BMA

A charter for medical schools to prevent and address racial harassment

Contents

British Medical Association
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Foreword

Medical students are the future of the profession. Two-fifths of them are from Black, Asian or other minority ethnic (BAME) backgrounds. It takes years of diligence, hard work and dedication to get a place in medical school and students should expect this achievement to be supported by a nurturing and rewarding environment as they train to become doctors.

Morally and legally, they have the right to expect to learn in a climate of fairness and inclusivity. That's the case whether they are at medical school or externally on work placements. However, we know that sadly their experiences may not live up to expectations, with many experiencing greater levels of undermining behaviour, microaggressions, and racial harassment.

Such behaviour damages self-esteem and confidence, affects learning, and contributes to the ethnic attainment gap that emerges through medical education and training. It is an unacceptable barrier to BAME medical students achieving their full potential. It subsequently denies the population from benefiting from the full potential capability of the medical workforce.

There is huge public and patient benefit to a multi-ethnic workforce and we need to value and support inclusivity and diversity from the very beginning.

This is an issue that matters greatly to our members. In 2018, the BMA's annual representative meeting passed a motion calling for more to be done to support medical students facing racial harassment.

We have listened to BAME medical students' experiences of racial harassment and undermining behaviours. We have heard that it can be hard to know what to do and who to talk to about it.

That's why we have developed this charter for medical schools. It sets out clear standards that medical schools need to follow including providing support and training as well as how to respond when poor behaviour is seen or experienced. We call on all medical schools to adopt this charter as a clear and visible commitment to enable every student to flourish and become the very best doctor that they aspire to be.

Chaand Nagpaul CBE
Chair of Council

1 Who is this for?

Medical schools

Our charter is a set of actions we are asking you to commit to undertaking to prevent and effectively deal with racial harassment on campus and in work placements.

The charter groups actions into four areas:
– supporting individuals to speak out
– ensuring robust processes for reporting and handling complaints
– mainstreaming equality, diversity and inclusion across the learning environment; and
– addressing racial harassment on work placements.

Committing to these actions will help medical schools to meet their obligations under the Equality Act 2010 and Public Sector Equality Duty.

Medical schools have told us that they recognize how important it is to address racial harassment and we want to work with them on this issue. Some universities are taking great action on this issue and our guidance includes examples of good practice and initiatives.

The charter is primarily focused on supporting students, however, we know that Black, Asian and minority ethnic (BAME) staff in medical schools may experience racial harassment too and many of the actions we have suggested will be relevant to staff too.

Medical students

Accompanying the charter, is guidance for BAME medical students on what they can do if they experience racial harassment.

Bystanders – other students or staff

The guidance also includes advice for all medical students or staff on what to do if they witness racial harassment and how to be an active bystander. Creating an inclusive environment is everyone's responsibility – and should not be shouldered by BAME people alone.

While this guidance is focused on racial harassment and undermining, it is likely to be relevant to dealing with other forms of harassment too. It also complements work the BMA has done on bullying and harassment in the wider medical profession and NHS.

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Research briefing – racial harassment at UK medical schools

In its inquiry into racial harassment in UK universities, the Equality and Human Rights Commission found around a quarter of BAME students said they had experienced racial harassment since starting their course. The most common form of abuse was racist name-calling, insults and jokes. In most cases students said their harasser was a fellow student, but a large number said it was their tutor or another academic too.

A BMA all-member survey found nearly a third of BAME medical students felt that bullying or harassment was a problem in their medical school, which was a similar proportion to all medical students. However, BAME medical students were four times more likely than white medical students to say it was 'often' rather than 'sometimes' a problem. BAME students were also more likely to say that people who experienced bullying or harassment were too afraid to speak up, there was a lack of adequate procedures, a lack of clarity about what is acceptable behaviour, and a lack of commitment or adequate training to deal with it. A higher proportion of BAME students said they would not feel confident about reporting bullying, harassment or abuse – a third compared to a quarter of white students.

