BMA

Racism in medicine

Contents

Introduction

This report presents the findings of the BMA racism in medicine survey, which ran from October to December 2021. The survey sought to gather evidence of the racism experienced by doctors and medical students working in the NHS, and the impact of these experiences on their working lives and their career opportunities. All doctors and medical students in the UK, from all ethnic backgrounds, were invited to participate.

The survey received 2030 responses in total, making it one of the largest of its kind. We found a concerning level of racism in the medical profession, stemming from fellow doctors, other NHS staff, and patients. These experiences of racism present in a variety of forms in the institutions and structures of the medical profession.

This report is accompanied by two further BMA reports detailing the impact of racism on the medical workforce. The first report, *Why are we still here? The factors still affecting the progression of ethnic minority doctors in the UK*, is a commissioned piece of research examining the barriers to career progression for ethnic minority doctors, with proposed solutions. The second, *Delivering Racial Equality in Medicine*, is an overarching report which presents a high-level overview of the barriers that are preventing racial equality in the medical profession and recommendations to address these barriers.

Key findings

Racism is widespread within the medical workforce. Over three quarters (76%) of respondents experienced racism in their workplace on at least one occasion in the last two years. Of these, 17% experienced racist incidents on a regular basis. Experiences of racism included discriminatory comments, being given fewer opportunities, more scrutiny of work, bullying by patients and colleagues, continued mispronunciation of names, and social exclusion.

Overseas qualified doctors experience racism more often than doctors trained in the UK. 84% of respondents who qualified overseas said they had experienced racist incidents in their workplace in the last two years, compared to 69% of respondents who trained in the UK. Respondents who had qualified overseas were twice as likely to think that racism was a barrier to their career progression than those who had qualified in the UK (60% compared to 27%).

Experiences of racism are significantly under-reported. 71% of respondents who personally experienced racism chose not to report this to anyone. The most common reasons given by respondents for not reporting experienced incidents were not having confidence that the incident would be addressed (56%) and being worried about being perceived as a troublemaker (33%). For those who did report, the most common outcome reported was that no action was taken (41%).

Reporting experiences of racism results in backlash. Of those who had reported experiences of racism, nearly 6 in 10 total respondents (58%) said that doing so had a negative impact on them. Negative impacts described included being viewed as a troublemaker, being made to feel like the report was an overreaction, being overlooked for progression opportunities, and being made to feel like the incident was their fault.

Racism has an impact on career progression for many doctors. Six in ten (60%) of respondents from Asian backgrounds, 57% from Black backgrounds, 45% from Mixed backgrounds, 36% from White non-British backgrounds, and 58% from all other backgrounds said they felt racism had been a barrier to their career progression, compared to 4% of White British respondents.

Experiences of racism are affecting doctors' confidence and mental and physical wellbeing. Six in ten respondents (60%) said that the racism they had experienced had negatively impacted their wellbeing. Respondents detailed a range of negative impacts including depression and anxiety, increased stress levels, lowered confidence and self-esteem, sleep issues, worsened physical health, and feelings of demotivation, frustration, and anger.

Many doctors are considering leaving or have left their jobs because of racial discrimination. Almost a quarter of respondents (23%) said they had considered leaving a job because of racial discrimination and a further 9% said they had actually left a job.

About the survey

This survey received 2030 responses from doctors and medical students across the UK. A full demographic breakdown of respondents is available in Appendix 1.

The survey excluded educational settings such as medical schools and other non-medical places of work. However, medical students who undertake placements within medical workplaces were also invited to participate.

This report includes direct quotes from respondents which contain racist language and may be uncomfortable or hurtful to read. The BMA's free and confidential wellbeing support services are available to all medical students and doctors in the UK, regardless of BMA membership.

Methodology

In this survey, respondents were given a choice of 24 categorisations, including 'other' categories and free text options. These categories were then combined into aggregate ethnic groups. These aggregations are:

— Black backgrounds: includes Black British, Black African, Black Caribbean, other Black background
— Asian backgrounds: includes Asian British, Bangladeshi, Chinese, Indian, Pakistani, other Asian background
— White British backgrounds: includes English, Northern Irish, Scottish, Welsh
— White non-British backgrounds: includes White other and White Irish
— Mixed backgrounds: includes White and Asian, White and Black African, White and Caribbean, other mixed background
— Other backgrounds: includes Arab and all other ethnic groups not covered above.

Groups were aggregated in this way for two reasons. Firstly, our preliminary analysis identified no notable differences within aggregate groups except for between respondents from White British and White non-British backgrounds. For this reason, these respondents are grouped separately. Secondly, small sample sizes in many categories required that categories be combined to ensure confidence in our findings and to be able to draw reliable comparisons between groups.

We recognise that this methodology is imperfect and may mask some further differential experiences between individuals within these aggregated groups. We have included qualitative responses from respondents throughout this report to highlight the individual experiences of respondents.

The survey focused on racism and race-based discrimination. However, it is important to recognise that experiences of racism will not be the same for each person and may also be experienced differently for those who share other protected characteristics, such as disability and gender. There is still work to be done to better understand the experiences of people who are subjected to multiple forms of discrimination or the way that different protected characteristics intersect.

What do we mean by racism in this context?

For the purposes of this survey and report, 'race' has the same meaning as set out in section 9 of the Equality Act 2010.[1] Race includes colour, nationality, and ethnic and national origins.

The Equality Act 2010 defines four types of racial discrimination:

1. Being treated worse than another person in a similar situation because of one's race (direct discrimination).
2. When an organisation has a particular policy or practice that puts people from a certain racial group at a disadvantage (indirect discrimination).
3. When someone is made to feel humiliated, offended or degraded in relation to their race (harassment).
4. Someone being treated badly because they have made a complaint of racism (victimisation).

In addition, in criminal law, race hate is a range of criminal behaviour where the perpetrator is motivated by hostility or demonstrates hostility towards a person's race.

---

1   The Equality Act 2010 applies only to England, Scotland, and Wales. For definitions of racial discrimination in Northern Irish law, see The Race Relations (Northern Ireland) Order 1997.

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)
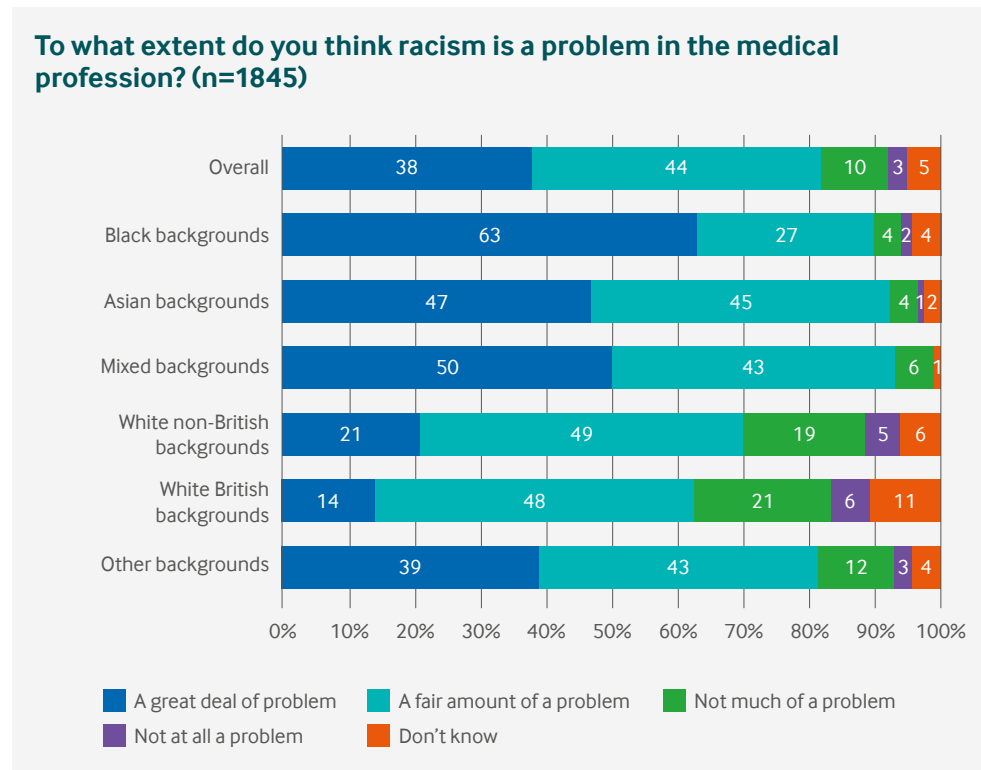
Over 8 in 10 respondents (82%) considered that racism is a problem in the medical profession, with 17% believing it to be a great deal of a problem.

Responses varied by ethnic group: 90% of respondents from Black backgrounds, 93% from Asian backgrounds, 73% from Mixed backgrounds, 70% from White non-British backgrounds, 62% from White British backgrounds, and 82% from other backgrounds considered racism to be a problem in the medical profession.

Respondents who gained their primary medical qualification overseas had differing views from respondents who trained in the UK. Of respondents who gained their primary medical qualification outside the UK, 89% thought racism was a problem, compared 74% of those who trained in the UK.

More than half of respondents (58%) also considered that racism was a problem in their workplace, with 17% considering it to be a great deal of a problem.

