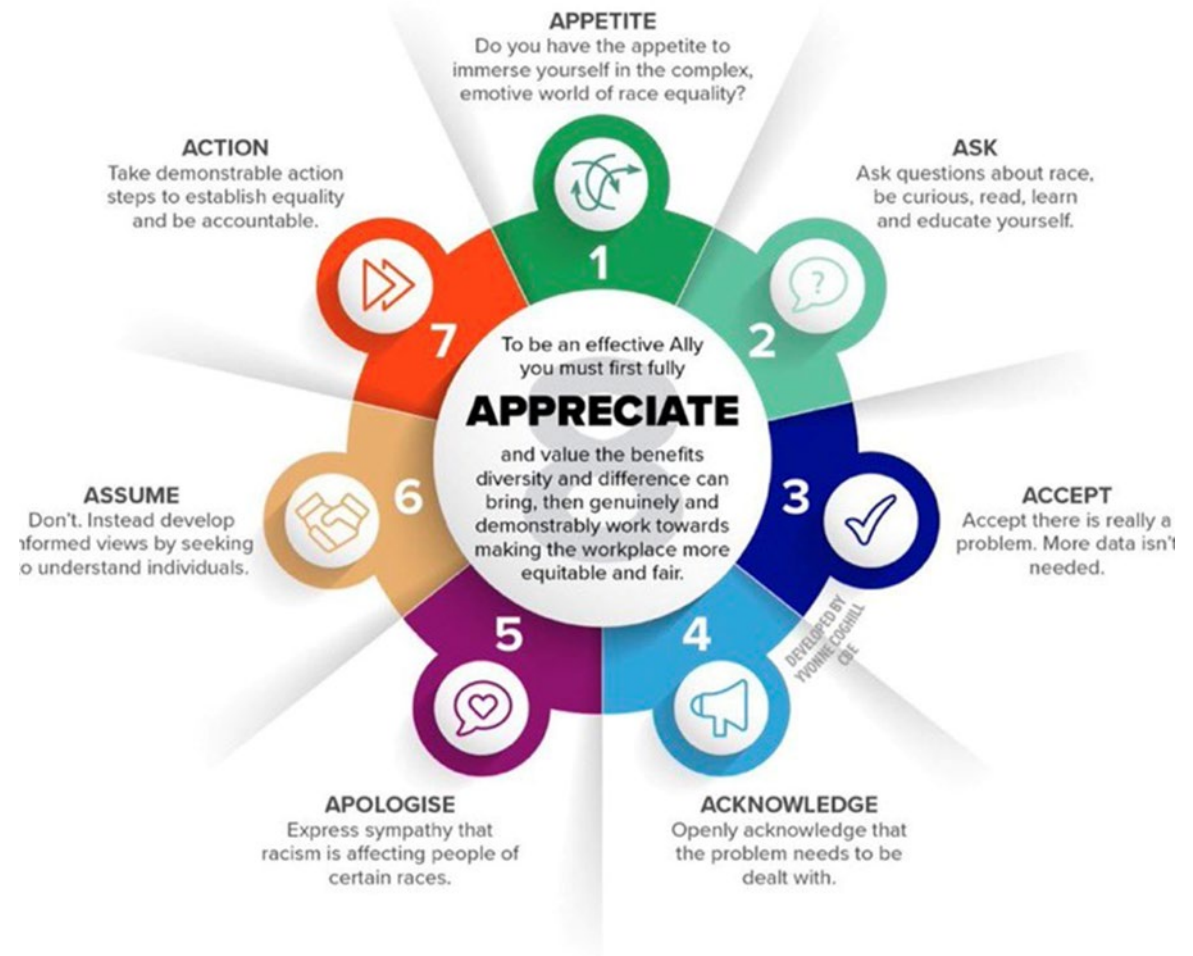
Replying to @eveosh

Talking of books, *THIS* book by @shereen_daniels is a must read. Every #NHS Trust leadership team should read this book. I've tweeted a whole thread previously about the "12 characteristics of an antiracist organisation" & how we can apply to our #NHS ↴

twitter.com/eveosh/status/...



Accept



NHS Staff Survey 2023

National results briefing





Participation

707,460

staff responded
(636,348 in 2022)



665,207

online responses
(593,977 in 2022)



42,253

paper responses
(42,371 in 2022)

48%

response rate
(up from 46% in 2022)

Note: These are overall figures which include trusts and non-trust organisations.

- Over 1.4 million NHS employees in England were invited to participate in the survey between September and November 2023.
- 268 NHS organisations took part, including all 213 trusts* in England.
- At each organisation, all eligible staff were invited to take part in the survey.
- Staff were sent either an email containing a link to the online survey or a paper questionnaire along with a letter containing a QR code for the online survey.
- Since 2021, the survey questions have been aligned with the [NHS People Promise](#), which sets out in the words of NHS staff the things that would most improve their working experience.
- The reporting is designed to track progress against the seven People Promise elements, and against two theme scores reported in previous years (see [Technical Details](#)). Sub-scores are reported across all measures**.
- The 2023 survey used the same methodology and timings as in previous years. All questions*** and key indicators reported in 2021 and 2022 were retained in order to maintain comparability of trend data.
- The survey was nationally administered by the **Survey Coordination Centre**, on behalf of **NHS England**.
- Please note, results for the mandated bank version for the NHS Staff Survey 2023 and the General Practice Staff Survey 2023 are reported separately.

* For reporting purposes, the integrated Isle of Wight NHS Trust is treated as four trusts, covering acute, community, mental health and ambulance services.

** Except for "We are recognised and rewarded" which has no sub-scores

*** Except for q30b "Has your employer made reasonable adjustments..." which is not comparable to results prior to 2022 due to a wording change

Under The Equality Act 2010,

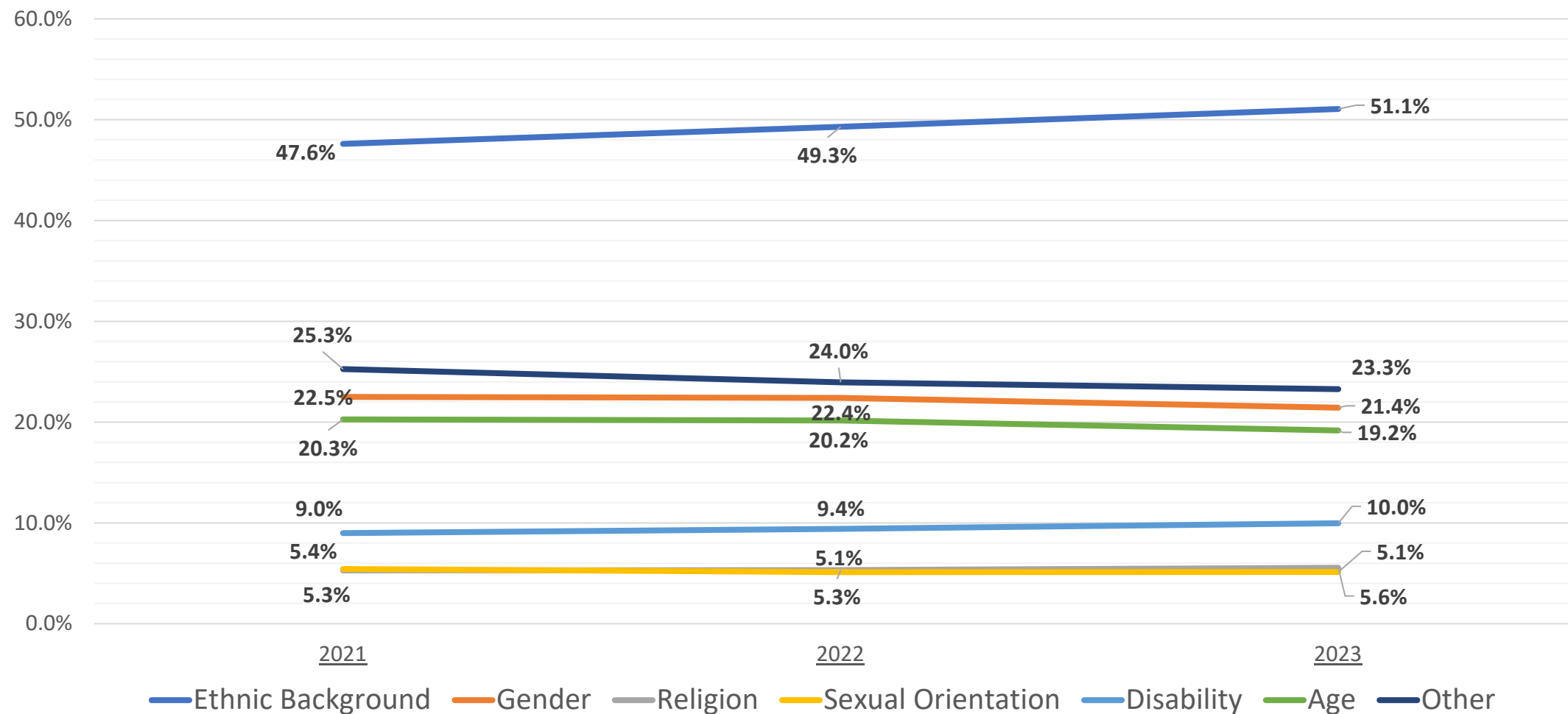
protected from discrimination - work, education, consumer, public services, buying/renting, club etc:

1. age
2. disability
3. gender reassignment
4. marriage and civil partnership
5. pregnancy and maternity
6. race
7. religion or belief
8. sex
9. sexual orientation



Equality Act 2010

2023 NHS Staff Survey findings: Discrimination reported by type - National



Source data: NHS National Staff Survey findings 2024 (www.nhsstaffsurveys.com) Q16c: In the last 12 months have you personally experienced discrimination at work

Acknowledgement: Dan Collard

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protected from discrimination - work, education, consumer, public services, buying/renting, club etc:

1. age
2. disability
3. gender reassignment
4. marriage and civil partnership
5. pregnancy and maternity
6. **race** 🔥🔥🔥
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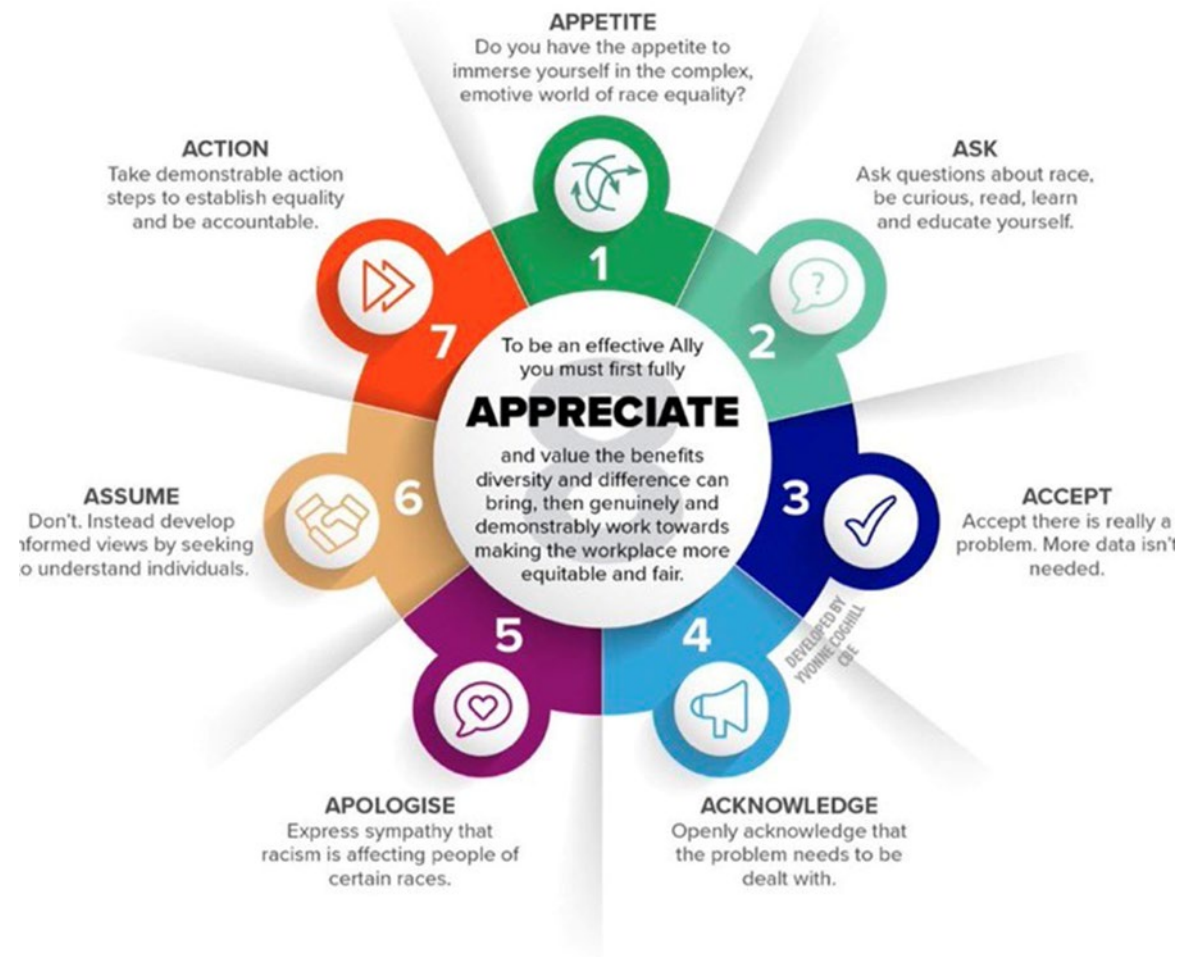
Equality Act 2010

Intersectionality



Designed by:
Louie Horne, BSc
Yvonne Coghill, CBE
Evelyn Mensah, MD

Aknowledge





King's Events

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**Anti-Racism and Health (Part 2) : Tools for Confronting Racism Denial by
Professor Camara Jones – 16 January 2023**

Four key messages

**Racism
exists**

**Racism
is a system**

**Racism saps the
strength
of the whole
society**

**We can act
to dismantle
racism**

Slide acknowledgement: Professor Camara Phyllis Jones, MD, MPH, PhD

What is racism?