These issues continue into the workforce. The BMA's survey also found that only 55% of BAME doctors said there was respect for diversity and a culture of inclusion in their workplace compared to 75% of white doctors.

> ...there's been instances where myself and two of my white coursemates were told off for speaking over a lecturer and in the end the whole situation was pinned on me. I was told by this particular lecturer that I was aggressive and defensive for simply stating that she had gotten the wrong end of the stick.
>
> Black British 4th year medical student

Racial harassment is under-reported

The EHRC says that 'many universities significantly underestimate the prevalence of racial harassment and have misplaced confidence in people's willingness to come forward'. Scaling up of the EHRC's survey findings suggests that 180,000 students across Britain's universities have experienced racial harassment in a six-month period, but universities recorded an average of only 80 formal complaints over that same timescale.

BMJ research: Medical schools are not adequately recording complaints of racial harassment.

The BMJ carried out Freedom of Information (FOI) requests of 36 medical schools in 2019 asking about race equality and procedures for dealing with complaints or incidents of racial harassment.

They found that:

- only half of the medical schools that responded said they collect data on complaints from students about racism and racial harassment (16 out of 32)
- among those that did collect this data, the number of complaints they had received was small – only 11 complaints since 2010/2011. This may indicate similarly high levels of under-reporting as in the wider university system.

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BAME medical students' experiences of racial harassment

At the BMA and EHRC roundtable in 2019, current or recently graduated BAME medical students shared examples of microaggressions, undermining and racist language they had experienced while at medical school. These came from fellow students and teaching staff but also from patients or supervising staff on work placements.

They shared examples of white students diminishing their achievements by saying that widening participation programmes were 'how the poor Black kids get into medicine'; widening participation students (who were mainly BAME) and other students (who were mainly white) being separated by a tutor in a class; a lecturer using a racially derogatory term when teaching; academic staff or supervisors failing to learn how to pronounce a student's name and giving them an Anglicised nickname instead; and medical supervisors and patients making racist remarks or treating them differently to their white peers.

The participants described how this kind of behaviour and language made them feel shocked and upset, isolated from their peers, and affected their confidence and enthusiasm for their studies.

Evidence shows that differential attainment is not due to ability, but influenced by the relationships with peers and trainers, and the learning environment.

It is essential that educators and mentors are sensitive to diversity and the potential for bias, are able to form positive relationships regardless of background, and are able to identify early on when a student may be in difficulty and in need of greater support.

> Positive interpersonal interactions are crucial for learning and achievement, and research suggests BME medical students and doctors have different, and sometimes poorer relationships with their fellow students and teachers compared to their white colleagues, including being subject to negative stereotyping, and feeling they lack support from seniors due to difficulties fitting in.
>
> Dr Kath Woolf, Senior Lecturer on Medical Education, UCL

Medical schools' obligations under the Equality Act 2010 and Public Sector Equality Duty

Medical schools should support students to speak up, improve their handling of complaints, and create a supportive and inclusive environment for BAME students. This is not only their moral duty, it is a legal obligation.

Under the Equality Act 2010, medical schools and universities will be legally responsible for an act of harassment committed by a member of staff unless they have taken reasonable steps to prevent it happening. Such reasonable steps include having clear policies that are well promoted and providing training to staff. The Equality Act also provides that anyone who has complained of harassment or assisted in a complaint of harassment in good faith (for example, by being a witness or a supporting student representative) must not be victimised and subjected to any detriment as a result.

The Public Sector Equality Duty (the PSED) requires medical schools to pay due regard to the needs to advance equality of opportunity, foster good relations between people with different characteristics, and eliminate unlawful discrimination and harassment. Fostering good relations means tackling prejudice and promoting understanding between different groups. Complying with the duty should include gathering information and engaging with people with different protected characteristics to help assess impacts of different policies and practices on them and to identify priority issues to help achieve the aims of the PSED.