There was considerable difference in the responses from different groups: 77% of respondents from Black backgrounds, 69% from Asian backgrounds, 64% from Mixed backgrounds, 53% from White non-British backgrounds, 26% from White British backgrounds, and 68% from other backgrounds thought racism was a problem in their workplace.
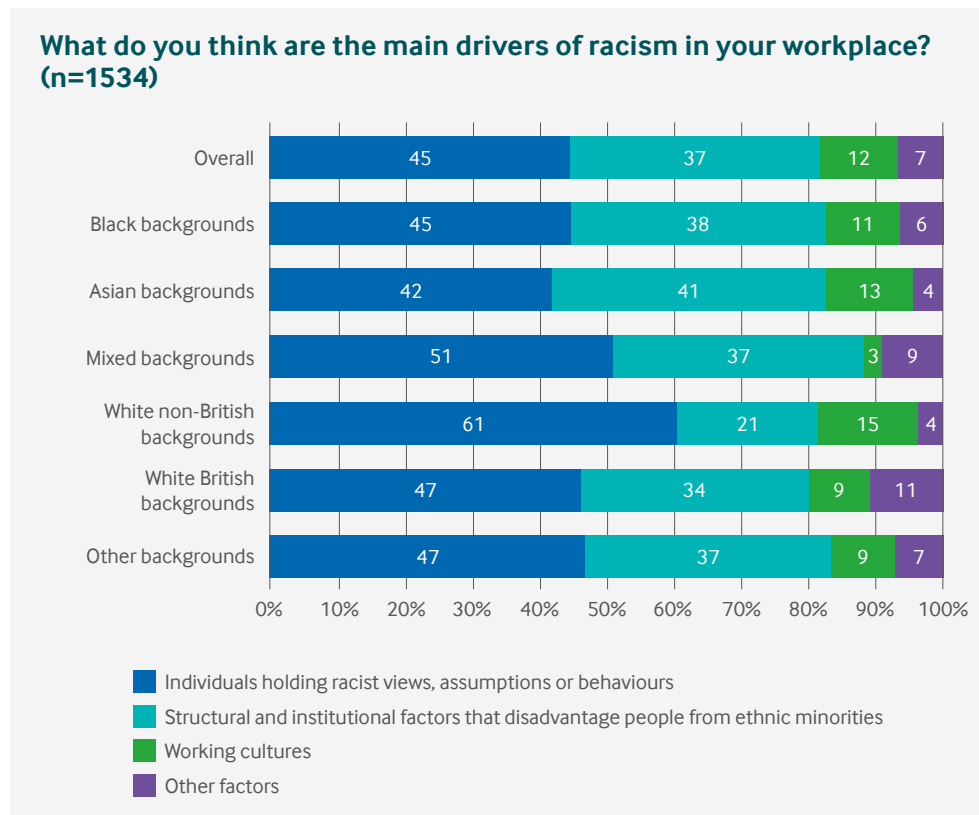
Respondents who gained their primary medical qualification overseas had differing views from respondents who qualified in the UK, with 75% of respondents who qualified overseas believing that racism was a problem in their workplace, compared to 43% of UK qualified respondents.

Perceptions of the key drivers of racism in medicine

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

Background	Individuals holding racist views, assumptions or behaviours	Structural and institutional factors that disadvantage people from ethnic minorities	Working cultures	Other factors
Overall	45	37	12	7
Black backgrounds	45	38	11	6
Asian backgrounds	42	41	13	4
Mixed backgrounds	51	37	3	9
White non-British backgrounds	61	21	15	4
White British backgrounds	47	34	9	11
Other backgrounds	47	37	9	7

- Individuals holding racist views, assumptions or behaviours
- Structural and institutional factors that disadvantage people from ethnic minorities
- Working cultures
- Other factors

Understanding the factors that drive racism in medicine is critical to establishing how to prevent it occurring. We asked respondents whether they felt that racism was predominantly driven by the attitudes and behaviours of individuals, wider working cultures, or systemic and structural factors. Systemic and structural factors include the ways in which policies and practices are designed and implemented that may (consciously or unconsciously) disadvantage particular groups. However, it should be noted that all three proposed drivers are interlinked, with both structural factors and individual behaviours impacting on working cultures, and vice versa.

Within their own workplaces, respondents predominantly considered individuals holding racist views, behaviours, and assumptions to be the main driver of racism (45%) rather than structural and institutional factors (37%) or working culture (12%).

However, respondents had different views on the main driver of racism within the wider profession. More respondents felt that structural or institutional factors (55%) were the main driver rather than individual behaviours (30%) or working cultures (10%), with the remaining 5% attributing this to other factors. This view was held across the Black, Asian and White British aggregate groups.

> "There was an incident where a baby with dark skin's jaundice was missed. There was a lot of resistance to tackle the institutional factors that contributed to this."
> **(Consultant, Black Caribbean, England)**

"Consistently small, dingy and unclean Muslim prayer rooms are provided across all NHS hospitals I have worked at, while the Christian Chapel is often large, airy and unused. This is a clear form of institutional racism. There are times where I have not been able to say my daily prayers (which are a religion obligation for Muslims) due to lack of space/social distancing during the pandemic in these small prayer rooms."
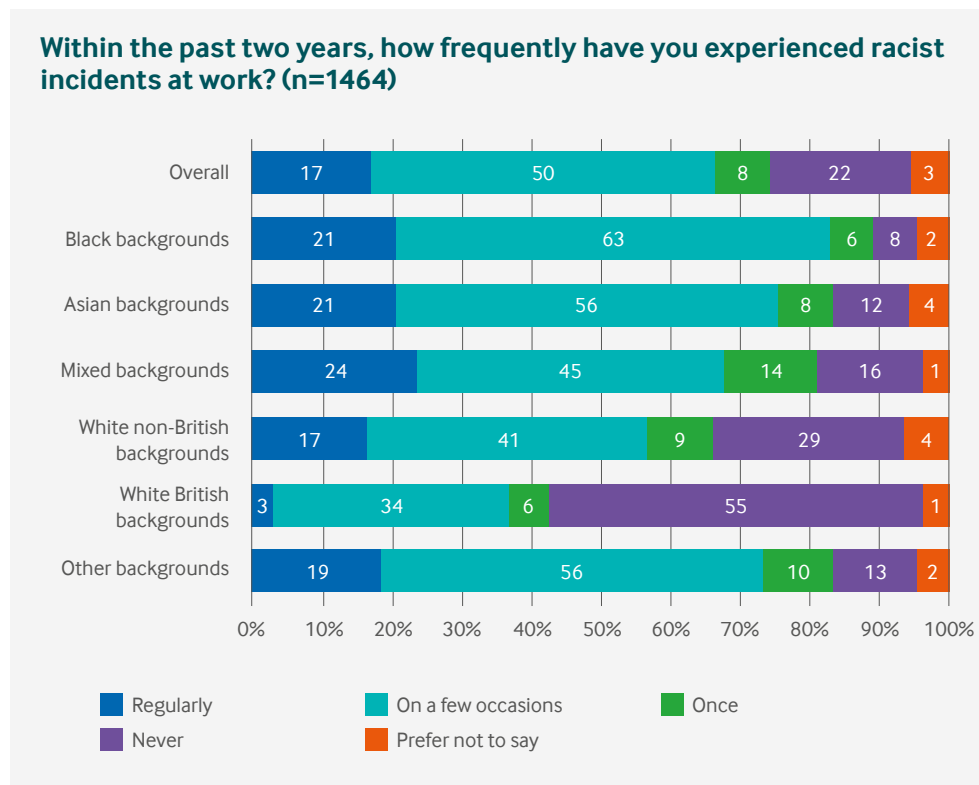 **(Junior doctor, Pakistani, England)**

"I feel racism has taken a different form in the recent years, it is not so much about the personal remarks against someone, but it is more of an institutionally managed atmosphere that makes sure that the working rights of the minority are curtailed or not heard, which in a way makes working in NHS a misery rather than pleasure."
(Consultant, Indian, England)

Experiences of Racism

Over two thirds (76%) of respondents reported that they experienced racism in their workplace on at least one occasion in the last two years. Of these, 17% experienced racist incidents on a regular basis. Respondents from Black backgrounds were most likely to have experienced racism (91%), followed by those from Asian backgrounds (85%), other backgrounds (85%), Mixed backgrounds (82%), White non-British backgrounds (67%), and White British backgrounds (43%).

Respondents were asked about their experiences of different forms of discrimination, including bullying, having their clinical ability doubted, and being ignored and socially excluded. Responses these questions are presented in full in Appendix 2 and are explored in detail throughout this report.

Within the past two years, how frequently have you experienced racist incidents at work? (n=1464)

	Regularly	On a few occasions	Once	Never	Prefer not to say
Overall	17	50	8	22	3
Black backgrounds	21	63	6	8	2
Asian backgrounds	21	56	8	12	4
Mixed backgrounds	24	45	14	16	1
White non-British backgrounds	17	41	9	29	4
White British backgrounds	3	34	6	55	1
Other backgrounds	19	56	10	13	2

Experiences of racism – UK graduates vs overseas graduates

Respondents who gained their primary medical qualification overseas had differing experiences from respondents who qualified in the UK. 84% of respondents who qualified overseas said they had experienced racist incidents in their workplace on at least one occasion in the last two years. Of these, 25% said they experienced racist incidents on a regular basis. For UK trained respondents, 67% of respondents said they had experienced racist incidents in their workplace on at least one occasion, with 12% saying they experienced racist incidents on a regular basis.

> "I constantly feel treated as if the UK is doing me a favour giving me a job, instead of recognising the value I bring to the country and the NHS, sometimes by colleagues, but definitely by senior management. I feel I am not part of their club, and I will never be."
> **(Consultant, White, England)**

"IMGs with strong accents are thought of as not as good as their British accented colleagues and are often discriminated against by both patients and staff alike."
(Junior doctor, Black African, England)

"I have the fortune of passing as English due to my accent but since I studied abroad – the second people find out where I studied their approach/demeanour changes regarding my competence … constantly justifying your presence – your right to belong – as a professional is mentally taxing and to extent tiring to the point where over time I have begun to let things pass as highlighting this will label me as 'difficult' Black man. There are number of colleagues that struggle more than me but the experience is deterring me from pursuing a long term career in UK."
(Locum junior doctor, Black African, Northern Ireland)

Only 12% of overseas qualified respondents said they had never experienced racism, compared with 31% of UK qualified respondents. Across all types of incidents, respondents who had qualified overseas were more likely to experience these incidents than respondents who had qualified in the UK. For example, 52% of overseas qualified respondents reported having their clinical ability doubted, compared to 27% of UK qualified respondents. 43% of overseas qualified respondents reported being subject to bullying, compared to 20% of UK qualified respondents. A full breakdown of these responses is presented in Appendix 2.