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (which is what we call “race”), that

- Unfairly disadvantages some individuals and communities
- Unfairly advantages other individuals and communities
- Saps the strength of the whole society through the waste of human resources

Jones CP. Confronting Institutionalized Racism. *Phylon* 2003;50(1-2):7-22.

Jones CP, Truman BI, Elam-Evans LD, Jones CA, Jones CY, Jiles R, Rumisha SF, Perry GS. Using “socially assigned race” to probe *White* advantages in health status. *Ethn Dis* 2008;18(4):496-504.

Slide acknowledgement: Professor Camara Phyllis Jones, MD, MPH, PhD

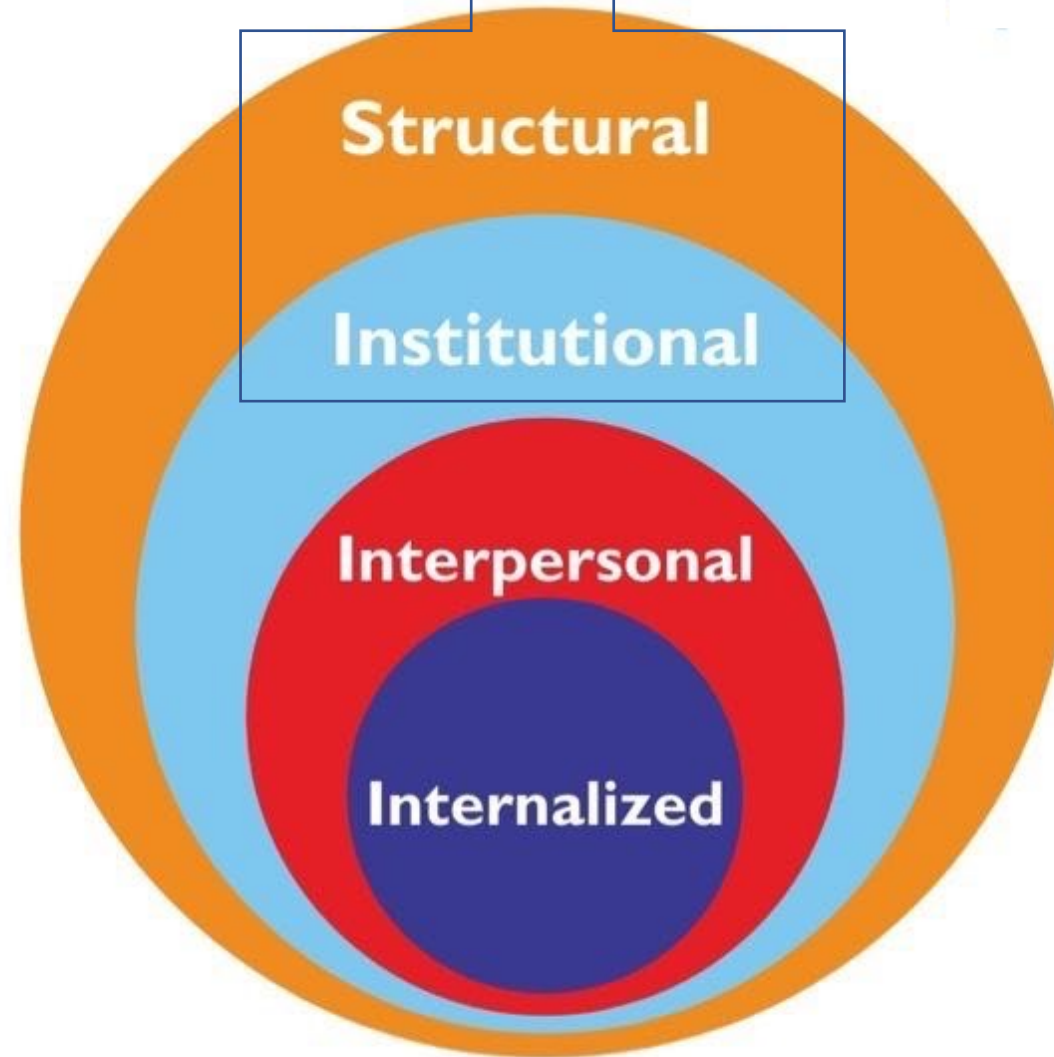
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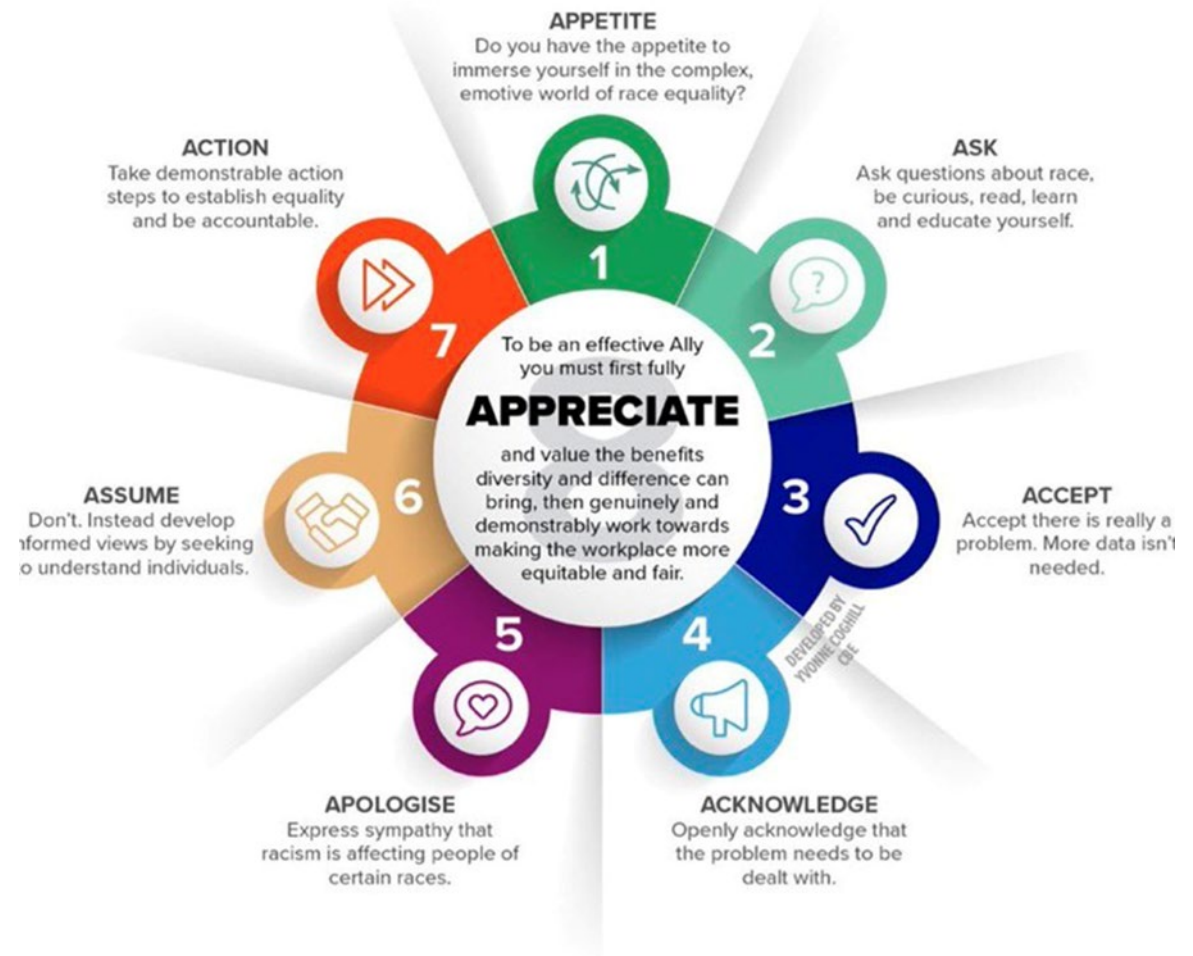
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Apologise



NHS England

WRES	MWRES
Workforce Race Equality Standard	Medical Workforce Race Equality Standard
Agenda for Change	Doctors & Dentists
8 reports 2015 – 2023 #9 WRES indicators  Trust Level reports	1 report July 2021 #11 MWRES indicators  Trust Level reports
	



INDICATOR 1

INDICATOR 2

INDICATOR 3

INDICATOR 4

INDICATOR 5

INDICATOR 6

INDICATOR 7

INDICATOR 8

INDICATOR 9

NHS Workforce Race Equality Standard (WRES)

2022 data analysis report for NHS trusts

February 2023

WRES indicator			Year							Trend
			2016	2017	2018	2019	2020	2021	2022	
1	Percentage of black and minority ethnic (BME) staff	Overall	17.7% *	18.1% *	19.1%	19.9%	21.1%	22.4%	24.2%	Overall
		VSM	5.4% *	5.3% *	6.9%	7.6%	7.9%	9.2%	10.3%	VSM
2	Relative likelihood of white applicants being appointed from shortlisting across all posts compared to BME applicants		1.57	1.60	1.45	1.46	1.61	1.61	1.54	
3	Relative likelihood of BME staff entering the formal disciplinary process compared to white staff		1.56	1.37	1.24	1.22	1.16	1.14	1.14	
4	Relative likelihood of white staff accessing non-mandatory training and continuous professional development (CPD) compared to BME staff		1.11	1.22	1.15	1.15	1.14	1.14	1.12	
5	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	BME	29.1%	28.4%	28.5%	29.7%	30.3%	28.9%	29.2%	BME
		White	28.1%	27.5%	27.7%	27.8%	27.9%	25.9%	27.0%	White
6	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	BME	27.0%	26.0%	27.9%	29.3%	28.4%	28.8%	27.6%	BME
		White	24.0%	23.0%	23.4%	24.4%	23.6%	23.2%	22.5%	White
7	Percentage of staff believing that trust provides equal opportunities for career progression or promotion **	BME			47.5%	44.6%	45.6%	44.0%	44.4%	White
		White			61.1%	59.0%	59.7%	59.6%	58.7%	BME
8	Percentage of staff personally experiencing discrimination at work from a manager/team leader or other colleagues	BME	14.0%	14.5%	15.0%	15.3%	14.5%	16.7%	17.0%	BME
		White	6.1%	6.1%	6.6%	6.4%	6.0%	6.2%	6.8%	White
9	BME board membership		7.1%	7.0%	7.4%	8.4%	10.0%	12.6%	13.2%	

* Data source: 2016-2017 - NHS workforce statistics website; 2018-2022 - SDCS/DCF data collection

** The way that indicator 7 is calculated has been changed for the NHS Staff Survey conducted in November and December 2021 and reported in 2022. Historic figures have been recalculated back to 2018. (Previously,

the figure was derived by dividing the number of "yes" replies by the sum of "yes" and "no" replies; presently, the figure is derived by dividing the number of "yes" replies by the sum of "yes," "no" and "don't know" replies.)

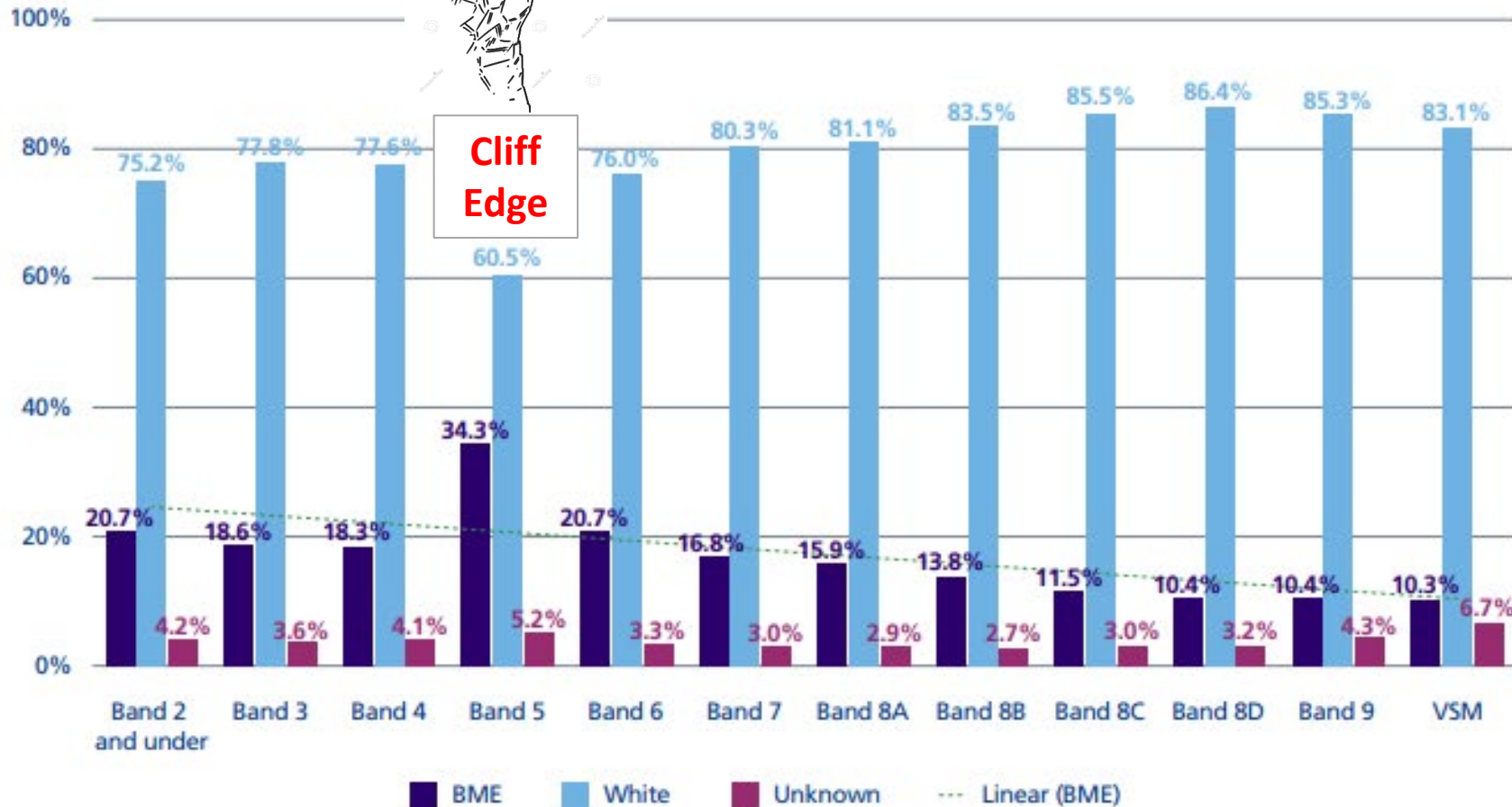
WRES indicator 1

NATIONAL

Percentage representation by ethnicity at each Agenda for Change (AfC) pay band, for staff in NHS trusts

National, March 2022

Figure 5.