Northern Ireland is not covered by the same Public Sector Equality Duty as the rest of the UK and has its own statutory duties on public authorities, as required by section 75 of the Northern Ireland Act 1998. Section 75 requires public authorities to have due regard for the need to promote equality of opportunity between persons of different racial groups.

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A charter for medical schools to prevent and address racial harassment

We commit to...

1. Supporting individuals to speak out

– We will put in place a code of conduct which includes specific reference to racial harassment.
– We will ensure access to trained, confidential contacts who are sensitive to the needs of BAME students.
– We will provide guidance and training on how to challenge behaviours and active bystanding.
– We will monitor and regularly evaluate the scale of the problem and progress made in addressing it.

2. Ensuring robust processes for reporting and handling complaints

– We will include options for anonymous reporting and reporting harassment at school and on work placements.
– We will review existing complaints procedures against good practice and make any necessary improvements.
– We will keep students informed about our actions in response to racial harassment complaints.

3. Mainstreaming equality, diversity and inclusion (EDI) across the learning environment

– We will embed EDI in medical school values and engage with BAME medical students and staff in action to change culture.
– We will ensure effective EDI training and education is provided which is tailored to the needs of medical students and staff.
– We will actively engage in processes and efforts to widen the diversity of academic staff.

4. Addressing racial harassment on work placements

– We will set clear expectations of placement providers to tackle racial harassment, micro-aggressions and discriminatory behaviour and we will monitor and actively address any issues.
– We will provide guidance to medical students about what to do if patients are racist or abusive. This will include how to report an incident of racial harassment while on placement.

4 Guidance for medical schools on implementing the charter

> Racism in medical schools needs to be addressed head-on. By all students, staff and doctors. We need a spotlight into the issue, otherwise we risk alienating and failing a whole cohort of colleagues and staff. It needs to be seen as everyone's issue, not just those of Afro-Caribbean, Asian or mixed heritage descent.
>
> Afro-British junior doctor (recent medical school graduate)

1. Supporting individuals to speak out

Students can struggle to speak out against racist behaviour or racial harassment when they experience or witness it. There may be a sense of discomfort and anxiety about how other students and staff will view them if they do. They may also fear retribution or be uncertain about how the matter will be dealt with by the school.

We will put in place a code of conduct with specific reference to racial harassment

A code of conduct will help give individuals clarity about when behaviour is unacceptable. It should make clear that the medical school will not tolerate any forms of harassment. Often offensive comments are described as 'just a joke' or 'banter'. Around a third of students responding to the EHRC said they didn't report behaviour to the university because they didn't feel able to judge whether the incident was serious enough. Many said more should be done to help them understand racial harassment and microaggressive behaviours.

If a code of conduct already exists, it should be regularly reviewed with the student body, including BMA medical student representatives and representatives of BAME students. The medical school should ensure that it is widely and regularly communicated, for example, at freshers' events and on the intranet.

We will ensure access to trained, confidential contacts who are sensitive to the needs of BAME students

Schools should identify and clearly advertise named contacts that students can approach and discuss incidents with in confidence and at an early stage. For example, some universities have networks of bullying and harassment advisers. They can be an important channel for raising concerns, talking things through and helping the student to work out what to do next. They can signpost to further support and procedures for reporting or complaining, if appropriate.

These initial points of contact and support must be sensitive to the needs of BAME students and have a good understanding of racism, racial harassment, diversity and inclusion. Efforts should be made to ensure ethnic diversity in those roles. Confidential contacts need to be trained on how to respond effectively.

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We will provide guidance and training on how to challenge behaviour and active bystanding

Encouraging active bystanding is an effective way of equipping people with the skills and confidence to intervene and change culture. A PHE (Public Health England) review of bystander interventions to prevent sexual and domestic violence at universities found that such programmes have consistently positive outcomes.[a] Active bystanders show that certain types of behaviours are not widely accepted by others and break the silence that has previously allowed them to thrive. Active bystanding to address behaviour targeted at minority or marginalized groups like BAME students is also very important in demonstrating support and inclusion. When bystanders don't react or assume it is for BAME students to speak up, it can exacerbate the isolation, anxiety and sense of exclusion that BAME students may face in the learning environment.