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)

Category	Percentage
Overall	31%
Black backgrounds	54%
Asian backgrounds	46%
Mixed backgrounds	37%
White non-British backgrounds	33%
White British backgrounds	6%
Other backgrounds	40%
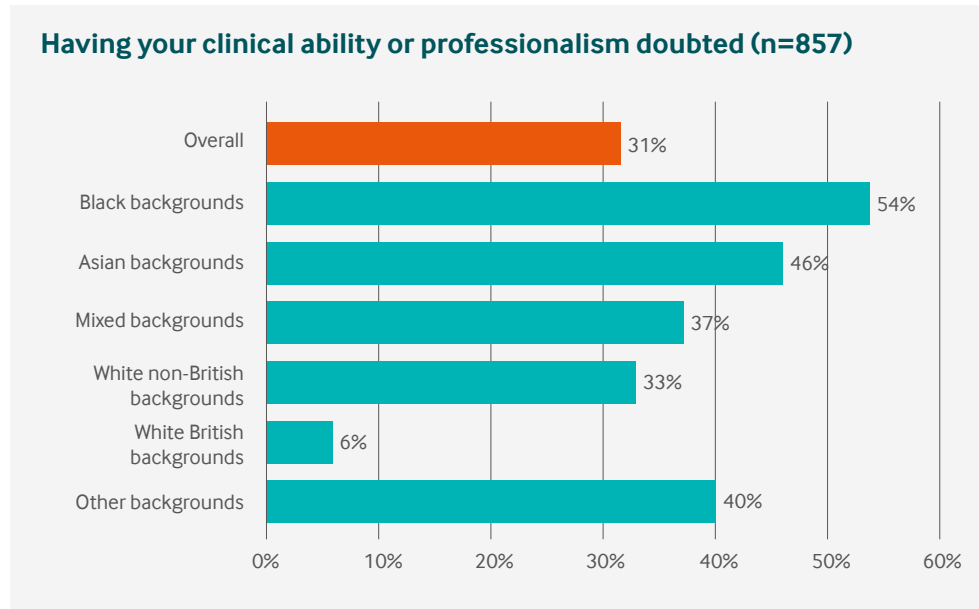
Respondents reported having their clinical ability doubted due to their ethnicity. 54% of respondents from Black backgrounds, 46% from Asian backgrounds, 40% from other backgrounds, 37% from Mixed backgrounds, 33% from White non-British backgrounds, and 6% from White British backgrounds reported this.

Respondents described instances in which their clinical practice was considered unprofessional, but the same behaviour from a colleague of a different ethnicity was applauded.

> "I stayed over my scheduled time to help with a patient and this was commented on as not having boundaries whilst the same act by a Caucasian colleague a few weeks later was lauded by the same person as 'conscientious'."
> **(Consultant, Pakistani, Scotland)**

Several respondents noted that colleagues made assumptions about their medical training and about the practice of medicine outside the UK.

> "Within the last month, I had one individual make prejudiced statements about my culture, stating that we practise unethical practices. The comment made was very ignorant and insulting."
> **(Junior doctor, Asian British, England)**

> "I started my journey here and did not find any difficulty or bad experience till I came across a consultant who said 'the English way is the best way of practice and not the Indian way'."
> **(Locally employed doctor, Indian, England)**

> "A consultant implying that my med school education is faulty because it was not in the UK by repeating in a loud voice for others to hear that 'this is NOT how we learned it here' and that I should get back to UK medical student books to learn it."
> **(Junior doctor, Other Black background, England)**

1.2 Unfair scrutiny and criticism

Having your work overly/unfairly scrutinised (n=857)

Category	Percentage
Overall	31%
Black backgrounds	48%
Asian backgrounds	44%
Mixed backgrounds	35%
White non-British backgrounds	22%
White British backgrounds	4%
Other backgrounds	36%
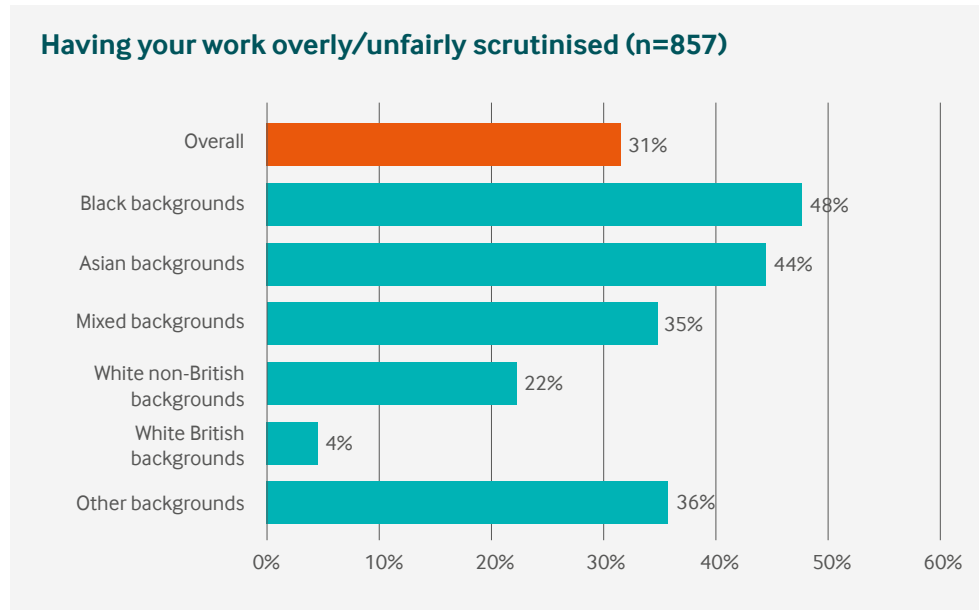
Respondents described being overly or unfairly scrutinised compared to colleagues from other ethnic backgrounds. 48% of respondents from Black backgrounds, 44% from Asian backgrounds, 35% from Mixed backgrounds, 36% from other backgrounds, 22% from White non-British backgrounds, and 4% from White British backgrounds reported this.

> "It is always subtle, like you have to explain the reasons of your decision, whereas your colleagues just say and it is done.
> You have to give explanation all the time."
> **(Junior doctor, Pakistani, England)**

> "Made to justify my clinical reasoning on a regular basis, which for me is not a problem but I don't think most white men are subject to this degree of scrutiny."
> **(Consultant, Pakistani, England)**

Respondents felt that there was an expectation that they would make mistakes, whereas colleagues from other ethnicities were given more trust.

> "We are treated more harshly and there's definitely a double standard.
> My behaviour is scrutinised twice as much — it's as if people are waiting for me to make a mistake to leap upon it. Also I feel there is an automatic lack of trust and an expectation of incompetence.
> My plans will be questioned, whereas a white male, doing the exact same actions, will sail through with no resistance."
> **(GP Trainee, Black Caribbean, England)**

Respondents also felt that they were more likely to face sanctions and receive complaints compared to colleagues from other ethnic backgrounds. A number of respondents described instances in which they had been reported or investigated without reason.

"Rapid and unjust escalation of trainees from ethnic minorities with no effort to communicate – often complaints from white members of staff or staff from different ethnic background."
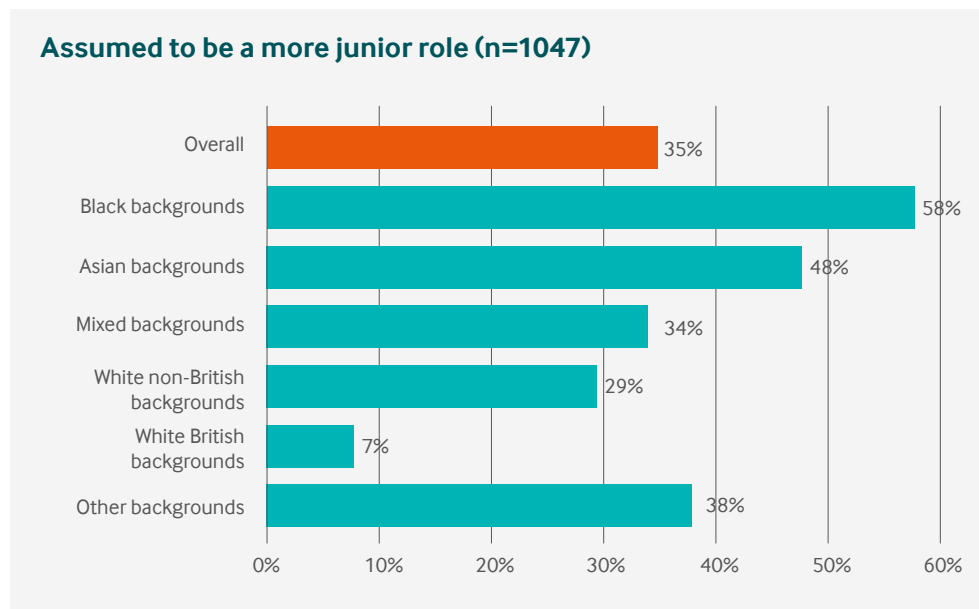**(Junior doctor, Black African, England)**

"British work colleague raised false allegations leading to me being arrested and handcuffed and also her best friend raised concerns to the GMC without any evidence."
(SAS doctor, White non-British, England)

"False allegation by White staff which is promptly believed despite no evidence. Observed racist bullying to Brown clinician by White staff. Conveniently ignored leading to resignation of Brown staff."
(Trust grade doctor, Asian British, England)

1.3. Assumptions about clinical role or position

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

Category	Value
Overall	35%
Black backgrounds	58%
Asian backgrounds	48%
Mixed backgrounds	34%
White non-British backgrounds	29%
White British backgrounds	7%
Other backgrounds	38%

Respondents reported that they had been assumed to be in a more junior role. 58% of respondents from Black backgrounds, 48% from Asian backgrounds, 34% from Mixed backgrounds, 38% from other backgrounds, 29% from White non-British backgrounds, and 7% from White British backgrounds reported this.

In addition to being assumed to being in a more junior position, several respondents described instances in which they had been assumed not to be clinicians.

