Ruqayyah Steel 2020

Race and equality in the North of Scotland- Foundation Doctors Report 2021

Background

The NHS has a rich history of welcoming migrant workers from the very beginning. Staffing shortages, even at its inception, necessitated recruitment of doctors and nurses from British colonies. As part of the Windrush generation, thousands took up the call to serve the NHS [1,2], and this influx of overseas graduates remains the lifeline of our health service today. A 2019 Nuffield Trust report revealed that almost 1 in 4 (23%) hospital workers were born outside the UK [3]. Despite this, racial discrimination in the NHS has unfortunately remained widespread, from overt harassment at the bedside to differential attainment in terms of career progression and higher rates of disciplinary action.[4] The annual Workforce Race Equality Standard report from NHS England highlights these disparities, which have led to BAME staff having less faith in their managers and team leaders [5].

The past year has brought the biggest challenge the NHS has ever had to face. In the wake of the Covid-19 pandemic, with healthcare professionals from BAME backgrounds being disproportionately affected [6,7], and amidst a political backdrop of Brexit and rising anti-immigrant rhetoric [8,9], international medical graduates and non-Caucasian British doctors alike have been thrust into the spotlight.

Aberdeen in the spotlight

In June 2020, University of Aberdeen medical students published an open letter detailing numerous incidences of discrimination and racism within the university and the hospital.[10] In the wake of this, a study was carried out amongst junior doctors across the north of Scotland to delve deeper into the issue within the working hospital environment. 87 participants responded to the call, and their experiences are sadly very similar to their student counterparts.

Over a third of survey participants from a BAME background reported experiencing offensive actions or comments directed at their race. Personal testimonies included doctors being referred to as “paki” or “the yellow doctor” by patients, as well as a patient’s request to see “the most senior white doctor”. Concerns raised are often dismissed, with one junior doctor being told to “fill in a datix every time it occurs”. Numerous microaggressions from colleagues have also been highlighted, with comments made by nursing staff about a doctor’s competency and being told “that their nickname was much nicer.” This has led to the participants feeling like “Western colleagues are taken more seriously” and that “the trust is still stuck in the 1970s with regards to race”. The incidences of racism ranged from overt comments about skin colour to harassment, discrimination and microaggressions. Micro-aggressions between colleagues are an increasingly common phenomenon which may initially appear fleeting an inconsequential, but particularly when repetitive, pose a significant threat to an individual’s wellbeing.[11]

Despite these incidences, over half of the participants surveyed in the North of Scotland would recommend their institution as a supportive work environment for people of colour, and over 2/3 agreed that their institution provides opportunities for career progression regardless of race/ethnicity.

A majority of participants claimed that they would feel comfortable reporting incidences of racial harassment that were witnessed or experienced at work. Those who did not feel comfortable reporting racism at work cited factors such as unclear reporting pathways, lack of senior support and fear of personal and professional repercussions as deterrents.

Furthermore, over 2/3 of participants surveyed did not know how to report incidences of harassment or racism at work. This further highlights the need for a clear reporting pathway and a transparent system with an audit trail to instil confidence when raising concerns.

Summary

Issues highlighted in the North of Scotland are not exclusive to the local area. The past five years of the Workforce Race Equality Standard (WRES) have highlighted longstanding disparities between BAME NHS workers and their Caucasian counterparts, ranging from direct abuse at the bedside and varying levels of senior support to lack of representation in managerial positions. Acknowledging that these issues remain prevalent today and giving individuals the platform to speak up is the first step, but this alone is not sufficient to effectuate change. The NHS, from individual trusts to national level, must create and reinforce an action plan to tackle these entrenched practices.

We have created a preliminary action plan to start this journey towards systemic culture change. Our recommendations are as follows:

Action Plan

- Training for clinical supervisors to include resources on how to best support juniors in these situations
- A clear, dedicated reporting system for incidences of racism and discrimination should be implemented
- A visible support system for BAME trainees- perhaps the allocation of confidential contacts who will listen to issues related to discrimination, offer support and act as an advocate
- Making EDI more visible in learning and working environment (such as informative videos, easy access to intranet resources and interactive workshops during induction)

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