Overall %BME workforce



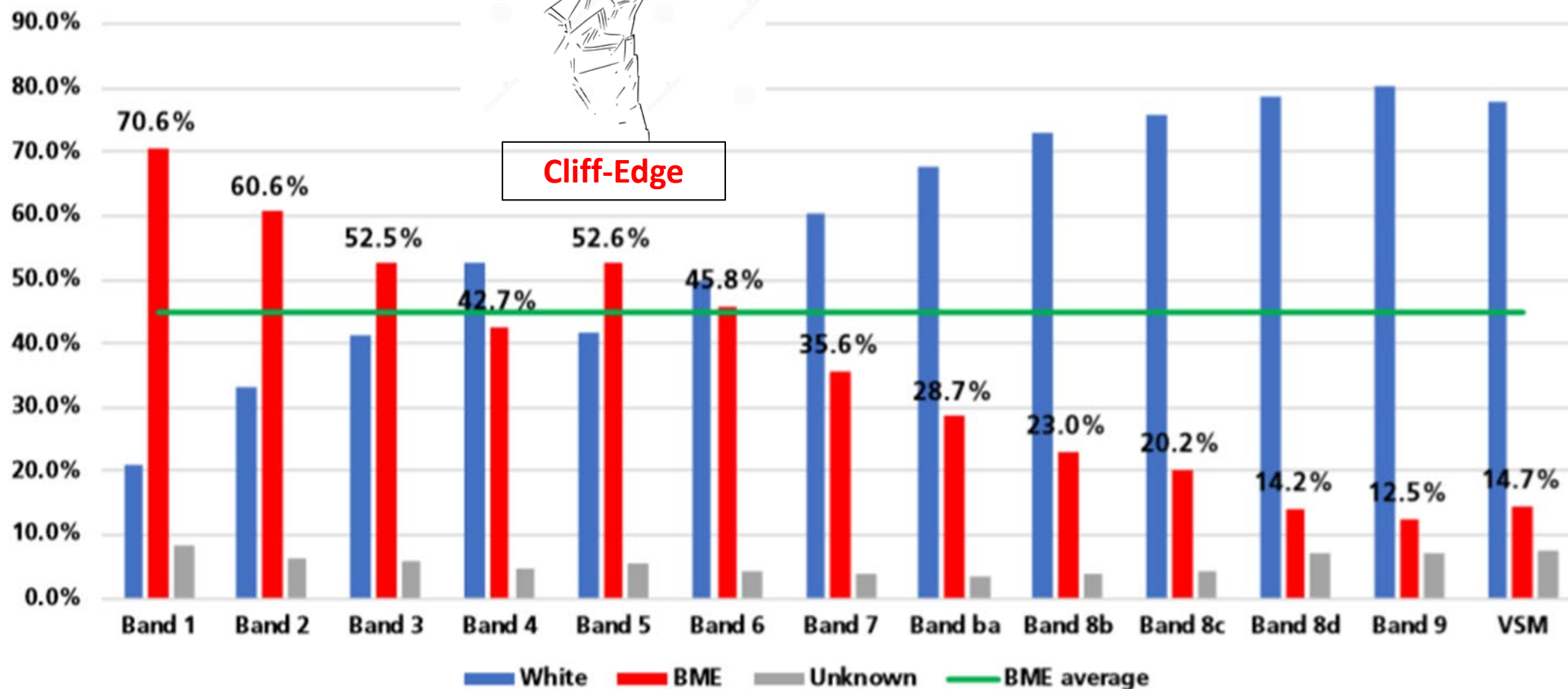
44.9% (92,487) of all staff work

sts are from a BME background

LONDON

Figure 3: Percentage
trusts in London: 201

fC pay band and ethnicity for NHS





INDICATOR 1

INDICATOR 2

INDICATOR 3

INDICATOR 4

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INDICATOR 11



Medical Workforce Race Equality Standard (MWRES)

WRES indicators for the medical workforce 2020

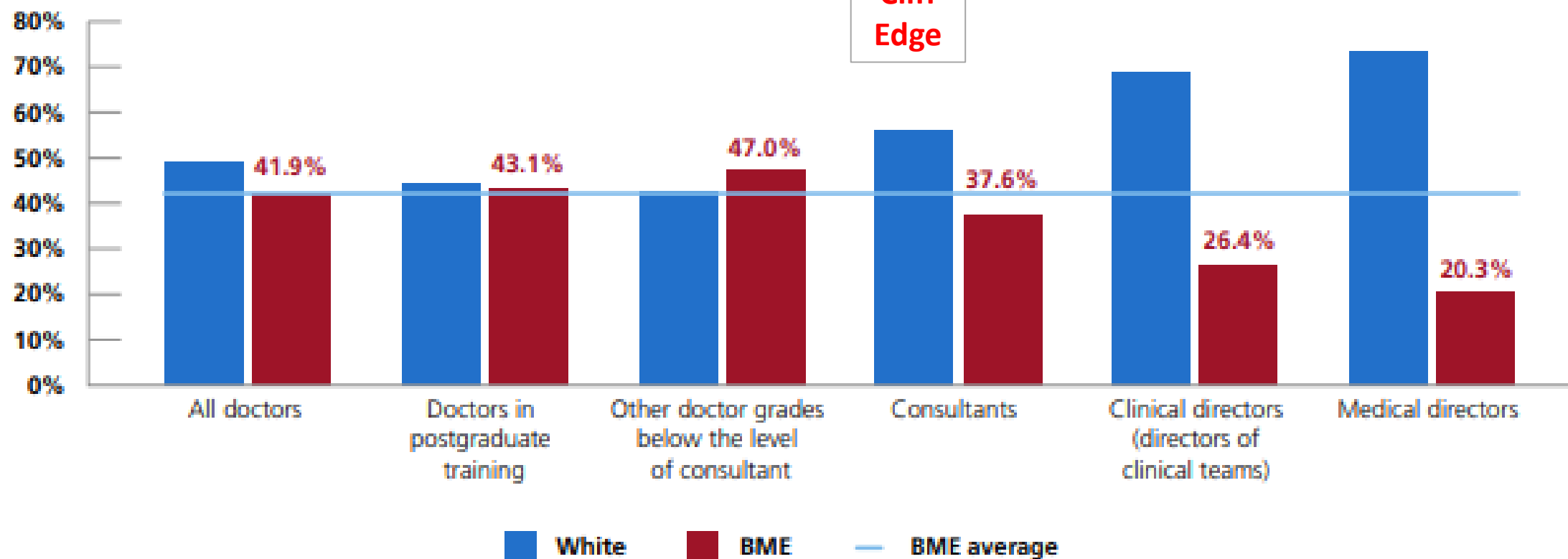
July 2021

On 31 March 2020, **41.9%** of the medical trusts and CCGs were from a **BME** background of the population



Cliff
Edge

total workforce in NHS compared to about 14%



The percentage of BME professors, senior lecturers and lecturers is significantly lower than the 41.9% of all BME doctors in NHS trusts and CCGs. Under representation is worst at the level of professor, only 16.1% of whom are from a BME background

Table 4: Clinical academics by ethnicity:

Dimension Consultants	2019	
	BME	White
Clinical academics - professor	16.1%	77.0%
Clinical academics - senior lecturer	23.1%	70.4%
Clinical academics - lecturer	24.4%	66.0%

Data source: NHS workforce statistics website.

NHS Workforce Race Equality Standard



A 2014 report on **The Snowy White Peaks** of the NHS highlighted the absence of black and minority ethnic staff from the NHS at senior levels.

Implementing the Workforce Race Equality Standard (WRES) is now a requirement for NHS commissioners and NHS provider organisations.

#WRES

WRES indicator 3

The relative likelihood of BME staff entering the formal disciplinary process compared to white staff

National and regional, March 2022

Figure 16.



Figure 17.



MWRES indicator 3

Referrals, complaints and investigations

Table 5: GMC referrals and complaints by employers – 2019

Referrals, complaints and investigations by employers 8.9% BME doctors compared to 4.3% white doctors were referred by their employers	2019	
	BME	White
Doctors referred by employers	8.9%	4.3%
UK medical graduates referred by employers		3.5%
EEA		8.7%
International medical graduates referred by employers		10.8%

Table 6: GMC investigations of referrals and complaints – 2019

Indicator description Once referred, 29% of referred BME doctors were investigated compared to 20% of white doctors	2019	
	BME	White
GMC investigations	29%	20%
UK graduate investigations		20%
International medical graduate investigations		32%

- The **biggest differences** were seen in the proportion of **referrals by employers**.
- **BME doctors x2** likely to receive a **complaint** or be **referred to the GMC** compared to their **white colleagues**.
- This was especially true for **international medical graduates (IMGs) x3** compared to **UK and European Economic Area (EEA)** trained doctors.
- **BME & IMG doctors** were also **more likely to be investigated by the GMC** after they were referred or a complaint was received.

FAIR TO REFER?



June 2019

Reducing disproportionality in fitness to practise concerns reported to the GMC

This independent research conducted by Dr. Doyin Atewologun & Roger Kline, with Margaret Ochieng, was commissioned by the General Medical Council to understand why some groups of doctors are referred to the GMC for fitness to practise concerns more, or less, than others by their employers or contractors and what can be done about it.

1% of **Black, Asian, minority ethnic doctors** were referred to the GMC by employers 2012–17 compared to 0.5% of white doctors. **x2**

1.2% of **non-UK graduate doctors** were referred to the GMC by employers 2012–17 compared to 0.5% of UK graduate doctors. **x2.5**

Mr David Sellu

In February 2010 Consultant Colorectal Surgeon David Sellu operated on a patient with a perforated bowel. Despite David's efforts, the patient died two days later.



There followed a sequence of extraordinary events that led to David being tried at the Old Bailey and convicted of Gross Negligence Manslaughter. He served 15 months in prison and was eventually released on licence until the remainder of the two-and-a-half year sentence expired.

Ian Paterson inquiry: more than 1,000 patients had needless operations

Report says hospitals displayed wilful blindness to damaging operations on hundreds of patients

● **Paterson patients welcome milestone and vow to fight on**



▲ The report says Ian Paterson manipulated and lied to people and broke the rules to facilitate his malpractice.
Photograph: Joe Giddens/PA

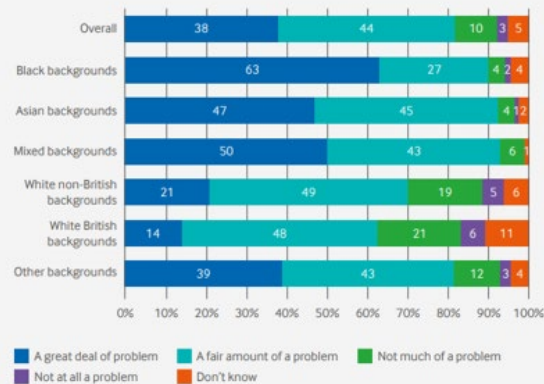
The rogue breast surgeon Ian Paterson subjected more than 1,000 patients to unnecessary and damaging operations over 14 years before he was stopped, an independent inquiry has found.