"When I go to a ward, it is assumed that I am the porter, was sent to take out the trash – any low skilled job that they are expecting someone to turn up for."
(Consultant, Black Caribbean, England)

"Turning up to a clinic and being referred to as a support worker even though I was a physician. I also attended a board meeting … and was asked by an attendee if I had entered by mistake – I was an Assistant Director!"
**(Consultant, Black African, England)**

"I have been mistaken for a taxi driver. I have been mistaken for a junior doctor and the junior doctor (White) was assumed to be the consultant. It seems to be pervasive that White doctors are assumed to be better."
(Consultant, Pakistani, England)

"A patient was calling me when I was taking bloods from a patient in an adjacent bay where I had closed the curtains for privacy. I did not know that the patient was addressing me, as he was shouting 'nurse, nurse' repeatedly. When I had finished with my patient and opened the curtains the patient shouted 'you ignorant p*ki b*tch' and muttered further comments under his breath about how foreigners are rude."
(Medical student, Pakistani, England)

1.4 Differences in workplace responsibilities

Being disproportionately asked to do specific tasks (n=857)
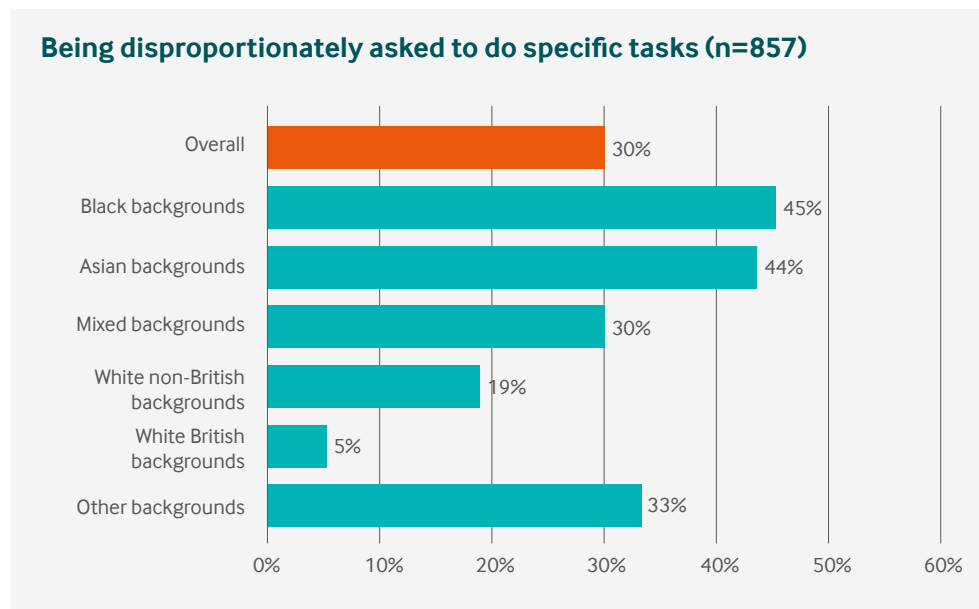
Respondents reported being asked to do specific tasks that were not expected of colleagues from other ethnicities. 45% of respondents from Black backgrounds, 44% from Asian backgrounds, 33% from other backgrounds, 30% from Mixed backgrounds, 19% from White non-British backgrounds, and 5% from White British reported this.

Respondents described being disproportionately given specific tasks, with some reporting that they had been unfairly sent to work in COVID-19 wards during the pandemic:

"Individuals who are ethnic minority and at high risk are all allocated to frontline care of COVID-19 patients, while the others took managerial and non-frontline roles."
(Consultant, Indian, England)

"NHS frontline staff placed in COVID-19 rotations were unrepresentatively comprised of ethnic minority staff, putting them at high risk."
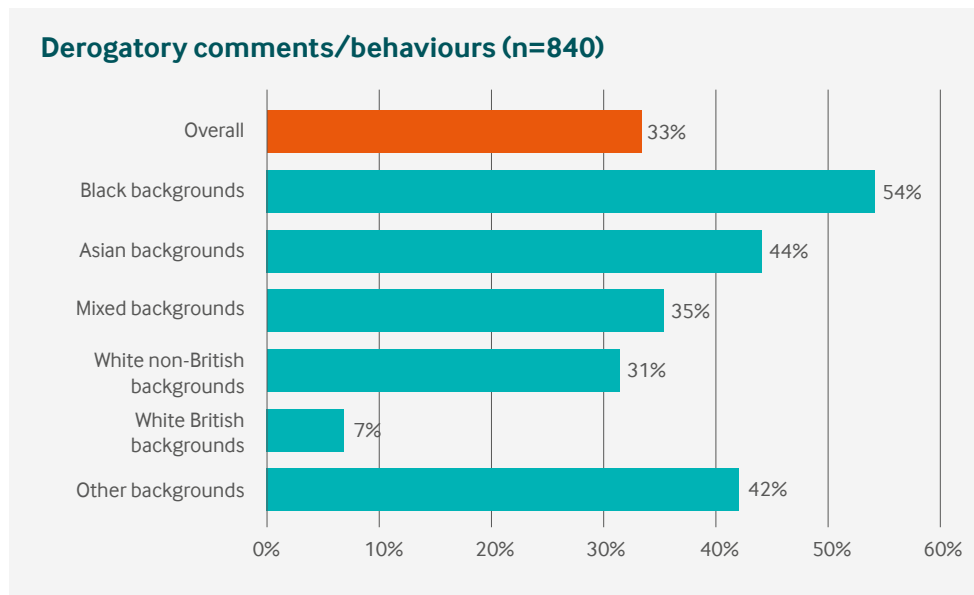**(Medical student, Indian, Wales)**

"I have been given tasks (as someone from a White British background) rather than colleagues whose ethnicity is different."
(Junior doctor, White British, England)

2. Racist language, comments, and behaviour
2.1 Derogatory comments and behaviours

Derogatory comments/behaviours (n=840)

Respondents reported being subjected to derogatory comments and behaviours due to their ethnicity. 54% of respondents from Black backgrounds, 44% from Asian backgrounds, 42% from other backgrounds, 35% from Mixed backgrounds, 31% from White non-British backgrounds, and 7% from White British backgrounds reported this.

Almost half of respondents (49%) described being subject to discriminatory comments from more senior doctors. Respondents also experienced this behaviour from doctors at the same or more junior level (36%), from another medical staff member (32%), or from a non-medical staff member (31%).

> "I was once told by a consultant that the 'whites' are a superior race and that the rest of us were all just rubbish!"
> **(Locally employed doctor, Asian, England)**

> " [A senior doctor] said 'we don't negotiate with terrorists' as a joke but I didn't find it funny. You are constantly made to feel different and you are reminded every day that you are not the same as everyone even though you are just there trying to do your job. All the jokes were very subtle in a way you cannot say its racist. Because they are smart they choose the right words to hurt you but still comes across as a joke … I was called 'Osama' by the same reg, but he did it in a way everyone found it funny and I had to laugh too, I don't know why, I just felt the best course of action was to laugh it off. Even though I was actually hurting at the time. I couldn't say anything."
> **(Medical student, Arab, England)**

Respondents also described senior colleagues making derogatory comments towards patients based on ethnicity, which made them feel uncomfortable. Respondents often felt unable to advocate for patients in the face of this racism, particularly if they were the only team member who shared the same ethnicity as the patient.

> "[A consultant made] racist remarks about how the patient's parents kept wanting him to eat more and it was making him fat and how that must be an Indian thing (the patient was Pakistani) … I was the only person of colour on the medical team"
> **(Medical student, Indian, England)**

> "Families of deceased patients have been treated very poorly if they've been from BAME backgrounds. There has been disdain, sneering, mocking of patients and their families from BAME backgrounds. This is a regular occurrence. There is a culture of actively stripping BAME patients and relatives of their dignity."
> **(GP Trainee, Asian British, England)**

Two in five respondents (41%) described derogatory comments from patients regarding their ethnicity, country of origin, heritage, name, and accent.

> "When I was speaking to a patient on my GP placement, he asked me repeatedly where I was from to which I initially replied 'St George's', then where I lived in the UK, then finally told him my parents were Indian, to which he replied 'No work in India, is there?'."
> **(Medical student, Indian, England)**

> "A patient said to me … 'your people have a lot to answer for with this COVID.'"
> **(Consultant, Chinese, England)**

> "An example of subtle, slightly ambiguous prejudice: I introduced myself to an elderly patient and asked to sit in on the consultation. The patient said 'I'm so glad to see you making something of your life'"
> **(Medical student, Black African, England)**

Some respondents also described that their colleagues belittled and laughed at instances of racism from patients:

> "I experienced racism one day at work. I was new there and therefore was still getting familiar with the way things work. I was looking after a Caucasian male patient who noticed I was taking more time than normal to do a particular task. He commented saying 'come on, you monkey man'. Other members of staff around me heard it but said nothing. In fact, one of my colleagues, a female Caucasian middle-aged lady, laughed with him. I felt horrible and wanted to curl into a ball. No one stood up for me and I did not have the courage to speak up. I was expected to continue caring for this patient as normal. Racism is still present in our society and is still, for some bizarre reason, being tolerated in the healthcare environment. Something MUST be done about this."
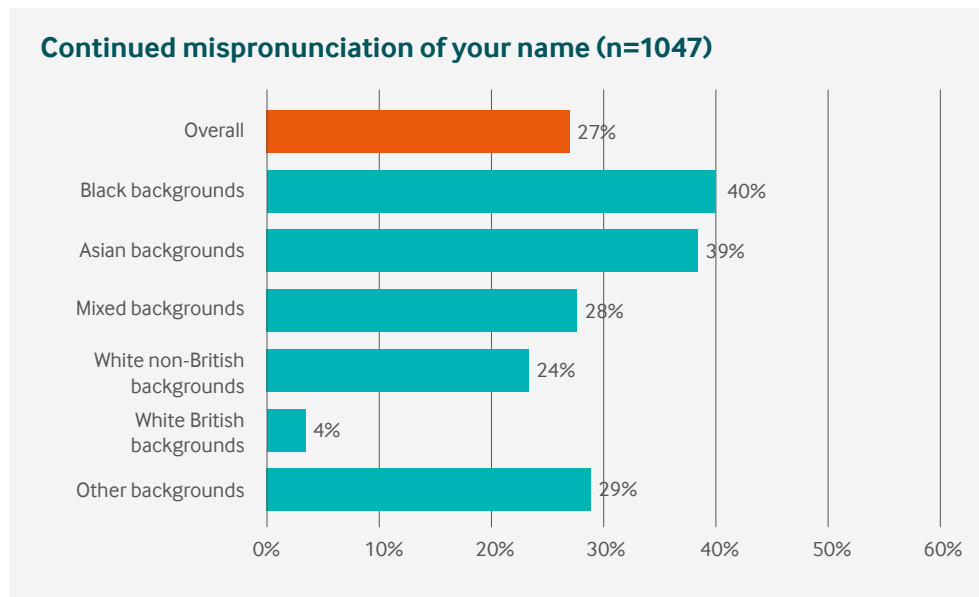> **(Medical Student, Asian British, England)**