Some universities already offer training for students and staff to be active bystanders such as University of Westminster or UWE Bristol (University of the West of England).

UWE Bristol University of the West of England – Bystander programme and Report and Support tool

The University has a bystander programme for students, encouraging them to 'get trained up... and be part of the University's changing culture'.

'If you do this training, you'll have the key tools to be an active bystander in different situations and will learn how to intervene in a safe way. Sometimes that means getting someone else involved – calling someone or reporting the incident to the University.'

The University also has an online Report and Support tool for students to use if they have experienced or observed something that doesn't feel right. The tool enables students to report experiences anonymously if they wish, and is accompanied by signposting to supportive guidance and services.

> It feels like something that separates you from fellow students – an additional challenge that only a small percentage of individuals have to go through. The majority of students are completely oblivious to these extra issues.
>
> Black British 5th year medical student

We will monitor and regularly evaluate the scale of the problem and progress made in addressing it

Evidence from the EHRC, BMA and BMJ suggests that medical schools do not have a complete picture of the scale of racial harassment in medical education. Medical schools should consider the best way of finding out about student and staff experiences of bullying, harassment and undermining behaviour and their confidence in reporting it to the school and the support available to them. This could be done by a regular survey of students and staff, including questions about racial harassment, and including questions on post-clinical placement questionnaires.

The EHRC notes that poor evidence-gathering processes may mean universities are failing in their Public Sector Equality Duty to pay due regard to the need to eliminate harassment and foster good relations.[b]

a Public Health England (2016) A review of evidence for bystander intervention to prevent sexual and domestic violence in universities. London: Public Health England.

b Ibid.

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2. Ensuring robust processes for reporting and handling complaints

BAME medical students have told the BMA they do not feel there are transparent or clear processes for dealing with racial harassment and they are unsure of how a formal complaint will be responded to if they do make a complaint. Some have said they have reported racist behaviour in the past but did not get any information relayed back to them about the progress or outcome of their complaint which would deter them from doing so again.

> Should you need support or need to report an incident you [should] know exactly where to go to, so that when an issue arises you know exactly what to do. In the same way my medical school has a dedicated email address if we are concerned about patient safety where we can ask questions or raise any concerns, there should be a clear system of who to talk to.
>
> Black British 5th year medical student

We will include options for anonymous reporting and reporting harassment at school and on work placements

Medical schools should improve and publicise mechanisms for reporting racial harassment and ensure incidents are recorded consistently and in a centralised way. One way to do this is through secure online portals, such as the intranet reporting button that St. George's University School of Medicine uses.

Reporting is primarily a channel for someone to inform the university that they have experienced or witnessed behaviour they consider to be racial harassment or unacceptable. Reporting does not automatically lead to a complaint. However, it should be straightforward and easy for someone who has reported to escalate matters to a complaint if they wish to.

There should also be an option for anonymous reporting for people who don't feel confident about reporting an incident or who may be reluctant about making a full complaint. Whilst schools will be limited in what they can do in response to specific incidents that are reported anonymously, anonymous reports will help the school build a better picture of the scale and nature of racial harassment. Collating this information will help them decide and prioritise actions to prevent harassment and improve culture.

Medical schools should also ensure that students are encouraged to report experiences of racial harassment while on work placements as well to enable them to regularly review and raise issues of concern with NHS placement providers.

We will review existing complaints procedures against good practice guidance and make any necessary improvements

The Office of the Independent Adjudicator (OIA) for students in England and Wales has a good practice framework for handling student complaints including bullying and harassment, which is a good basis for medical schools to review their own complaints procedures against.