Racism in medicine

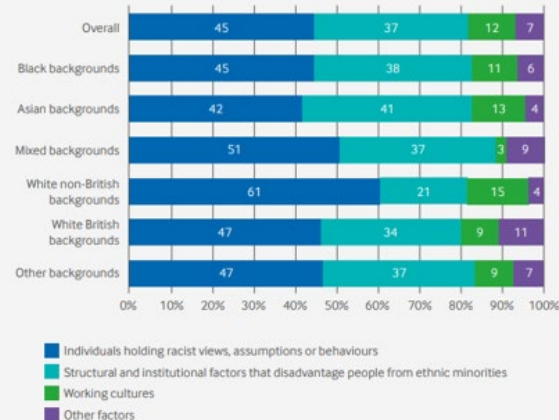
General views on the scale of racism as an issue in medicine

To what extent do you think racism is a problem in the medical profession? (n=1845)



Perceptions of the key drivers of racism in medicine

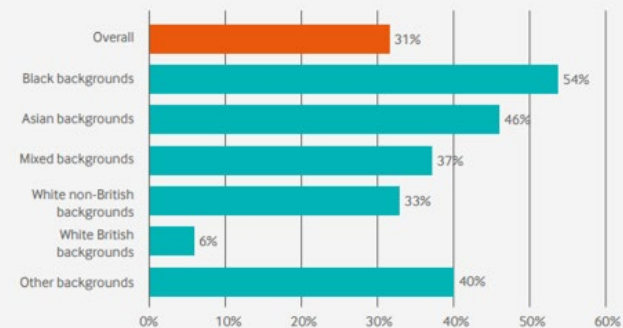
What do you think are the main drivers of racism in your workplace? (n=1534)



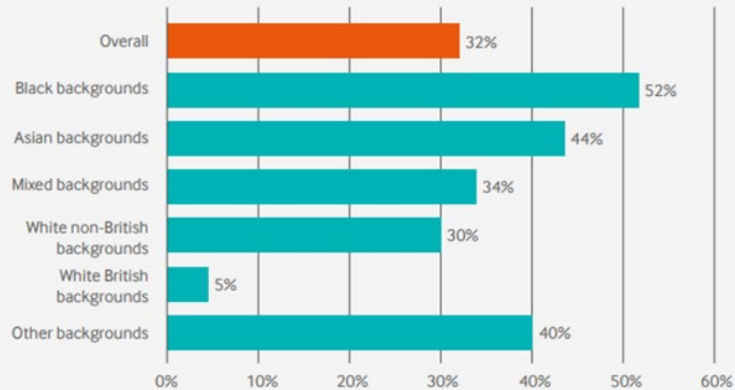
Key Themes

1. Discrimination regarding clinical practice and judgement
1.1 Assumptions about clinical ability or professionalism

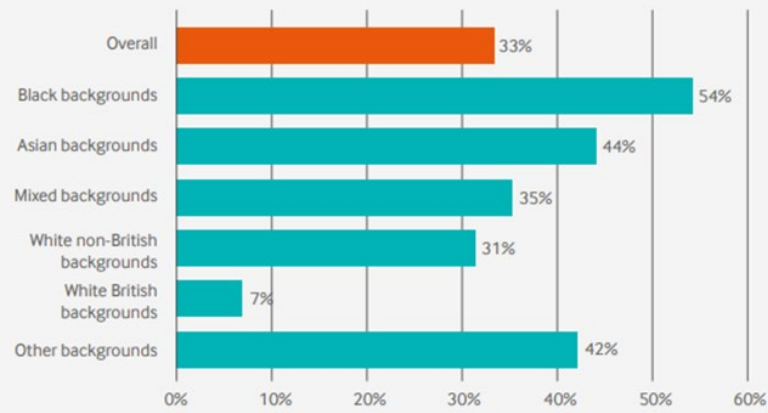
Having your clinical ability or professionalism doubted (n=857)



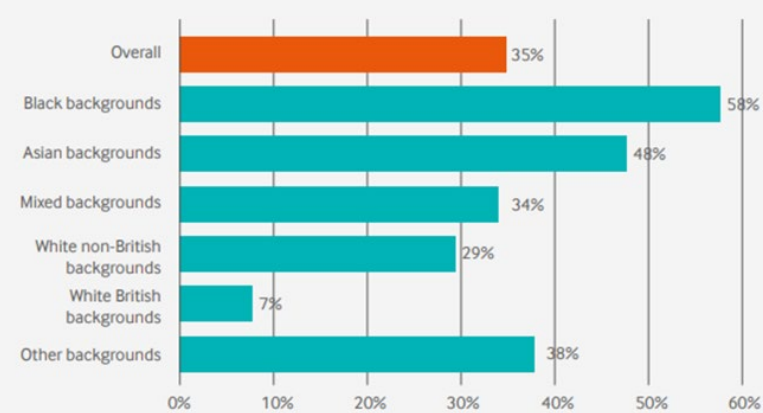
Being ignored or socially excluded from conversations, communications or group activities (n=840)



Derogatory comments/behaviours (n=840)



Assumed to be a more junior role (n=1047)





- There is no evidence yet, that the attainment gap between doctors of different ethnicities is significantly narrowing over time.

Tackling disadvantage in medical education

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

General
Medical
Council

Differential Attainment

Systemic difference in professional and developmental outcomes

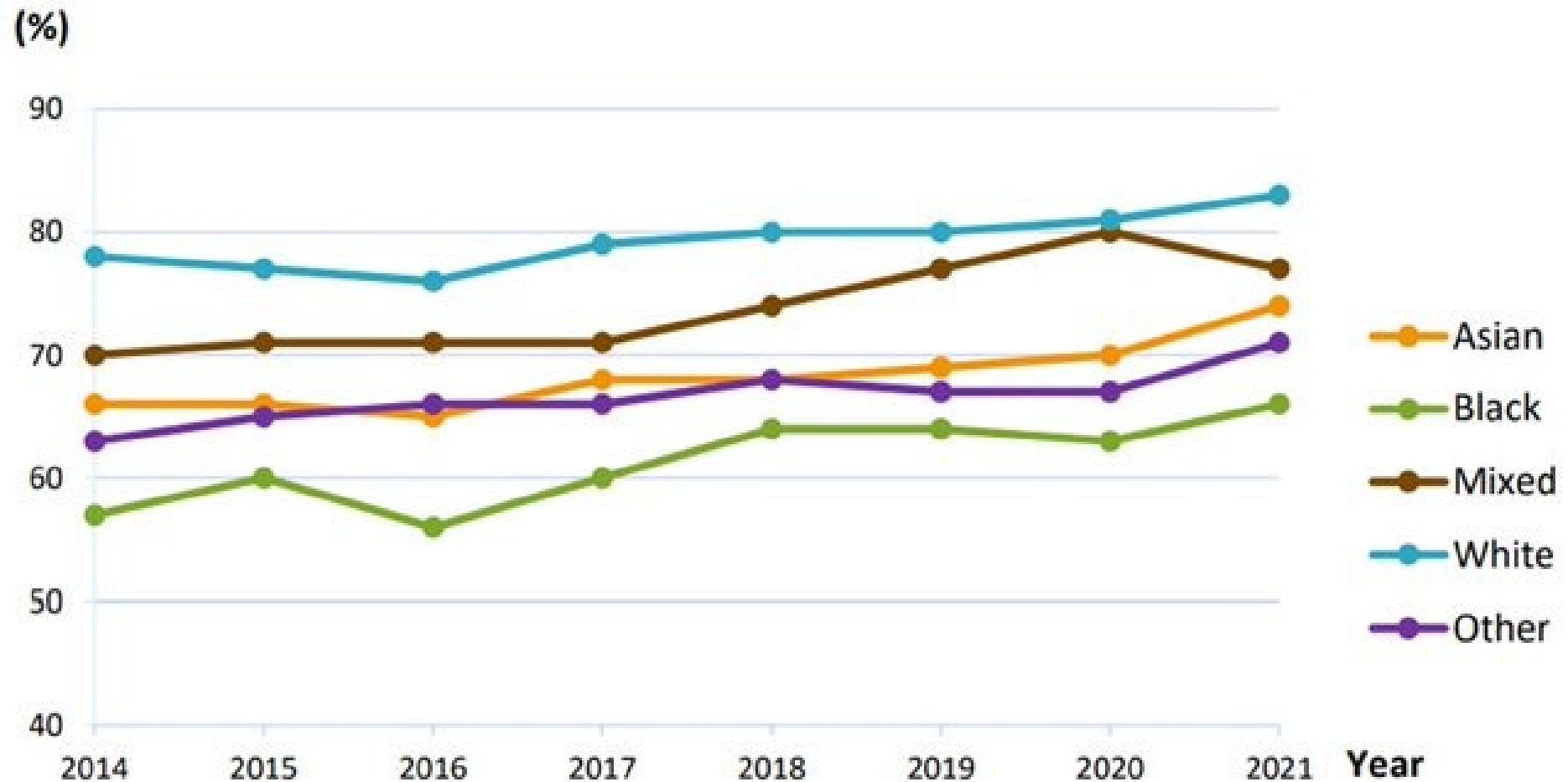
Between groups of doctors that share a **common protected characteristic** (GMC used 'race')

Difference in the **average group performance** and not at the individual level

Systematic differences in performance related to protected characteristics **should not exist** in a just and fair system

Exam outcomes

Figure 1: Specialty exam pass rates for UK trained doctors by ethnic group, 2014 – 2021



Doctors n= 13,721 (2014); 13,739 (2015); 14,511 (2016); 14,565 (2017); 14,502 (2018); 14,668 (2019); 10,913 (2020); 16,049 (2021) "no information on ethnic group" removed

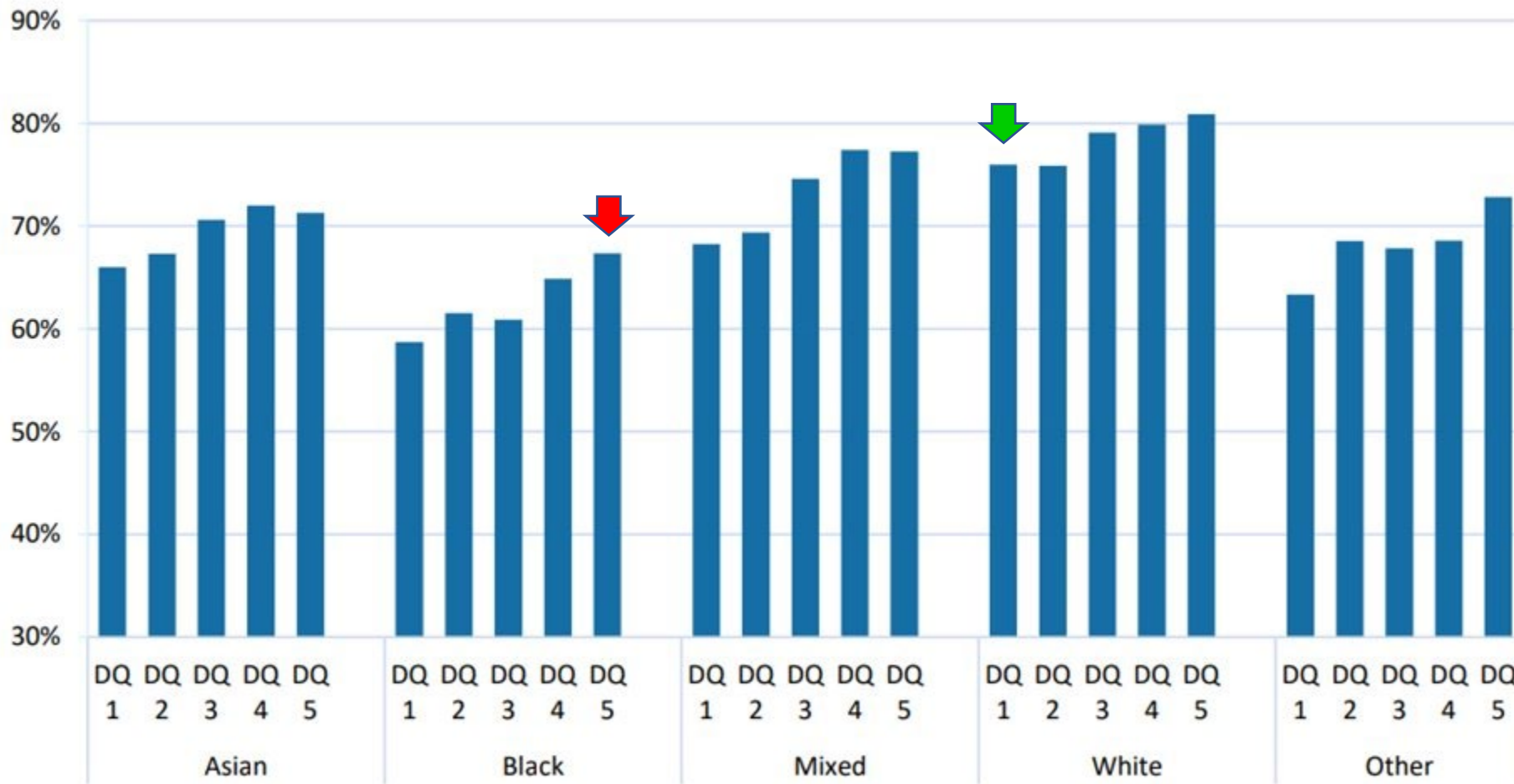
ARCP outcomes

Table 1: Average percentage of UK graduate trainees receiving ARCP outcome 2, 3, 4, 7.2, 7.3, D or E, 2010 – 2021

Ethnic group	Average % trainees receiving unsatisfactory ARCP outcome 2, 3, 4, 7.2, 7.3, D or E 2010 2021
Asian	8% (n = 139,788)
Black	11% (n = 15,206)
Mixed	7% (n = 22,447)
White	6% (n = 417,917)
Other	8% (n = 18,264)