> "A patient made a very racist remark towards Pakistanis and a senior found it hilarious (patient knew) and tried to brush it off."
> **(Junior doctor, Asian British, England)**

> "Told to take a history from patient known to be racist, doctor I was shadowing was aware but did not warn me but seemed to find it amusing."
> **(Medical Student, Black Caribbean, Wales)**

Continued mispronunciation of your name (n=1047)

Category	Percentage
Overall	27%
Black backgrounds	40%
Asian backgrounds	39%
Mixed backgrounds	28%
White non-British backgrounds	24%
White British backgrounds	4%
Other backgrounds	29%

Several respondents reported that they have experienced derogatory comments made about their accent and / or name. 40% of respondents from Black backgrounds, 39% from Asian backgrounds, 28% of respondents from Mixed backgrounds, 29% of respondents from other backgrounds, 24% of respondents from White non-British backgrounds, and 4% of respondents from White British backgrounds reported experiencing mispronunciation of their name.

Respondents described having their name purposefully mispronounced by colleagues and patients, as well as comments made on accents, accents being mocked, patients pretending not to understand accents, and being subject to stereotypical assumptions made based on accents:

> "My supervisor wrote in my CSR that I have an accent and he never discussed this with me."
> **(GP trainee, Black African, England)**

> "I overheard someone who I just asked to help with an equipment mimicking my accent when she went next door"
> **(Locum junior doctor, Black African, England)**

> "I have an uncommon name, but it isn't impossible to say. Many people (management included) fail to pronounce it properly despite me telling them how it is pronounced. This microaggression pales in comparison to what I have observed with other individuals … who I have observed being asked if staff can use a short form to address them rather than learn how to say their name."
> **(Consultant, Other ethnic group, Scotland)**

2.2 Bullying

Bullying (n=1047)

Overall	26%
Black backgrounds	37%
Asian backgrounds	37%
Mixed backgrounds	22%
White non-British backgrounds	22%
White British backgrounds	5%
Other backgrounds	34%
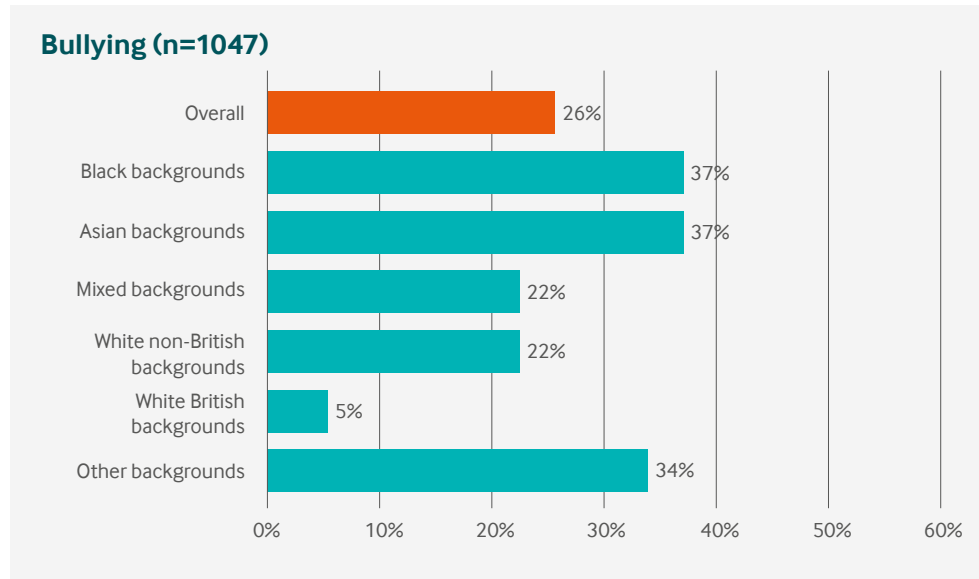
Many respondents experienced bullying in their workplace due to their ethnicity. 37% of respondents from Black backgrounds, 37% from Asian backgrounds, 34% from other backgrounds, 22% from Mixed backgrounds, 22% from White non-British backgrounds, and 5% from White British backgrounds reported this.

Bullying was most often perpetrated by senior doctors, with 68% of those who had been bullied reporting that they had been bullied by senior doctor. Respondents also reported being bullied by doctors at the same or more junior grade (41%), by another medical staff member (35%) and by non-medical staff members (36%).

> "Medical director shouting at me in the corridor referring to me as having mental health problems. Refusing leave that I was entitled to, I had to resign from my job as a result after working more than 14 years as consultant – it was becoming increasingly stressful for me, could not cope anymore."
> **(Consultant, Asian British, Wales)**

> "At times the tone of senior colleagues would be so rude that I would cry in the washroom. Fellow junior colleagues who were locally from the UK would notice this and also be rude (they would mirror each other's rude behaviour). This would make me feel isolated and hesitate to ask for help."
> **(Junior doctor, Pakistani, England)**

> "Line manager bullying and using derogatory language. Treating the White doctors much more favourably than the Black and Asian doctors"
> **(Junior doctor, Arab, Northern Ireland)**

One fifth (20%) of respondents who experienced bullying reported being bullied by patients or their relatives.

> "I was constantly harassed and bullied by a patient in the hospital for my appearance, I was called a sheikh, I would be asked about my place of birth, and my name was ridiculed"
> **(Junior Doctor, Arab, England).**

Physical attack or threat of violence (n=840)

Category	Value
Overall	9%
Black backgrounds	8%
Asian backgrounds	13%
Mixed backgrounds	9%
White non-British backgrounds	8%
White British backgrounds	2%
Other backgrounds	13%
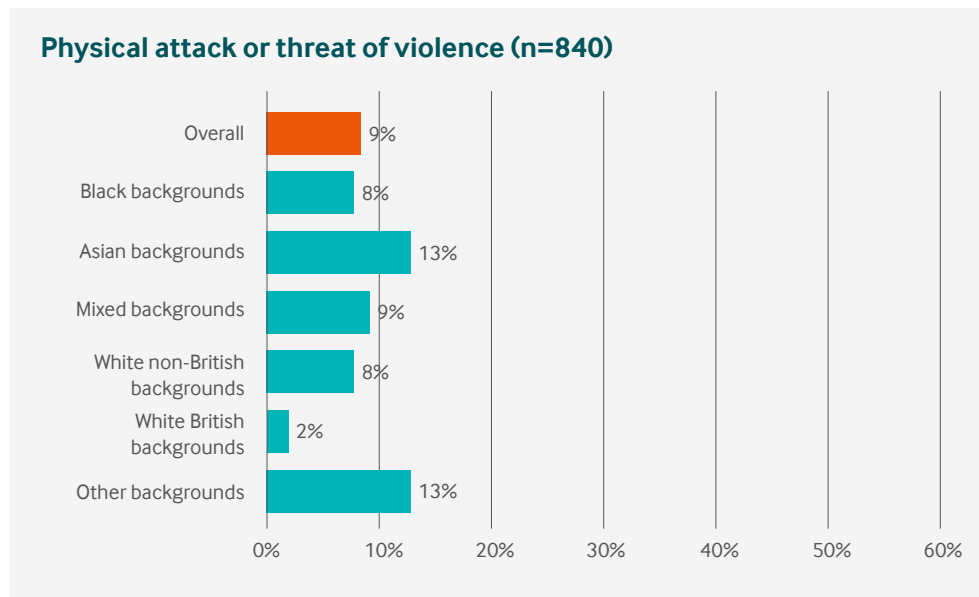
A small number of respondents reported that they had experienced physical attack or threat of violence due to their ethnicity. 13% of respondents from Asian backgrounds, 13% from other backgrounds, 9% from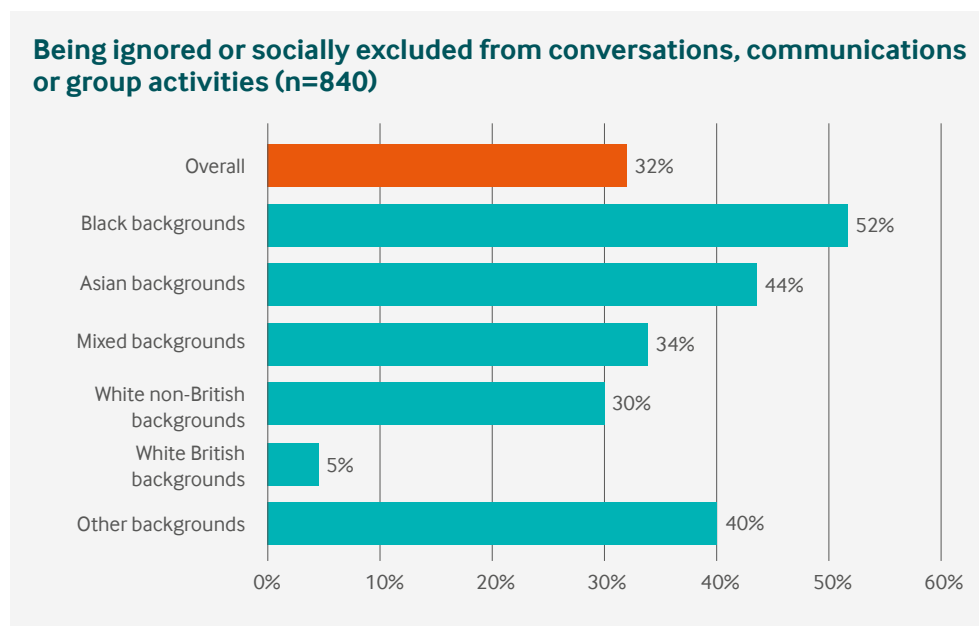 Black backgrounds, 9% from Mixed backgrounds, 8% from White non-British backgrounds, and 2% from White British backgrounds reported this.