The principles of the framework are that procedures should be:

- *accessible* – open to all, easy to navigate, responsive to student needs, signposts to support and allows representatives to be appointed
- *clear* – easy to understand, clear time limits, clear definitions, and effective recording-keeping
- *proportionate* – enables complaints to be dealt with informally and as early as possible, including by mediation and conciliation, where appropriate, and provides three stages: early resolution at local level, formal complaint stage, and review stage

- *timely* – complaints should be handled within a 90-day period from start of formal stage, but complaints requiring a swifter response should be identified
- *fair* – decision-making staff are properly trained, resourced and supported, parties are given equal opportunity to present their case, there should be clearly reasoned decisions, and no victimization of individuals who bring complaints
- *independent* – decisions should be taken by individuals who have no conflict of interest at any stage of the process
- *confidential* – there needs to be an appropriate level of confidentiality without disadvantage to the parties
- *improving student experience* – ensure learning from the process and action is taken to improve student experience.

At the end of any individual complaint handling process there should be clarity about the final outcome and decision for the parties, whilst ensuring appropriate levels of confidentiality.

Scottish universities must comply with the SPSO framework but can include additional information in their procedures.

Students in Northern Ireland can complain to the Northern Ireland Public Services Ombudsman if they are not happy with how their medical school handled their complaint.

The EHRC's report into racism in higher education includes best practice guidance on complaints processes which medical schools may also find useful.

We will keep students informed about our actions in response to racial harassment complaints

Medical schools should consider how they can provide feedback or updates to students on the steps they are taking to address reports and complaints of racist behaviour and racial harassment without breaching individual confidentiality. This could be done, for example, by being transparent about survey findings on bullying and harassment, the number of reports and complaints received, and the kinds of issues being reported or complained about, and action taken as a result. This is important as it will enable students to see evidence of action, thereby generating confidence in the process and encouraging its use.

3. Mainstreaming equality, diversity and inclusion across the learning environment

When asked what could be done to deal with racial harassment in medical schools, BAME medical students at the BMA and EHRC roundtable spoke about the need to increase awareness and competence on EDI issues among medical students and academic staff. **We will embed EDI in medical school values and engage with BAME medical students and staff in action to change culture.**

Embedding EDI values through the school needs to come from the top of the system and senior leadership need to be visibly committed to EDI.

Wider action is needed, working with BAME students and staff, to open up discussions about race equality in medical education and to review policies, practices and the curriculum from a race equality perspective.

Race can provide a sense of belonging for marginalised and minority groups. African-Caribbean or Asian societies at universities or support networks for BAME staff in the workplace can help foster supportive environments to counter stereotypes, exclusion or undermining, and help celebrate cultural identity.

Medical schools should support and engage with BAME medical student-run organisations or societies. They are likely to be a valuable source of insight and

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feedback on what is needed to change culture, become more inclusive, and narrow the attainment gap between white and BAME students within a medical school.

> We need more than token 'Diversity' training, but proper scrutiny of a system that has been failing students again and again.
> Afro-British junior doctor (recent medical school graduate)

We will ensure effective EDI training and education is provided which is tailored to the needs of medical students and staff

EDI training should not be generic or approached with a tick-box compliance mindset.

Training should:
- reflect on the importance of EDI to medical education, working in the profession and the delivery of patient care and deal with the specific challenges of these settings
- be incorporated into the curriculum
- equip student and staff to deal confidently with teaching, studying, working, and caring for people of diverse backgrounds.

We recommend that examiners also receive EDI training.

Case study: Cardiff University School of Medicine

In response to complaints raised around racism at the school and a 2017 independent review and recommendations, Cardiff University's School of Medicine have taken extra steps to ensure that for all medical students, equality, diversity and inclusion (EDI) is promoted and embedded in their values.

Cardiff University has established a Race Equality Supervisory Panel in response to recommendations made in the Independent Review. This initiative was highlighted in the EHRC's *Tackling Racial Harassment: Universities Challenged* report as an example of good practice. It has been set up to facilitate awareness raising, encourage the reporting of racial harassment and ensure staff and student are effectively supported when they do so. There is a plan in place to evaluate the effectiveness of the panel.