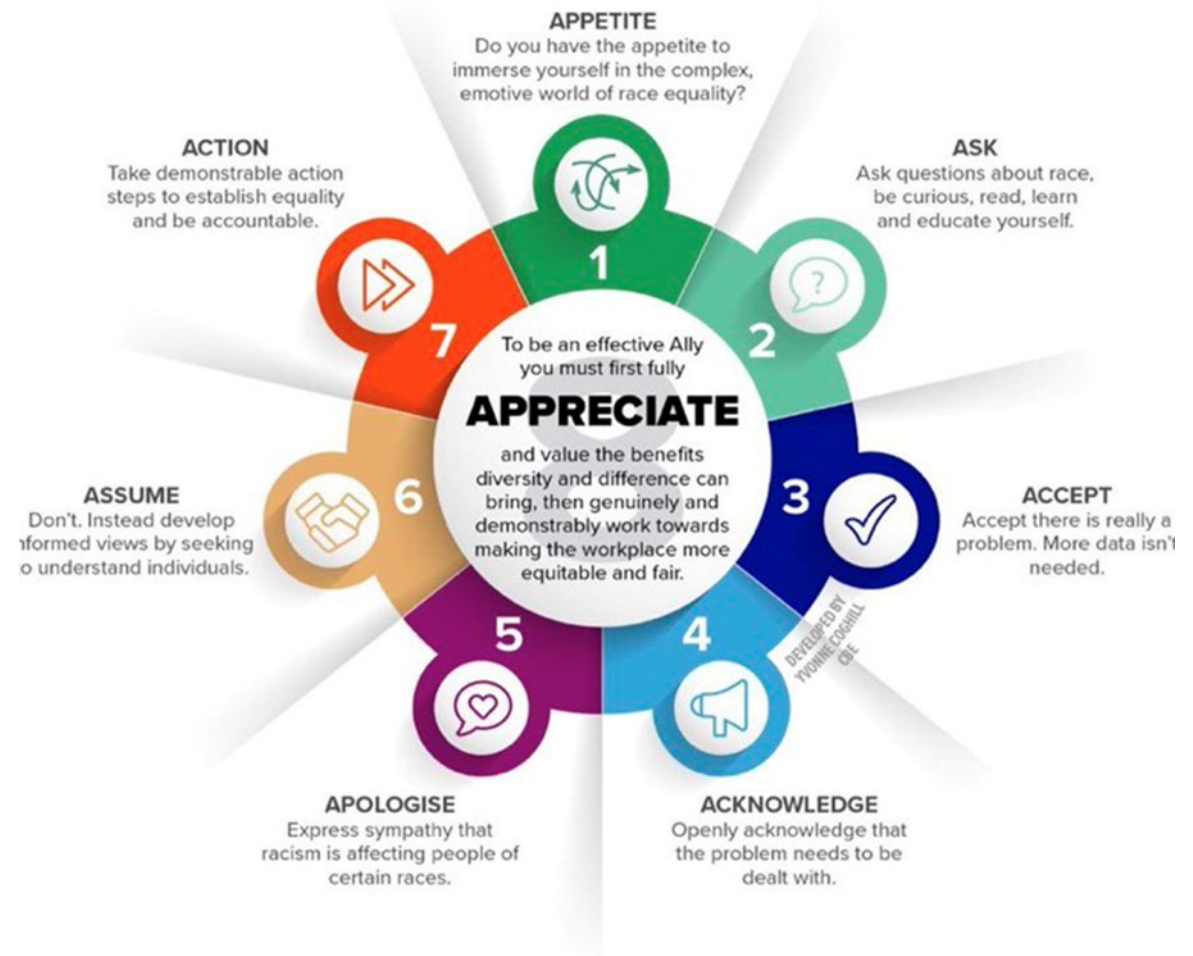
n = number of ARCP outcomes

Figure 16: Average % specialty exam pass rate, for doctors with a UK PMQ, by ethnic group and deprivation quintile, 2014 – 2021



Doctors n = 10,590 (UK PMQ Asian) 1,238 (UK PMQ black) 1,906 (UK PMQ mixed) 36,689 (UK PMQ white)
1,239 (UK PMQ other)

Don't
Assume



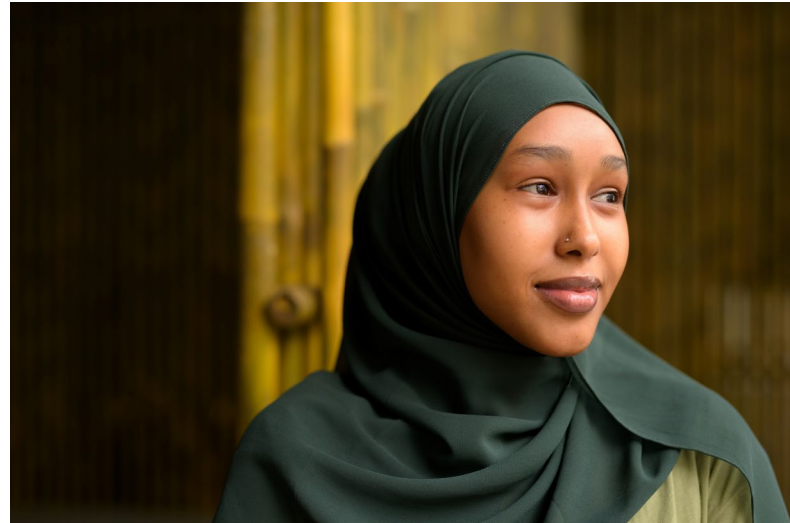
Compassionate Leadership

Understanding

- ❖ Demonstrating genuine empathy by acknowledging the feelings and concerns of staff
- ❖ Involves taking time to properly explore and understand the situations people are struggling with
- ❖ Implies valuing and exploring conflicting perspectives rather than leaders simply imposing their own understanding



The ability to understand, communicate with, and effectively interact with people across cultures.



Involves being aware of one's own worldviews and biases, gaining knowledge of different cultural practices and worldviews, and developing skills to manage and navigate cultural differences.

Action





We need, in every community, a
group of angelic troublemakers.

— *Bayard Rustin* —

AZ QUOTES



Tweet



Evelyn Mensah, MBBS, MD, FRCOph...
@eveosh

We, [#AngelicTroublemakers](#), cordially invite you to a *Silent Vigil* for Dr Valentine Udoe. Please join us in solidarity:-

- 🕒 Same time - 10.30
- 📍 Same place - GMC, Euston Rd
- 📅 Same day - Sat 29th Oct
- 🕒 Every week - silent vigil
- 🕒 Until [@gmcuk](#) drops case

[#JusticForDrUdoe](#)

RT



We need, in every community, a group of angelic troublemakers.

— Bayard Rustin —

AZ QUOTES

18:30 · 26/10/2022 · [Twitter for iPhone](#)

Hark! Angelic Troublemakers sing



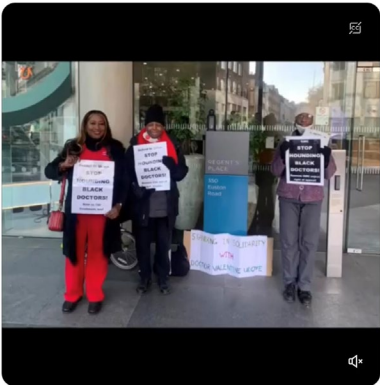
Evelyn Mensah, MBBS,... · 12/03/2023
Reel 5 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
19th Nov 2022

Don't give up
You still have us
Don't give up
You don't need much of anything
Don't give up
Somewhere there's a place
Where we belong



Evelyn Mensah, MBBS,... · 12/03/2023
Reel 9 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
17th Dec 2022

Oh I get by with a little help from my
friends



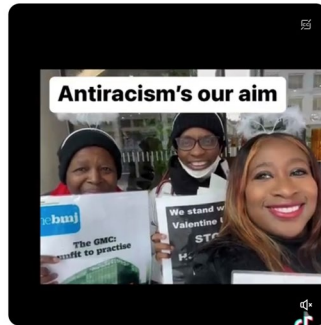
Evelyn Mensah, MBBS,... · 12/03/2023
Reel 11 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
31st Dec 2022

Should auld oppression be forgot
Though racism lingers on
End bias by the GMC
We'll fight for justice & equity
Auld Lang Syne our Angelic Friends
Let's fight racism until it ends



Evelyn Mensah, MBBS,... · 12/03/2023
Reel 1019 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
24th Dec 2022

Hark! Angelic Troublemakers sing
Justice will prevail all things
Peace on earth & mercy mild
We won't stop till reconciled
Come on all Black Drs rise
GMC open ur eyes



Evelyn Mensah, MBBS,... · 12/03/2023
Reel 6 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
26th Nov 2022

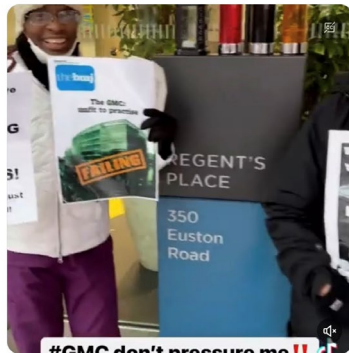
You can count on me like 1 2 3
I'll be there
And I know when I need it
I can count on you like 4 3 2
And you'll be there
Cos that's what friends are s'posed to do



Evelyn Mensah, MBBS,... · 12/03/2023
Reel 12 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
7th Jan 23

If anybody pressure you dis year
You know one ting you go do
Just block 'em
Delete 'em
Remove 'em
For your contact x2

#GMC Don't pressure me x2
#GMC Don't pressure me x2



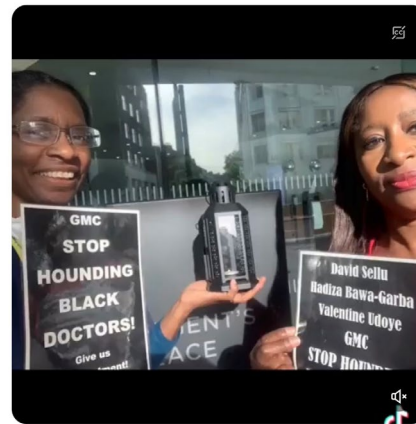
Evelyn Mensah, MBBS,... · 12/03/2023
Reel 4 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
12th Nov 2022

The more you refuse to hear my voice
The louder I will sing
You hide behind walls of Jericho
Your lies will come tumbling
Deny my place in time you squander wealth
that's mine



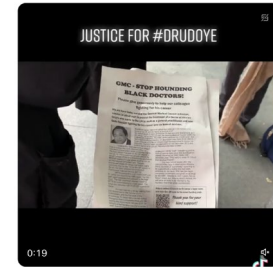
Evelyn Mensah, MBBS,... · 12/03/2023
Reel 15 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
28th Jan 23

Fight the power
This is a call to action



Evelyn Mensah, MBBS, MD, FRCophth... · 12/03/2023
Reel 8 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
5th Nov 2022

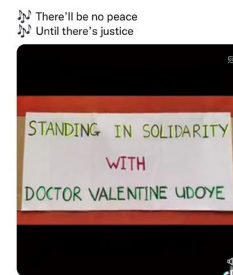
Let the rain fall on my enemies
Fall on my enemies



Evelyn Mensah, MBBS, MD, FRCophth... · 25/12/2022
Reel 3 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
5th Nov 2022
Let the rain fall on my enemies
Fall on my enemies



Evelyn Mensah, MBBS,... · 12/03/2023
We made 16 music reels to bring attention to the case of #DrUdoeye over a period of 20 weeks.
Here are all the music reels in
1 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
22nd Oct 2022



Evelyn Mensah, MBBS,... · 12/03/2023
Reel 13 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
14th Jan 23
Sam at #GMC
Evie in #Glasgow



29 views
152 1 2 4

Evelyn Mensah, MBBS,... · 25/12/2022
Christmas Eve 2022 'Silent Vigil'
We dedicate this reel to all #doctors who have died & suffered ill health whilst undergoing unmeritorious investigation by General Medical Council #GMC@gmcuk
We're thinking of them & their families this holiday
#AngelicTroublemakers



Evelyn Mensah, MBBS,... · 12/03/2023
Reel 14 where we stood in
#SolidarityWithDrUdoeye outside the #GMC
21st Jan 23
Shakara
Empty vessels make more sound....



1st Saturday
22nd Oct 2022

Standing up for black medics

CONSULTANT eye surgeons Evelyn Mensah and Samantha Gordon had a clear message for the General Medical Council: "Stop hounding black doctors."

In a silent vigil outside the regulatory body's office in Euston, they drew attention to the latest in a slew of cases in which the GMC have relentlessly pursued black and Asian doctors.

The most recent is of Nigerian doctor Valentine Udoeye, accused of "dishonesty" in completing a form incorrectly, stating that he was on the GP register when he was not.

Despite admitting this as an innocent mistake and being exonerated by an independent tribunal's twice, the GMC has now taken Dr Udoeye to the High Court,

saddling him with a £26,500 legal bill.

The hearing has been postponed after Dr Udoeye was taken to hospital with

suspected cardiac problems.

Dr Mensah and Dr Gordon have set up a petition that has been signed by more than 200 doctors of African origin

expressing their anger at the GMC's approach.

It comes only weeks after the closure of the case of Asian doctor Manjula Arora, also accused of "dishonesty" and suspended following a dispute about the way she had requested a laptop for her work.

Despite its 2021 report, Fair to Refer, commissioned by the GMC to address over-referral of ethnic doctors, they are still twice as likely to face the regulator as their white counterparts.

Dr Udoeye, who became aware of the vigil on his behalf through social media, said: "I feel supported and I feel like I'm not alone."

The petition in support of Dr Udoeye can be found on the Change.Org website and a crowd-funder is also online.