> "[The patient] started raising his voice at me and saying I was asking him stupid questions and didn't understand why he had been made to see me. I tried continuing the consultation in a professional manner but patient was becoming visibly more aggressive towards me and raising his voice. I wasn't feeling safe and comfortable anymore left alone with him in the consulting room and proceeded to end [the appointment]. I was quite shaken by the experience."
> **(Junior doctor, Black African, England)**

2.3 Exclusion and othering

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

Category	Value
Overall	32%
Black backgrounds	52%
Asian backgrounds	44%
Mixed backgrounds	34%
White non-British backgrounds	30%
White British backgrounds	5%
Other backgrounds	40%

Respondents reported being excluded, ostracised, and othered due to their ethnicity. 52% of respondents from Black backgrounds, 44% from Asian backgrounds, 40% from other backgrounds, 34% from Mixed backgrounds, 30% from White non-British backgrounds, and 5% of respondents from White British backgrounds reported this.

> "Being clannish with English colleagues and excluding me. No social interaction. Not being invited to homes when others have been."
> **(Consultant, Pakistani, England)**

> "On placement surgeon not speaking to me, only to my white counterpart. Wouldn't even make eye contact with me. Went to the extent that I was getting curtains closed on me"
> **(Medical student, Pakistani, England)**

> "People around me often make no effort to have a conversation with me and feel left out and quite isolated most of the time. I have been unable to form any bonds at work and it feels quite frustrating. Members of staff have been disrespectful and condescending on numerous occasions and I know for sure they wouldn't have done or said the same things to a White colleague. What I find the surprising is most of my international colleagues still feel the same way in spite of spending decades in UK and I wonder if I would always be treated as an outsider!"
> **(SAS doctor, Indian, England)**

2.4 Patients refusing treatment

Several respondents described instances in which patients refused to be treated due to the respondent's ethnicity.

> "Unnecessary hostility from patients and refusal to see/speak to people of colour, yet having polite conversations with White members of staff. This was then followed by gaslighting behaviours and blaming the ethnic minority doctor of being 'aggressive' and making the patient anxious, which was not the case at all."
> **(Medical student, Asian British, England)**

> "During the pandemic I have had a number of patients on the telephone who have assumed I am White, once we arrange a face to face they are surprised I am the GP they have spoken to on the phone and then chose to no longer see me instead preferring to see my White colleagues. This has been quite a common occurrence."
> **(GP, Black British, England)**

Some respondents noted that they received no support from colleagues upon reporting that patients refused to be seen by them.

> "I was called 'headscarf b*tch' by a patient. A patient refused to be seen by me as my name did not sound British. A supervisor did not wish to discuss the experience of the patient not wishing to be seen by me and I was met with mostly silence."
> **(Junior doctor, Mixed other background, England)**

> "A patient with a hearing disability wrote on a piece of paper that he did not want to be treated by me because he had a problem with my religion and my headscarf. I reported this to my consultant, who just shrugged it off."
> **(Junior Doctor, Pakistani, England)**

A number of respondents from White backgrounds described incidents where they were asked to see a patient instead of an ethnic minority doctor.

"Patients would ask refuse to see my consultant, asking instead for me, 'a real doctor', for no other reason than I was a White man."
(Junior doctor, White English, England)

"During my foundation years when on call a colleague who wears a hijab was asked to review an acutely unwell patient. The patient refused to be reviewed or examined by my colleague in any way. My colleague felt that the patient needed to be seen and so asked me to review instead, despite the fact that we were at the same stage of training, because of my ethnicity the patient allowed me to review them."
(Junior doctor, White British, England)

3. Scepticism of actions to reduce racism

Respondents noted a lack of institutional action to address racism. Though some provided examples of good practice (see p.34), others felt that their workplace was not making enough change at a structural level to adequately address racism. Respondents from ethnic minorities felt that they were often burdened with the responsibility of educating their colleagues, with little engagement from management or staff.

"I made a medical meeting presentation about racism in healthcare to medical colleagues. The conversation was mostly hijacked by White people in the room, and no action was taken after it."
(Junior doctor, Arab, England)

"Action plans don't reduce racism, they just create work for people, which they associate with race, and are probably pushed to adopt a more negative attitude to race as a result."
(Other speciality, Indian, England)

"I have seen no interest in improving racism equality in my career in Scotland and the North of England. In general, White colleagues are reluctant to even acknowledge that racism exists and will often undermine and explain away concerns of they are raised."
(SAS doctor, Mixed ethnic background, Scotland)

Respondents felt that those tasked with developing actions to reduce racism did not have the knowledge to develop effective solutions, and that actions were treated as a tick box exercise rather than a legitimate effort to eliminate racism in their workplace.

"There is nothing positive to say as HR and management have no real intention of tackling this issue. All the support offered us to tick the boxes for their own survival, the ground reality is different."
(Consultant, Indian, England)

"Greater awareness means that my workplace knows that racial inequality is a problem but because the people trying to come up with solutions do not really understand the problem, their efforts appear patronising. For example, mentor programme for BAME staff with predominantly White mentors, to 'improve confidence and leadership skill'. It would be better for programmes to help White people understand what it is like on the other foot before trying to fix the problem."
(GP locum, Mixed ethnic background, England)

A small number of respondents felt that actions to reduce racism favoured those from ethnic minorities, and that they were disadvantaged as a result. One respondent noted that support groups and listening events for ethnic minority staff members were not available to white staff.

Intersectionality

Respondents were asked whether they thought incidents of racism they had experienced were linked to other characteristics, for example their religion, gender, or disability status. The results showed that a significant proportion of people felt the racism they experienced was amplified by other factors.

Three in ten respondents (30%) thought that the racism they experienced to was linked to religion and belief, with many respondents mentioning Islamophobic, Antisemitic, or other faith-based slurs and discrimination:

> "Not allowing Muslims a prayer space – it literally takes 5-10 minutes to pray, this does not affect my job as a doctor … is a key factor putting me off certain careers in medicine."
> **(Medical student, Bangladeshi, England)**

> "People seem to exhibit cognitive dissonance … they accept overt racism towards people of colour is wrong, but somehow do not apply the same standard to anti-Jewish racism."
> **(Consultant, White British, England)**

> "Recently it was Diwali and I fasted in the day to eat in the evening after prayer. Work colleague said 'you're fasting again!', I asked 'what do you mean?', 'Don't you eat at night and fast in the day for 40 days?', I replied 'that's in Islam, I'm Hindu, Diwali is our Festival of Lights, I'm not Muslim.' 'Oh, I thought you were all the same.' I smiled and did not answer."
> **(Salaried GP, Indian, England)**

Over a quarter respondents (28%) reported that experiences of racism were exacerbated by sex, with many women describing instances in which they had been degraded and belittled.

> "I think in general sometimes it seems easier to criticise someone who is small and brown and female – because they are an easy target … sometimes it feels like you don't get taken very seriously just because of who you are. You could say the same thing as your tall White male colleague and that would be taken a lot more seriously."
> **Locum Junior Doctor, Asian British, England)**

> "Racist remarks from delirious elderly patients. Racism associated with sexism – the assumption of not being a real doctor due to being an Asian female."
> **(Junior doctor, Asian British, England)**

> "Called a White wh*re by a male colleague because I declined his sexual advances. Told I was dirty and dressed like all White sl*ts who are asking for it."
> **(Consultant, White British, Female, England)**

The intersection of ethnicity, religion, and gender was evident in comments from respondents who wore headscarves. They described discriminatory policies and behaviours that made it more difficult for them to practice medicine while wearing a headscarf.

> "Being removed from emergency operating theatre by a senior ODP/ theatre manager who took offence to my headscarf, could not provide a head covering that would fit over it."
> **(Locally employed doctor, Asian, England)**

> "Not being able to wear a theatre hijab in theatre without a disposable cap on top which truly makes no sense."
> **(Medical student, Pakistani, England)**

One respondent noted that he did not receive support as a carer.

> "I have carer responsibility as well with a child who is seven with severe special needs and my wife at the time was unwell. A similar degree of help was not offered to me as was my colleague who rightfully was awarded time and space to handle it and then return later."
> **(Salaried GP, Asian British, England)**