The School is striving to ensure that EDI is recognised as important to all students and that all staff and students value the diversity of the School.

As well as mandatory training for all students and staff, this is maintained through 'vertical themes' in years 1 to 5 of the medical curriculum, one of which is '*Understanding People*'. This contributes a focus on EDI, professionalism and ethics in the study of medicine. Students are also made aware from their first days at the school about support structures, which includes a video on being an active bystander, covering who to turn to for support and how.

The School is also taking steps to mainstream their '*EDI Day*', spotlighting equality issues for students and staff of different backgrounds. All students are invited to contribute to and attend the event, which also involves BAME student groups.

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We will actively engage in processes and efforts to widen the diversity of academic staff

The BMJ's FOI findings highlighted the disparity between BAME representation among teaching staff at medical school and BAME representation in the medical student body:

- 40% of medical students are from BAME backgrounds but only 13% of teaching staff in medical schools are
- Two-thirds of medical schools have widening participation programmes but only one third have policies in place aimed at improving the diversity of medical academics.

All medical schools should act to improve the diversity of medical academics. This must be accompanied by improved support for existing BAME teaching staff. The EHRC's report on racial harassment in higher education found that nearly 1 in 3 staff that responded to its call for evidence reported experienced racist name-calling, insults and 'jokes'. There is evidence that BAME staff are disproportionately disadvantaged by student feedback, which impacts on promotion opportunities.[c]

> The BMA recognises and values the huge contribution of BAME teaching and research staff in UK universities. It is essential that medical schools' efforts to prevent and address racial harassment engage with and respond to their experiences and concerns, and they involve and support the wider medical academic workforce in changing practices and culture.
>
> Dr David Strain, Co-Chair, BMA Medical Academic Staff Committee

4. Addressing racial harassment on work placements

BAME medical students have told us about examples of racism, racial harassment or microaggressive behaviour they have experienced whilst on NHS work placements. Medical students told us about experiencing racism from medical supervisors, staff, and patients. This is an issue that affects BAME doctors throughout their careers as well.

Medical students told us that when they experienced racist behaviour or racial harassment while on a placement this left them feeling particularly isolated and unsupported because:

- they did not know who they could turn to while on their placement
- they worried about the consequences if they reported it on their assessments or future careers
- they felt unable to challenge behaviours of patients and were unsure if their supervisors would understand their experience and support them
- they were unsure whether the medical school would support them as they thought they might be concerned about maintaining a positive relationship with the placement provider.

c Fan Y, Shephard L.J., et al. *Gender and cultural bias in student evaluations: Why representation matters* (2018) PLoS One 14(2).

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Legal obligations

The Public Sector Equality Duty applies when contracting with external organisations too. Medical schools must ensure they have considered the need to prevent unlawful harassment of BAME students on work placements, and the ongoing need to advance equality of opportunity for them throughout their medical education.

It is not clear how the Equality Act's individual protections apply to students on work placements. However, case law suggests that the Equality Act could be interpreted in such a way as to make the placement provider liable for treatment experienced while on the placement as they are for staff (eg see *Blackwood v Birmingham and Solihull Mental Health NHS Foundation Trust [2016]*). Medical schools may also be liable for harassment, for example, if they continued to place students somewhere where there were known problems which they had failed to take any steps to address.

We will set clear expectations of placement providers to tackle racial harassment, micro-aggressions and discriminatory behaviour and we will monitor and actively address any issues

The GMC's Clinical placements for medical students guidance states that all medical schools should have formal, written agreements with all clinical placement providers. The agreement should include a commitment from placement providers that they will take all reasonable steps to prevent harassment of students and provide support to students they experience it.[d]

The medical school should also ask the provider for information about the measures taken to address bullying and harassment and the evidence of their effectiveness in creating a respectful and inclusive environment.

Medical schools should be willing to challenge the placement provider if reports from students highlight any particular problems that may be putting students at risk. It should direct them to reporting mechanisms, support and appropriate processes if they wish to complain about incidents on a placement to the NHS provider and/or the medical school.