Samantha Gordon and Evelyn Mensah

20th Saturday
4th March 2023

#DrUdoeye
said
#ResolveNotRefer

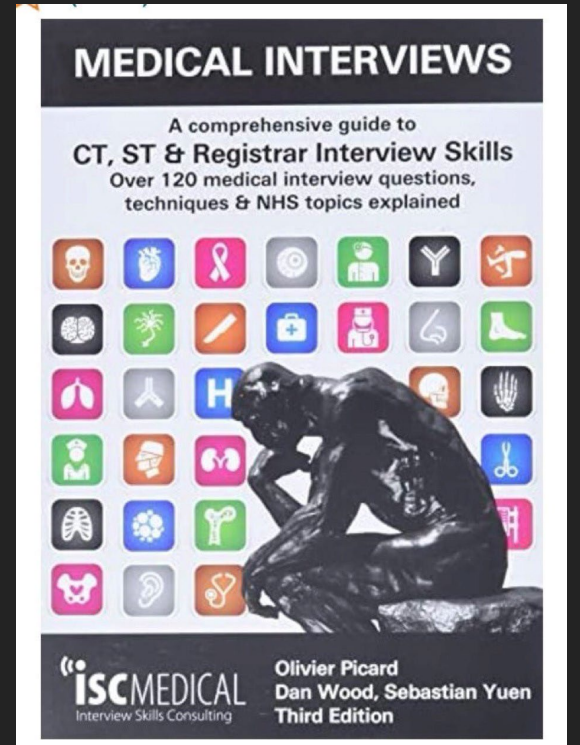
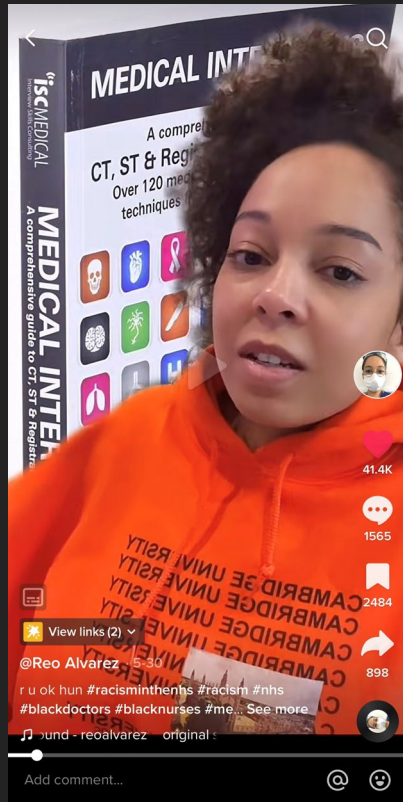


TikTok

@evelynmensah003

Decolonise the Medical Curriculum

Call-out Racism
in
Medical Textbooks



Offered to
re-write Q's
with
model A's

Wrote two scenarios

Racist Patient – You are the
consultant

Racist Colleague – You are the
trainee

Antiracist model answers

MEDICAL INTERVIEWS

A comprehensive guide to
CT, ST & Registrar Interview Skills
Over 120 medical interview questions, techniques
& NHS topics explained



**ISC
MEDICAL**

Fourth Edition

Olivier Picard, Dan Wood, Sebastian Yuen,
Rachael Harlow and Evelyn Mensah

Published
19th October
2023



Post



Evelyn Mensah - Friends call me Evie

@eveosh

Please read my [@BMJLeader](#) blog on Institutional Betrayal from the highest echelons of [@NHSEngland](#), [@gmcuk](#) & [@TheBMA](#) against:

- 1 Dr Farah Jameel
- 2 Dr Kayode Oki
- 3 Dr Valentine Udoye

My call to action is for Institutional Courage

[#InstitutionalBetrayal](#)
[#InstitutionalCourage](#)

Blog | BMJ Leader

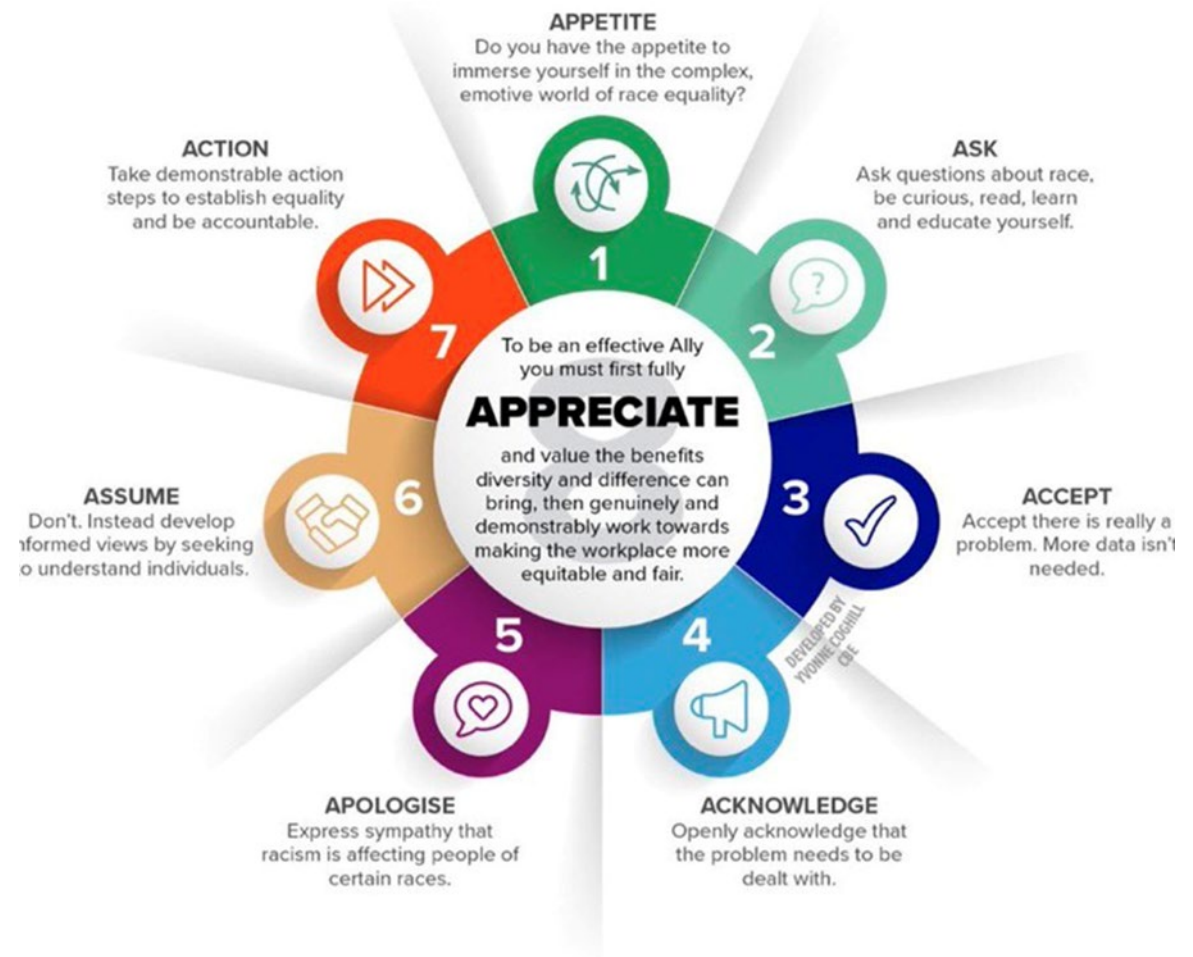
Healthcare Inequalities and Social Justice Blog Series: Empowering Social Justice in The National Health Service: from Courageous Individuals to Courageous Institutions. By Evelyn Mensah

Posted on [October 19, 2023](#) by [mthompson](#)

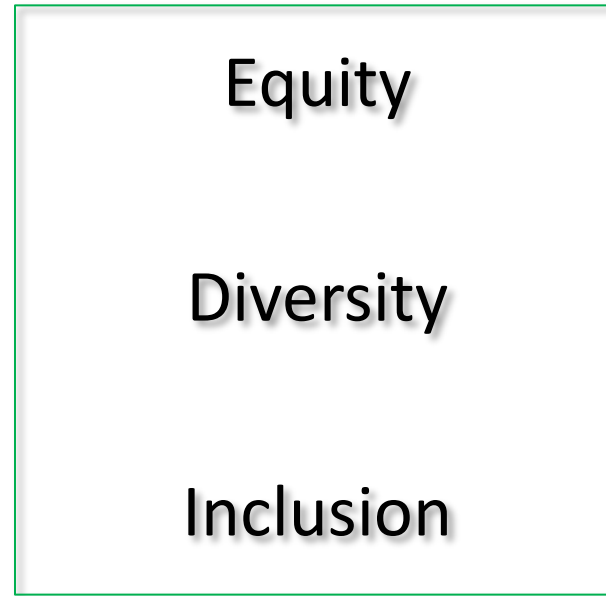
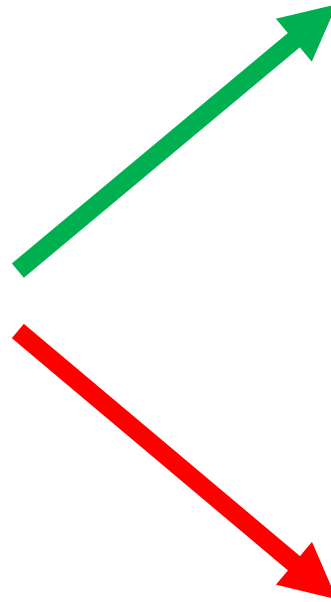


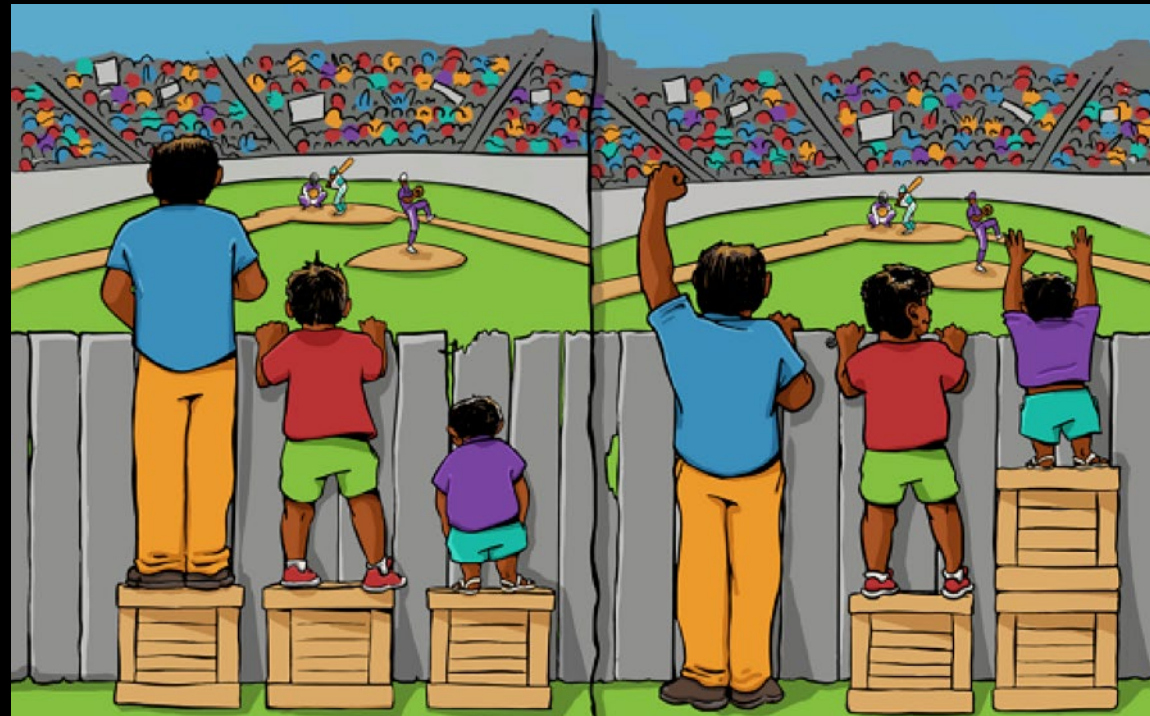
For the Global Majority of the National Health Service (NHS) workforce, the concept of “institutional courage” offers social justice and empowerment. Institutional courage is important because it embodies commitment of healthcare institutions and leaders to challenge biases and dismantle systemic barriers. It acts as a mechanism that approaches a more equitable and inclusive workplace. Therefore, it’s absence, typically manifests as “institutional betrayal” which fundamentally undermines trust and perpetuates inequity. In this blog, I describe three examples of institutional betrayal, explore the role of courageous individuals, and conclude by listing 11 key elements associated with institutional courage.

Appreciate



What is EDI?





EQUALITY

Equality = Sameness

Equality promotes fairness and justice by giving everyone the same thing.

BUT, it can only work if everyone starts from the same place. In this example, equality only works if everyone is the same height.

EQUITY

Equity = Fairness

Equity is about making sure people get access to the same opportunities.

Sometimes our differences or history can create barriers to participation, so we must *FIRST ensure EQUITY* before we can enjoy equality.

Source: Angus Maguire for the Interaction Institute for Social Change <http://interactioninstitute.org/illustrating-equality-vs-equity/>

Diversity: Sep 2020 / June 2021

Sep 2020

BGT 'George Floyd'
routine drew
31,000 Ofcom complaints
and the Ashley himself
was subject to horrific
racist abuse online.

June 2021

Bafta TV Awards,
Diversity's dance
won Virgin Media's
must-see moment
a category
voted for by the public.



diversity

/dʌɪ'və:sɪti,dɪ'və:sɪti/

noun

1. the state of being **diverse**; variety.

'Society needs to put a different value on caring, we still need to learn to celebrate diversity among women.'

2. the practice or quality of **including** or **involving** people from a range of different **social** and **ethnic** backgrounds and of different **genders**, **sexual orientations**, etc.

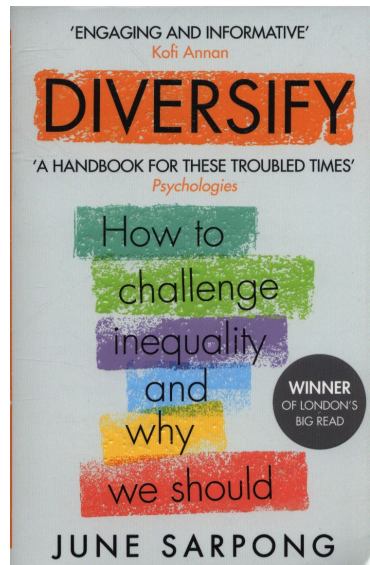
'In a perfect world, diversity and inclusion would come naturally.'