Reporting experiences of racism

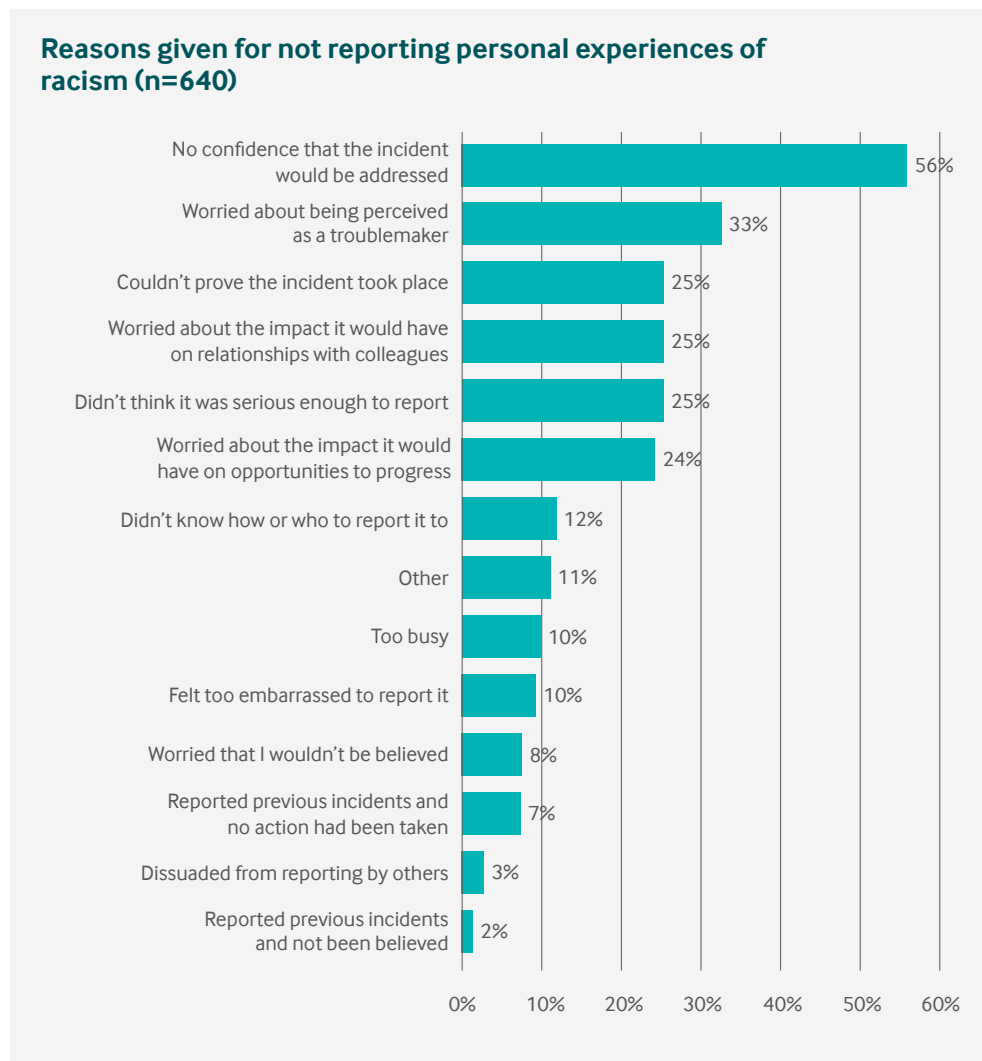### Reporting personally experienced racism
The majority of survey respondents (71%) who had personally experienced racism chose not to report this to anyone.
69% of respondents from Black backgrounds, 70% from Asian backgrounds, 76% from Mixed backgrounds, 60% of those from other backgrounds, 84% from White British backgrounds, and 70% from White non-British backgrounds did not report. 66% of overseas qualified respondents chose not to report to anyone, compared to 75% of UK qualified respondents.

Of those who did report, most reported to their employer directly (21%) and smaller proportions reported to the BMA (8%), Freedom to Speak Up Guardians (5%), or regulators (3%). 7% of respondents reported to a range of other bodies. Examples of other ways people reported included to other colleagues, medical schools, occupational health, the Equality and Human Rights Commission, and via anonymous feedback or appraisal systems.

Reasons for not reporting
The most common reasons given by respondents for not reporting experienced incidents were not having confidence that the incident would be addressed (56%) and being worried about being perceived as a troublemaker (33%).

Reasons given for not reporting personal experiences of racism (n=640)

Reason	%
No confidence that the incident would be addressed	56%
Worried about being perceived as a troublemaker	33%
Couldn't prove the incident took place	25%
Worried about the impact it would have on relationships with colleagues	25%
Didn't think it was serious enough to report	25%
Worried about the impact it would have on opportunities to progress	24%
Didn't know how or who to report it to	12%
Other	11%
Too busy	10%
Felt too embarrassed to report it	10%
Worried that I wouldn't be believed	8%
Reported previous incidents and no action had been taken	7%
Dissuaded from reporting by others	3%
Reported previous incidents and not been believed	2%

Respondents from Black backgrounds most commonly gave their main reasons for not reporting incidents as having no confidence the issue would be addressed (65%) and being worried about being perceived as a troublemaker (38%). Respondents from Asian backgrounds also gave these as their main reasons, with 58% saying they had no confidence the issue would be addressed and 36% being worried about being perceived as a troublemaker.

For White British respondents, the reasons most commonly given were that they didn't think the incident was serious enough (33%) and lack of confidence that it would be addressed (25%); for respondents from White non-British backgrounds the top reasons were lack of confidence that it would be addressed (59%) and being worried about the impact it would have on relationships with colleagues (35%).

The top reasons given by overseas qualified respondents were having no confidence the issue would be addressed (61%) and fear of being perceived as a troublemaker (37%). These were the same reasons given by UK qualified respondents; 51% of UK qualified respondents said having no confidence was the top reason, with 27% fearing they would be perceived as a troublemaker.

A number of respondents described instances in which they were advised by senior colleagues not to report experiences of racism, either because nothing would be done or because reporting would have a negative impact on them.

> "Patients making monkey chants, and using the 'N' and 'P' words. I've had a very senior White male staff member tell me that I when I raised the subject of racist abuse at work, it was 'toe curling' and he clearly implied that I should not have done this. Another senior White woman said we shouldn't bother reporting racist hate crime because in her view, the police did nothing anyway."
> **(Consultant, Asian British, England)**

> "I was shouted at by a consultant and told that I should be 'hung upside down by my beard' (I am Muslim, and a beard is a religious symbol for me). I was then told by the Training Programme Director that I should avoid making a formal complaint as it 'would probably not get very far and result in me being impacted negatively'. I still have PTSD from this event and have never felt that I got justice."
> **(Junior doctor, Pakistani, England)**

Outcomes of reporting
For those who did report, the most common outcome reported was that no action was taken (41%). Respondents from Asian backgrounds were more likely to say no action had been taken (47%) than respondents from Black backgrounds (30%) and White Backgrounds (28% White British backgrounds, 37% White non-British backgrounds). The next most frequent outcome was the incident being investigated but no action being taken (11%). In only 6% of cases was the incident investigated and action taken against the perpetrator. In 7% of cases, respondents did not know what had happened as a result of them reporting the incident.

In some cases, respondents said that they had themselves been blamed for the incident and/or for raising it. Several respondents noted that when they reported racist incidents, their concerns were ignored, and they were made to feel like they were at fault.

> "I have been bullied and made to work where none of my colleagues wanted to work. I complained and I was asked by the AMD to shut up"
> **(Consultant, Indian, Wales)**

"Patients have threatened me and called me awful names but when I complained to the management it was trivialised and I was told I could have managed the situation better and was told to do a reflection on the encounter for my appraisal."
(Salaried GP, Black African, England)

"I have been personally victimised for trying to raise issues and 'complaint' raised against me. I have been asked to go for counselling session but no acknowledgement of the 'actual problem'."
(Consultant, Indian, England)

Reporting witnessed incidents of racism

As with personal experiences, the majority of people who witnessed racist incidents directed at others chose not to report them (77%). This proportion was similar across ethnic groups.

For those who did report incidents they witnessed, most reported directly to their employer (17%) with smaller percentages reporting to the BMA (4%), Freedom to Speak Up Guardians (4%), and regulators (2%).

The most common reasons given for not reporting witnessed incidents were similar to the reasons given for not reporting personally experienced incidents. These were having no confidence that the issue would be addressed (49%), being worried about being perceived as a troublemaker (27%), feeling that the incident was not about them (26%), being worried about the impact it would have on relationships with colleagues (23%), and being unable prove the incident took place (18%).

Of those who reported, no action was taken in over three quarters of cases (78%). Only 9% said the report had been investigated and action taken against the perpetrator, a further 13% said there was an investigation, but no action taken against the perpetrator.

Overall, respondents were more likely to report events that they had directly experienced rather than incidents they had witnessed, although reporting rates were low for both categories of incident.

Impact of reporting experiences of racism

Of those who had reported personally experienced incidents of racism, nearly 6 in 10 respondents (58%) said that doing so had had a negative impact on them.

Respondents from Mixed backgrounds were more likely to say this (73%) than respondents from Asian backgrounds (61%), other backgrounds (58%), Black backgrounds (50%), White British backgrounds (47%), and White non-British backgrounds (50%). There was little difference between those who qualified overseas (60%) and those who were UK qualified (62%).

Many respondents described experiencing adverse consequences at their workplaces after reporting an experience of racism. Respondents described a range of hostile behaviours from their colleagues. These included being bullied, socially isolated, and feeling that they been labelled as a troublemaker.

"Less confident to report such incidents again because no action was taken against the perpetrator. I feel uncomfortable and anxious of reprisals"
(Consultant, Black African, England)

Some respondents said that the adverse consequences experienced were related to career progression. Some specific examples included difficulties getting job plans signed off, impact on salary negotiations, not having a contract extended, and not being given training or leadership opportunities.

> "Judged by the colleagues and staff. Personal trauma of going through mediation. No other support for myself. My career progression has been affected"
> **(SAS doctor, Asian, Wales)**

Many respondents said that no action was taken on their complaint and some others said that they felt disbelieved or were made to feel that they had overreacted. Some respondents also described the reporting process as being stressful and having an impact on their mental health.

> "It has caused a tremendous strain, knowing that nothing has been done against the perpetrators of systemic bullying steeped in racism. I am now viewed as being 'difficult' for frankly describing my experiences."
> **(GP Trainee, Asian, England)**

> "[Patient] asked in quite a rude way 'so which sh*thole did you come from?' I was stunned. I said Northern Ireland. He laughed harshly and replied 'Yeah, right. You're from Northern Ireland? What a joke.' … Although it is irrational, racism makes you doubt yourself and question your own place in the country. I found it distressing when my portfolio tutor saw my portfolio entry about it and decided to challenge me about whether this incident was racism or not. I don't think it's appropriate to do that to the person who has had the experience … Being dismissed in this way can be worse than the incident itself sometimes, because it tells you that the person you're speaking to doesn't care about your wellbeing in the slightest."
> **(Medical student, Asian British, Northern Ireland)**

Around half (47%) of respondents who reported a witnessed incident of racism said this had led to a negative impact on them. This is lower than the 58% of people who experienced negative impacts of reporting a directly experienced event, but still a significant proportion. Respondents from White non-British backgrounds were more likely to say this (85%) than respondents from Asian backgrounds (51%), Black backgrounds (50%), other backgrounds (47%), Mixed backgrounds (38%), and White British backgrounds (18%).