The agreement should include that the provider will make clear to medical students that they are covered by the provider's policies, particularly the Dignity at Work policy.

St George's University School of Medicine

The first communication skills teaching session that our first-year students do looks at the impact of stereotyping and unconscious bias on the medical consultation. One of the scenarios in this session addresses how to approach and challenge a racist patient in a professional manner. The school emphasizes that there is 'zero-tolerance' for racist behaviour and how imperative it is that we support each other.

Students are encouraged to think about how to approach such situations and have been examined on it in OSCES in the past to show that the university takes this seriously.

We will provide guidance to medical students about what to do if patients are racist or abusive. This will include how to report an incident of racial harassment while on placement

Medical schools should provide training and clear guidance for medical students before going on a placement, possibly jointly with the placement provider. It should be made clear to medical students that if they are faced with a racially abusive patient they are not expected to put up with such treatment. They can withdraw from the situation and expect support from supervising staff and the placement provider.

d General Medical Council (2009). *Clinical Placements for Medical Guidance* London: General Medical Council.

5 Guidance for medical students

What to do if you experience racial harassment:

1. Seek support

If you have or are experiencing racial harassment, an important first step is to speak with someone. This will help give you clarity, and start to build confidence to deal with the issue. If you speak to someone, the person should be someone you trust and feel comfortable with, who will actively and patiently listen to you and not rush to judgement. It could be a bullying or harassment adviser, student counsellor or a BMA medical student representative.

You could also call the BMA or access our wellbeing support services, where you will be able to speak to someone confidentially 24 hours a day, 7 days a week.

2. Keep a record

It is worth starting to keep a record of incidents as this will help if you do get to the stage of reporting or formally complaining. It might be difficult to find time to write things down while in and out of class or on a placement, so consider writing or recording voice notes on your phone to remind yourself, while ensuring these are protected and secure.

Keep things simple and stick to the facts too.

Date	
Time	
Where	
Who was there?	
What happened?	
How I felt?	

3. Challenge behaviour (if possible)

If you feel able to challenge the behaviour, a calm and non-confrontational approach often works best. This gives the other person a chance to apologise, reflect and learn. Focus on the behaviour rather than the person and use 'I…' rather than 'you…' statements. For example, saying something like 'When you said… I felt…' rather than 'you're a racist' or 'you're a bully' which may make them feel immediately defensive, close down the conversation and escalate conflict.

Consider escalating the issue if your attempt to challenge behaviour is not effective and the person's behaviour continues to harm you or others. You can do this by speaking to someone with authority in the medical school or your Educational Supervisor on a work placement. You can also formally report it or complain about it through your school's or university's complaints procedure.

4. Report behaviour and complain

Familiarise yourself with your medical school's formal policies and procedures for reporting and dealing with harassment or similar behaviour. Some may set out what early stage support is available such as confidential support and advice and help with seeking to resolve a situation informally.

If your school has a mechanism for anonymous reporting, you may wish to consider this option. However, your school will not be able to formally investigate an anonymous report.

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If things escalate to a formal complaint, this normally involves setting out in writing what has happened. Your written record of events will be useful for this, as well as for any subsequent investigation that may follow.

You should expect to be kept updated and supported throughout the process and for the complaint to be responded to in a timely way.

If you are in England and Wales and are not happy with how the medical school has resolved your complaint, you can contact the Office of the Independent Adjudicator. If you are in Scotland, you can contact the Scottish Public Services Ombudsman, and in Northern Ireland, you can contact the Northern Ireland Public Services Ombudsman.

What to do if you witness racial harassment

Active bystanding

Active bystanders show that certain types of behaviours are not widely accepted by others and break the silence that has previously allowed them to thrive. Active bystanding to address behaviour targeted at minority or marginalized groups like BAME students is also very important in demonstrating support and inclusion.

Check if your medical school provides training on active by standing. If they don't, you can ask for it to be provided. You could do this directly or through your BMA student representative.