Diversity & Inclusion

June Sarpong

BBC's 1st Director of Creative Diversity

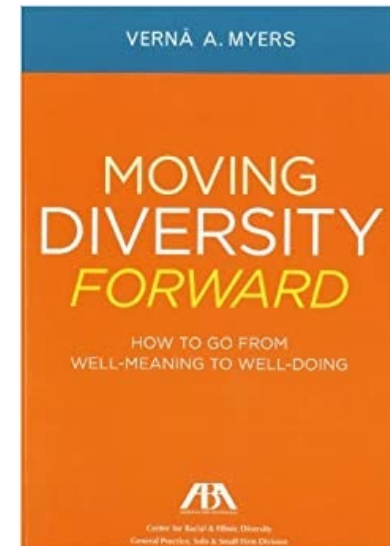
*"Diversity is where you count the people
Inclusion is where you make the people count"*



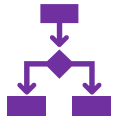
Vernā Myers

Vice President of Inclusion Strategy at Netflix

*"Diversity is being invited to the party,
Inclusion is being asked to dance"*



Inclusion → Belonging



Inclusion assumes a position of power & superiority



Exclusion means no seat on the table of opportunity



Belonging means you are supposed to be there





Tweet



Evelyn Mensah, MBBS, MD, FRCOphth... ...
@eveosh

Remembering @yvonnecoghill1 8As of #Authentic #Allyship. Being an #ally requires deep commitment & learning. Not for faint hearted nor short-term. It's deep rooted on path to #antiracism.

I'm wondering if we need a 9th A 

 9 *Avoid* acting defensive when challenged on #racism



Links between NHS staff experience and patient satisfaction: Analysis of surveys from 2014 and 2015



**COLLABORATIVE
CENTRE**

- ◊ ETHNIC INEQUALITIES
- ◊ SEVERE MENTAL ILLNESS
- ◊ MULTIPLE DISADVANTAGE

BRIEFING PAPER

The impact of racism on mental health

MARCH 2018

Black and Asian women have a higher risk of dying in pregnancy

White women			9/100,000
Mixed ethnicity women		1.3x	12/100,000
Asian women		1.8x	16/100,000
Black women		3.7x	34/100,000

Maternal, Newborn and
Infant Clinical Outcome
Review Programme

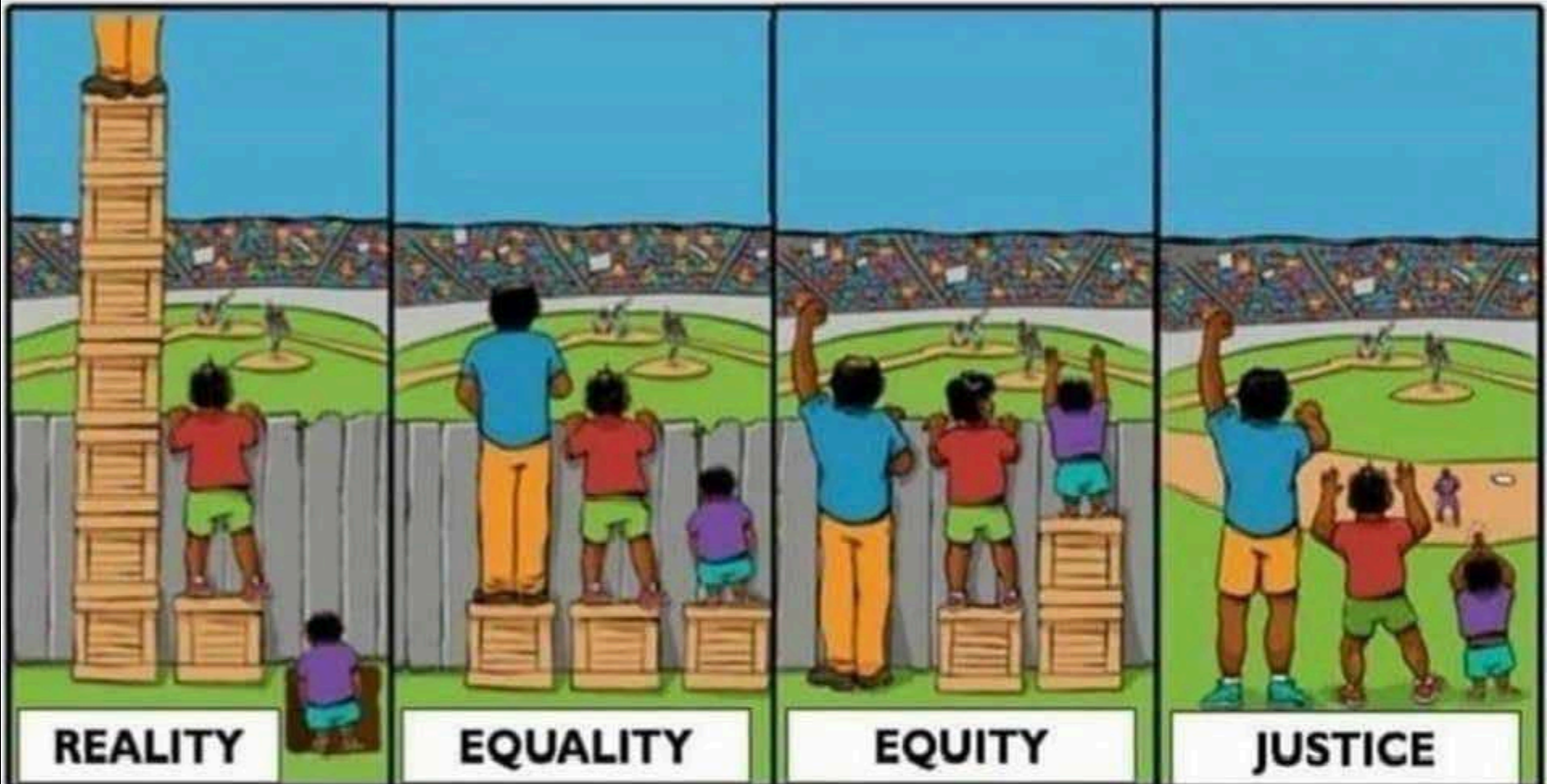


Saving Lives, Improving Mothers' Care

Lessons learned to inform maternity care from the
UK and Ireland Confidential Enquiries into
Maternal Deaths and Morbidity 2016-18



December 2020



REALITY

One gets **more than** is needed, while the other gets **less than** is needed. Thus, a huge disparity is created.

EQUALITY

The assumption is that **everyone benefits from the same supports**. This is considered to be equal treatment.

EQUITY

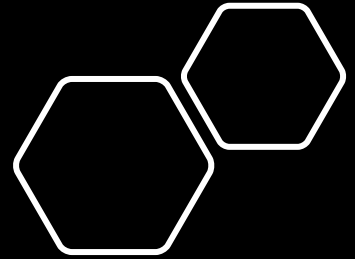
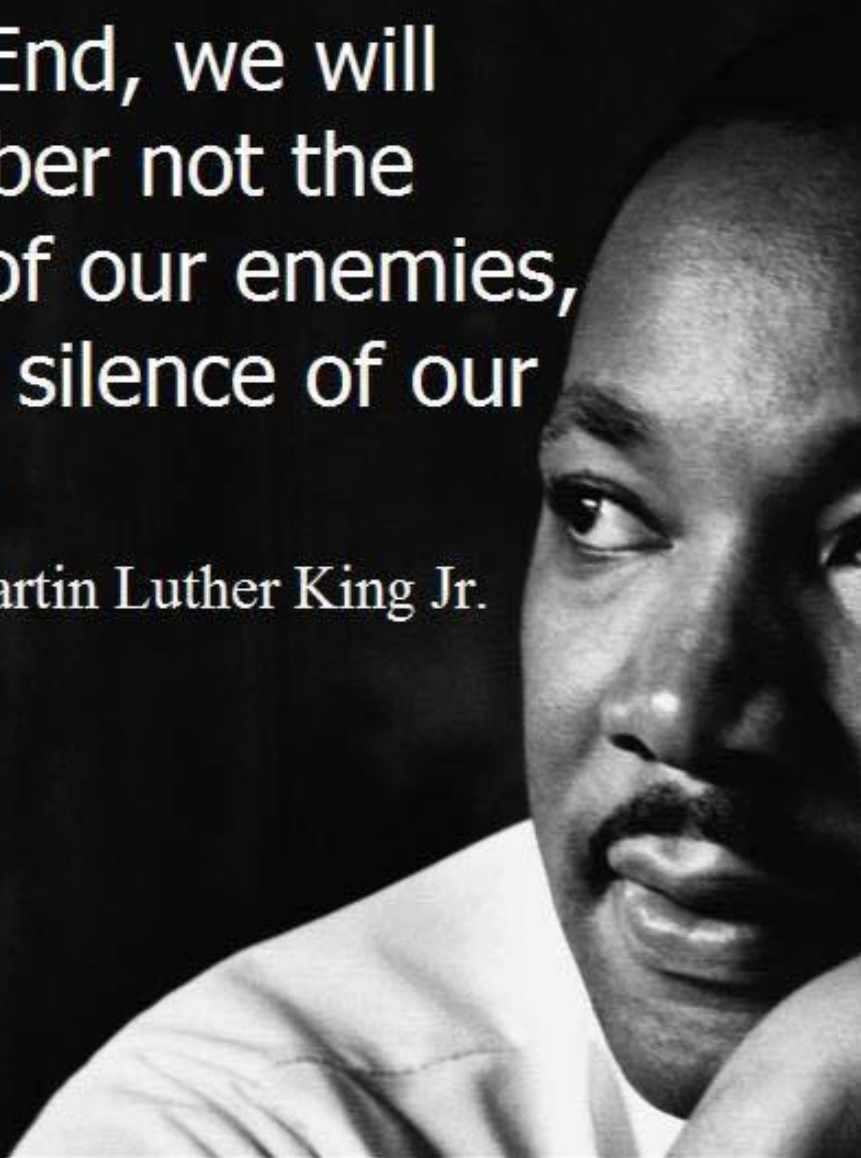
Everyone gets the support they need, which produces equity.

JUSTICE

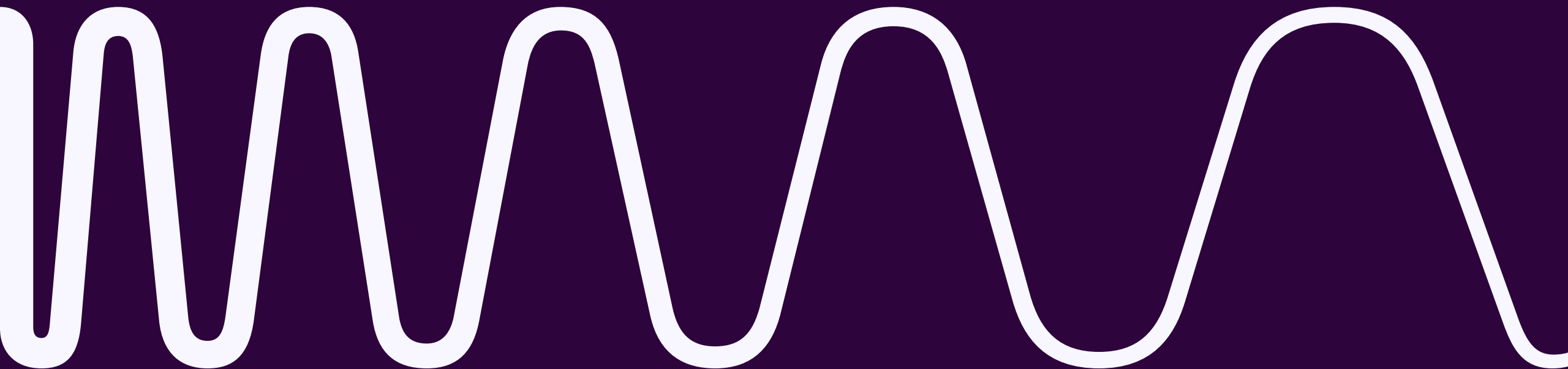
All 3 can see the game without supports or accommodations because **the cause(s) of the inequity was addressed**. The systemic barrier has been removed.

In the End, we will
remember not the
words of our enemies,
but the silence of our
friends.

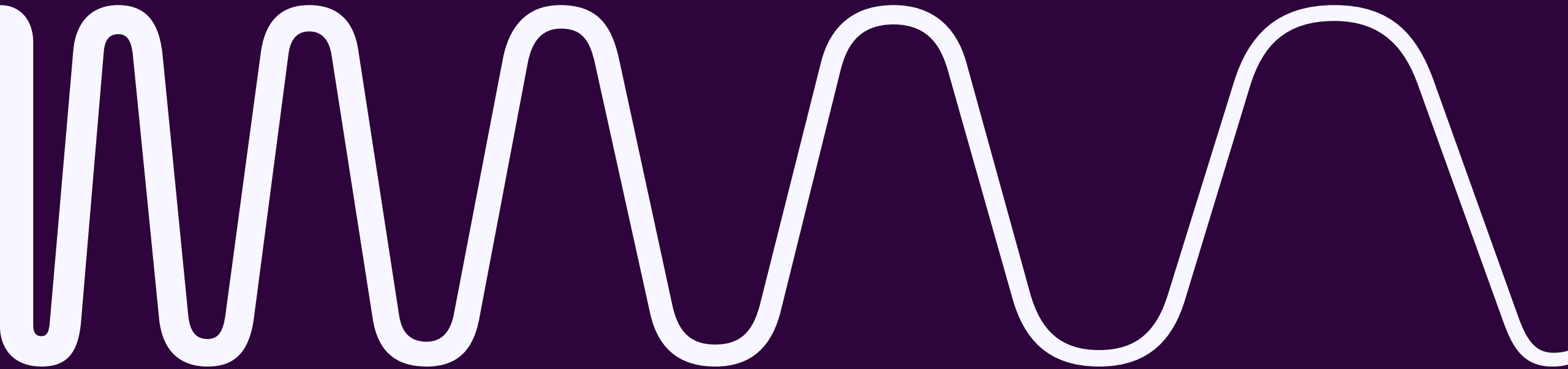
-Martin Luther King Jr.



Thank you
Questions?



Case Study - Workshop



Allyship in Residency: An Introductory Module on Medical Allyship for Graduate Medical Trainees

Sarah Martinez*, Joseph Araj, Symone Reid, MS, Jeslyn Rodriguez, Mytien Nguyen, MS, Dorcas Boahema Pinto, MD, Pamela Y. Young, PA-C, Anicia Ivey, MD, Alexis Webber, MD, Hyacinth Mason, MPH, PhD, CHES

*Corresponding author: martins10@amc.edu

Abstract

Introduction: Lack of diversity impacts research, medical curricula, and medical trainees' ability to provide equitable patient care. The concept of allyship, defined as a supportive association between identities with power and privilege and marginalized identities, provides an optimal framework for enhancing education about health equity. Currently, there are no established curricula focused on allyship and limited mention within current medical training literature. We propose use of allyship to increase graduate medical trainee understanding of diversity and focus on health equity. **Methods:** We developed a 1-hour workshop aimed at helping residents understand the definition of allyship, effective allyship to patients and colleagues, and allyship differences across communities. The workshop consisted of pre- and postassessment surveys, a didactic presentation module, and facilitated case study discussions. It was conducted locally on four occasions across pediatrics, family medicine, surgery, and emergency medicine residency programs. **Results:** An analysis of the 101 preassessment and 58 postassessment survey responses revealed an increased level of knowledge regarding allyship ($p < .001$) and increased comprehension of allyship competencies ($p < .001$). All workshop learning objectives demonstrated positive change postmodule. **Discussion:** With an increasing need for curricula to address health equity in medical trainees, this workshop serves as a unique and effective approach to expanding cultural responsiveness skills under the lens of allyship. Specifically, the workshop functions as a constructive introduction to allyship principles and practices and can serve as a foundation on which residents can build more robust skills as a part of their allyship journey.

Keywords

Allyship, Underrepresented in Medicine, URM, LGBTQ+ Ally, Diversity, Inclusion, Health Equity, Anti-racism

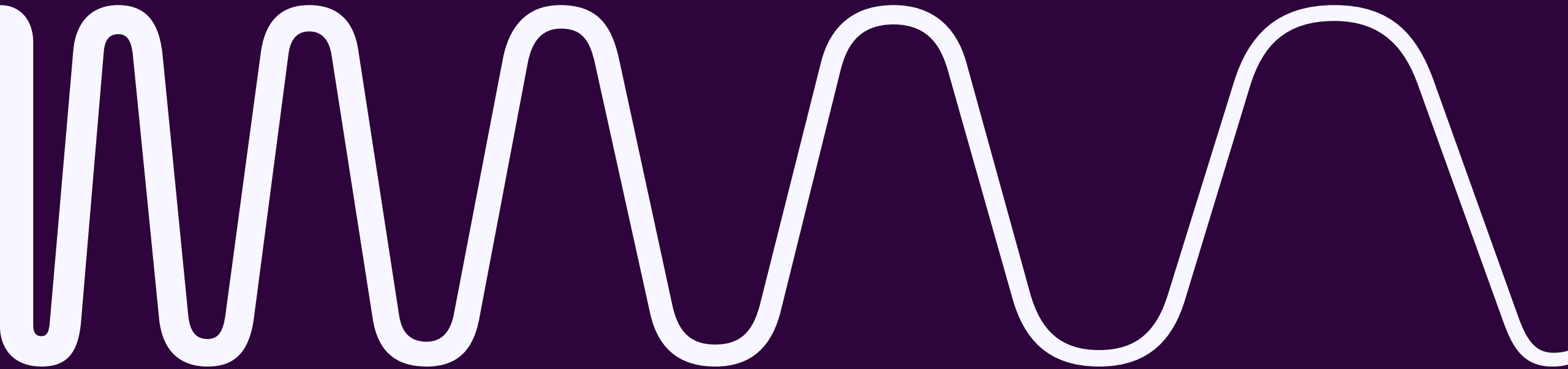
Background

You are the **doctor** working in the oncology service and you have asked your **colleague Dr Brooks**, with a specialist interest to review your ***patient, John***, with additional concerns about his health. Since you have been with your patient for the past week, you decide to be present for the consultation.

Scenario

- John has been your patient for the last week, and you have noticed that he may have additional health needs that require specialist consultation. John has been a compliant patient and is totally invested in addressing his health needs. You have developed a good rapport with John. You decide to refer John to your colleague Dr Brooks who is a specialist and is able to provide a 15 minutes consultation. You greet Dr Brooks and enter John's room with him.
- Upon introduction, John seems **visibly tense** and his **demeanour is notably different** than it has been for the last week. John asks if he may have a word *alone with you, without Dr Brooks*.
- When Dr Brooks leaves the room, John states **"I do not feel comfortable with a Black doctor. I want to be seen by another doctor"** You are taken aback, because you have never heard John speak like this before.

Discuss your role as the doctor in this situation, and how you would choose to approach this scenario



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1. How would you respond to John, after he has told you this information?

“There is no right answer to this question. It is important to uphold patient autonomy – however, it is also important to reinforce that Dr Brooks is a capable and equally skilled physician to any of his colleagues. If there are no other colleagues working besides Dr Brooks, you must provide John with the option to delay potentially lifesaving care if he is uncomfortable with Dr Brooks. However, again, it is important to strive for equity and not reinforce systemic biases that this patient may have.”

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2. How would you relay this information to Dr Brooks?

“It is important to be honest with Dr Brooks – and also ask how you can best support him in this situation. Using REALTALK, you should Realize Reality, and Attempt to Learn from Dr Brooks what this experience is like for him, and what he would like you, as his colleague, to do moving forward to best support him in situations similar to these. After you’ve listened to Dr Brooks perspective, you should work to Live as an agent for change, based on his needs.”

Allyship in Residency: An Introductory Module on Medical Allyship for Graduate Medical Trainees

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3. *How does allyship play a role in this scenario?*

“There is no right answer!”

What would Evie do?

- In health services we provide care to people from all walks of life, and unfortunately clinicians will encounter patients with racial prejudices during their working lives. It is important to understand how to approach the situation with care to protect yourself if you are from the Global Majority, as well as supporting colleagues.
- I would use **SPIES** structure to address this ***overt racist*** situation



Race Discrimination from Patients

Equality Act, 2010

- When a patient refuses care from a healthcare professional based on skin colour, this is unlawful racial discrimination

Health and Safety at Work. etc, Act 1974

- it is the responsibility of senior leaders and the organisation to ensure that employees are protected at work from racial discrimination

Zero Tolerance



Department
of Health &
Social Care

From the Rt Hon Matt Hancock MP
Secretary of State for Health and Social Care

39 Victoria Street
London
SW1H 0EU

020 7210 4850

5th November 2019

Dear Colleagues,

I love our NHS. It's there for us at some of the best and worst times in our lives and is an institution we should all be incredibly proud of.

The NHS is what it is thanks only to the hard work and dedication of each and every one of you. Our incredible staff make the NHS great. Without you, our wonderful NHS would not be able to deliver for millions of people across our country in the way it does.

So I was horrified last week to see accounts of the abuse that many of you face whilst doing your job. Abuse of any member of NHS staff is completely unacceptable. It is absolutely appalling that many of these incidents are racially motivated.

Like me, you may have seen the shocking testimony of Radhakrishna Shanbhag, a hard-working doctor who has committed more than 20 years of his life to the NHS. In an exceptionally moving interview this week, he described the racial abuse that he had been subjected to whilst working as a part of the NHS. Racial abuse that made him feel worthless. Abuse so foul that it made him reconsider his position in the NHS.

I have seen for myself racist abuse of staff, on night shifts in hospitals. Such racism is awful, and something that no staff member should have to endure. Especially troubling is the feeling among some staff that they need to accept this humiliation because they can't be sure they will be backed up if they challenge it.

So I want to send a clear message, from the very top of our health and care system, with the strong support of the entire national leadership of the NHS: this sort of abuse is unacceptable and we will not tolerate it.

If you face abuse, do not accept it. If you see a colleague being abused, do not ignore it. If you know of an employee facing this, do not stand for it. This government takes

a zero-tolerance approach to dealing with racist abuse whenever it arises. Things should be no different in our NHS.

If a patient asks to be treated by a white doctor, the answer is "no". Your management must and will always back you up. We are very proud that everyone in the UK is entitled to healthcare at the point of delivery, according to need not ability to pay. No one is entitled to choose the colour of the skin of the person giving that healthcare.

Those working on the frontline dedicate themselves to delivering world-class care for their patients and it is unacceptable that anyone would want to harm or abuse them for whatever reason – but especially on the basis of their race. Staff of all backgrounds should rightfully expect to work in an NHS that exhibits a healthy, inclusive, and compassionate culture: a culture where abuse and violence have no part. We all need to act to ensure racism in our NHS is eradicated. It is not the responsibility of those who suffer racist abuse to challenge it alone.

You will be aware that the interim NHS People Plan, published in June 2019, set out the initial framework for how the NHS will become the best place to work, to achieve the fantastic workplace culture that all NHS staff deserve. As a part of the interim People Plan, each NHS organisation must continue their work to improve the wellbeing of their staff in this regard. The national bodies of the NHS must also continue to support NHS trusts to meet the right of staff to work free from violence and abuse, as set out in the NHS Constitution and enshrined in law.

Making the NHS the best place to work must extend beyond the eradication of racial abuse, to fully supporting people from BAME backgrounds in all aspects of their career in the NHS. The Workforce Race Equality Standard is a fundamental component of the support BAME staff receive and should be implemented by each NHS trust. NHS Trusts must also continue to demonstrate to the local commissioner, staff, CQC and its Board that it is making progress against any locally-led improvement targets related to Workforce Race Equality Standard.

To those of you in senior management positions within Trusts, I would be grateful if you would reiterate to your hard-working and dedicated staff that we consider the racial abuse of NHS staff to be completely unacceptable. I therefore expect that all appropriate steps are taken by organisations to ensure their staff know they can come to a workplace that is free from abuse and harassment. It must be clear to everyone who works for the NHS that they have the full support of the government and NHS in tackling racism towards staff.

And to all of you working every day to improve the lives of patients across our country, please know that you have my full support in challenging racism and discrimination wherever you see it. No person should ever feel worthless because of racial abuse. Particularly the extraordinary individuals, like Radhakrishna Shanbhag, who have dedicated their lives to improving the lives of others.

Yours ever,

MATT HANCOCK

What would Evie do? **S**PEIS

2019 - SoS Health & Social Care wrote to all NHS staff saying,

“No one is entitled to choose the colour of the skin of the person giving [that] healthcare”

Seek Information

- You should be aware of your trust’s zero-tolerance policy and how to implement it
- For most trusts this provides clinicians with the right to refuse care for the racist patient
- Certain caveats: e.g., emergency situations, patient not compos mentis etc

What would Evie do? **SPEIS**

Patient Care/Safety

- Emergency situations or where the patient may not be compos mentis, their care must continue
- Re-assess the situation once cognitive function has been regained (if applicable) or once the patient has been stabilised
- If there is verbal or physical aggressive, contact security immediately and take threatened staff to a safe place to protect them. Police may need to be involved if there is escalation.
- In the more likely situation on a ward (as in this scenario) where you are managing a racist patient with mental faculties intact, you should instigate the zero-tolerance policy

What would Evie do? SPEIS

Initiative

- As the doctor responsible for the patient, it is important to set the standard for your team as well as demonstrate to junior members how to implement the zero-tolerance policy
- It is advisable to have this conversation away from other patients. Find a side room or family room to speak to the patient and ensure you have an appropriate chaperone
- I would calmly verbally warn John that their request is inappropriate and that it cannot be accepted. If they insist that they do not want to be seen by a Black doctor, I would notify the patient that as part of the Trust's zero-tolerance policy against racism, that their care and treatment will be withdrawn and can no longer be provided in the hospital and that they must seek care elsewhere

What would Evie do? SPEIS

Escalate

- You should document the events very clearly in the notes as soon as possible with verbatim accounts of the exact phrases and requests the patient made, as well as your responses
- You should document on the trust's electronic incident reporting system. Ensure you note down any witnesses to the conversation (e.g. nursing staff, HCA, clerical or admin staff)
- Some trusts operate a 'red' (excluded) card 'yellow' (warning) card system This allows reference for future teams

What if you are junior?

- The principles will largely be the same and you should still refuse care of the racist patient, assuming they are stable, and it is safe for you to do so.
- Inform your consultant immediately and advise that the zero-tolerance policy must be instigated.
- It is your consultant's responsibility to co-operate with this policy as noted in the model answer above and advise the patient to seek care elsewhere.

What if you are junior?

- If you do not feel safe to refuse the patient's care immediately, remove yourself from the situation as soon as practicable and write contemporaneous notes documenting exactly what was said.
- Inform your consultant (or the consultant on-call) as soon as possible and they will be able to enact the policy.
- Conversations (or confrontations) with racist patients are potentially intimidating, even for senior staff. You must ensure the safety of yourself and your colleagues as a priority in all cases.

What would Evie do? SPEIS

Support

- I **acknowledge** and **accept** this was racism and would tell Dr Brooks what had transpired
- I would **apologise** to Dr Brooks
- I would have the **appetite** to listen to Dr Brooks but would not **assume**
- I would **ask** if Dr Brooks if they require any wellbeing support
- I would **appreciate** and thank Dr Brooks for their time and **action** anything else Dr Brooks wanted me to do



Lets discuss