There are multiple ways you can step in and provide support. It may mean giving a disapproving look when racist jokes or comments are made. You might feel confident enough to say something like 'that's not okay'. Or you could help the person targeted to a safe place and report it to someone in authority. It's okay if you don't feel safe or comfortable to step in.

The **ABC** approach is useful to remember:

- **A** **A**ssess for safety: if you see someone in trouble, ask yourself if you can help safely in any way.
- **B** **B**e in a group: it is safer to call out behaviour or intervene in a group, and where this is not possible, report the behaviour to others who can act.
- **C** **C**are for the person who may need help, and ask them if they are okay.

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Appendix – glossary

What is racial harassment?

Race:

The Equality Act 2010's definition of 'race' includes the colour of one's skin, nationality, or ethnic/national origins. Historically, racial difference has created sets of assumptions about someone or a group of people, that shapes expectations for their behaviour, beliefs and worldviews. It can lead to 'othering' – viewing people who are different as marginal or inferior – which results in microaggressions, undermining, racial harassment or hate crimes.

Harassment

Harassment is legally defined in the England, Scotland and Wales through the Equality Act 2010[a] which describes it as unwanted conduct related to a protected characteristic, including race,[b] which has the purpose or effect of violating someone's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for them. It can be either a pattern of behaviour or a one-off incident. It is not necessary to prove conduct was intended to have a negative effect on the recipient.

Racial harassment can include:
- using derogatory racial terms and slurs, both spoken or written
- racist jokes or insults, which includes facial expressions or pranks
- displaying racially offensive material or sharing it on social media
- ostracizing students of a different race, nationality or ethnicity, or excluding them from conversation or activities
- threatening or committing physical attacks on students because of their race, ethnicity or national origins
- encouraging others to commit any of the above.

Not all behaviour that is offensive and harmful will come under the Equality Act definition of unlawful racial harassment. For example, there will sometimes be debates at universities where some may find speakers' views offensive, but this may not be considered harassment when balanced against rights to freedom of expression.[c]

Microaggressions:
Microaggressions are subtle, day-to-day behaviours that have harmful effects on marginalised groups and the perpetrators may not be conscious that this is what is happening. For example, asking someone of colour 'But where are you really from?', assuming that a Black student is from a particular socio-economic and urban background, or invalidating a BAME student's experience of racism by insisting that race had nothing to do with it and they are probably being 'over-sensitive'.

Microaggressions may not be deemed unlawful harassment under the Equality Act 2010. But if they are not dealt with and are repeated often or escalate, then it may lead to conduct that is considered racial harassment.

Undermining:
Undermining is the process of diminishing someone's effectiveness or ability to do something or perform well. For example, someone may continually question, express doubt or unnecessarily double-check a person's work. At the same time, they may fail to give recognition or positive feedback.

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> I completed medical school – the proudest day of my life. I remember a lecturer congratulating me on exam day – he actually told me he didn't think I would make it, imagine telling that to someone you know is struggling.
>
> Dr Ronx Ikharia speaking at BMA Race Equality Summit July 2018

Negative behaviours can be linked not just to an individual's race but to intersecting characteristics of their identity, for example, race and religious identity or race and gender. This means that a BAME Muslim, or a disabled BAME woman, or Black gay man are likely to have different experiences of harassment, of which race is a contributing part but not the whole picture.

[a] The Equality Act 2010 does not apply to Northern Ireland and relevant legislation for Northern Ireland includes the Race Relations (Northern Ireland) Order 1997 which prohibits discrimination and harassment on the grounds of race, colour, ethnic or national origins and nationality.

[b] Protected characteristics in Britain's equality law are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation (Equality Act 2010, s. 26(5))

[c] Equality and Human Rights Commission (2019). *Freedom of expression: a guide for higher education providers and student unions in England and Wales*. London: Equality and Human Rights Commission.

BMA
British Medical Association, BMA House,
Tavistock Square, London WC1H 9JP
bma.org.uk

BMA 20200066