Racism and career progression

Many respondents felt that racism was a barrier to their career progression. **60% of respondents from Asian backgrounds, 57% from Black backgrounds, 45% from Mixed backgrounds, 36% from White non-British backgrounds, and 58% from all other backgrounds said they felt racism had been a barrier to their career progression, compared to 4% of White British respondents.**

Respondents who had qualified overseas were much more likely to think that racism was a barrier to their career progression than those who had qualified in the UK. **60% of overseas qualified respondents thought that racism had been a barrier to their career progression, compared to 27% of UK-qualified respondents**. This finding was consistent across all ethnic groups.

Do you think racism has been a barrier to your career progression? (n=1246)
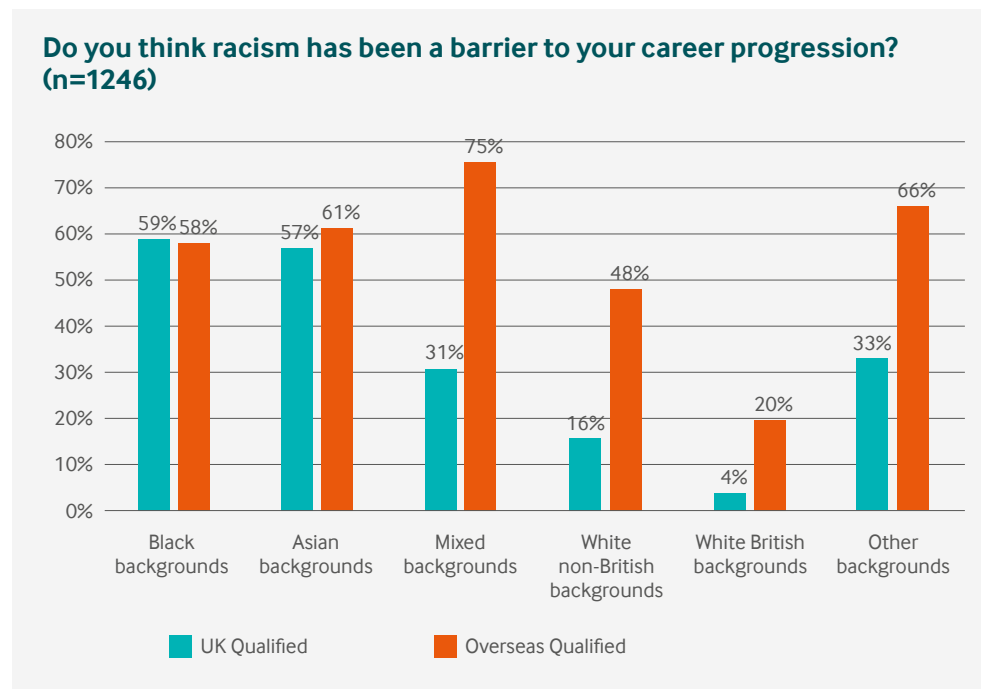
A number of respondents described they had been actively prevented from applying for roles due to their ethnicity.

> "It feels like there is no point trying even to be considered for a management post"
> **(SAS doctor, Asian, Wales)**

> "Working in A&E was a nightmare. Continued racist behaviour from patients and their relatives. Due to this, I have decided not to pursue a career in emergency medicine."
> **(Junior doctor specialty, Indian, England)**

> "When I had to fight to be paid equally to that of a White colleague for the same post – the White colleague was offered better terms in spite of being less experienced and being in the trust for considerably shorter time."
> **(SAS doctor, Asian, England)**

> "Overlooked for promotion, paid less than White man who was recruited into the department and took over some of my responsibilities – we have equivalent experience."
> **(Consultant, Asian British, England)**

Access to opportunities and support

Do you feel you receive the same support to apply for senior roles as your colleagues of a different race/ethnicity? (n=1230)

Background	I feel I have less support	I feel I have the same level of support	I feel I have more support
Black backgrounds	50%	8%	1%
Asian backgrounds	53%	9%	1%
Mixed backgrounds	34%	16%	2%
White non-British backgrounds	46%	7%	3%
White British backgrounds	5%	40%	5%
Other backgrounds	30%	26%	2%

- ■ I feel I have less support
- ■ I feel I have the same level of support
- ■ I feel I have more support

Do you feel you receive the same support to apply for senior roles as your colleagues of a different race/ethnicity? (n=1230)

	I feel I have more support	I feel I have the same level of support	I feel I have less support
UK Qualified	27%	26%	3%
Overseas Qualified	50%	10%	1%

- ■ I feel I have more support
- ■ I feel I have the same level of support
- ■ I feel I have less support

Do you feel you receive the same support to apply CEAs, distinction awards, and commitment awards as your colleagues of a different race/ethnicity? (n=1230)
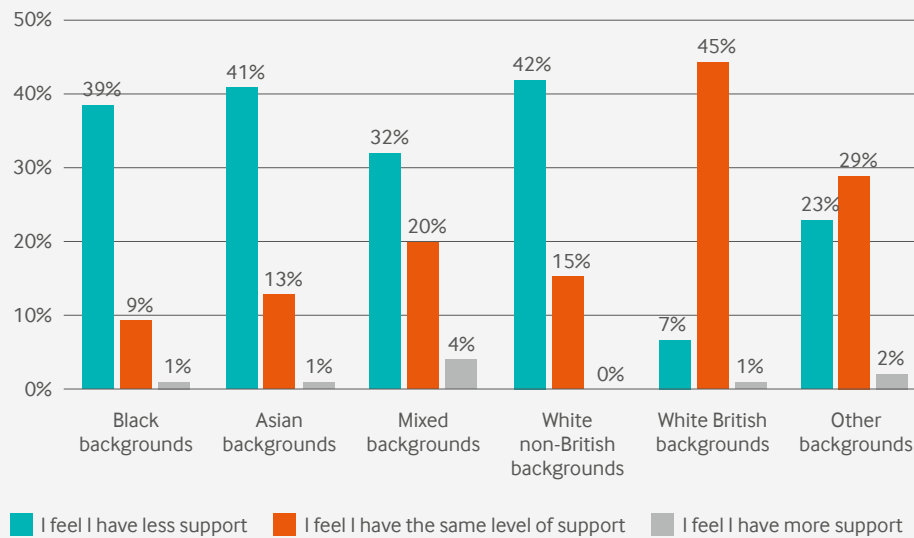
There were significant differences between ethnic groups regarding support to access opportunities and Clinical Excellence Awards. Those from Black, Asian, Mixed, and other ethnic backgrounds felt they had less support than their colleagues as a result of their ethnicity. Those from White British backgrounds felt they had the same level of support. Those from White non-British backgrounds felt they had less support to access opportunities, but the same level of support to access Clinical Excellence Awards.

Overseas qualified respondents were almost twice as likely as UK qualified respondents to feel that they had less support to access opportunities as a result of their ethnicity.

"When interacting with senior colleagues, I would notice that they were nicer and more helpful towards other junior doctors who were born in UK and were White. I would be clearly treated and spoken to differently."
(Junior doctor, Pakistani, England)

"Managers of different ethnicities from me not providing support I needed to carry out my job then criticising my work performance."
(Consultant, Asian, England)

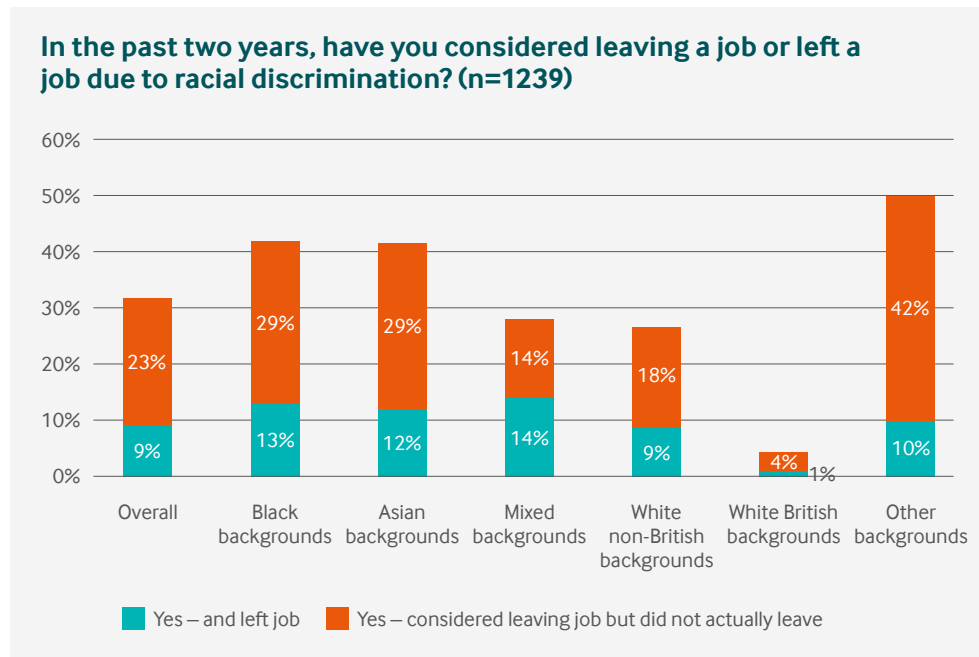"An English trainee was moved from a practice when the trainee had a problem with a trainer, whereas I had to keep going and raising the issues I had and nothing was done despite repetitive requests for a different practice."
(GP Trainee, Indian, England)

"I had tried to participate in one of the surgeon's surgery and wasn't spoken to the entirety of two operations. However, on other occasions, to a White male, the same surgeon was very willing to teach and explain the operation throughout. From my knowledge, they did not know each other beforehand and had no personal history. I could only put it down to my race, as he treated other White students significantly better, and simply ignored my existence."
(Medical student, Asian, Scotland)

Impact of racism on staff retention

In the past two years, have you considered leaving a job or left a job due to racial discrimination? (n=1239)

	Yes — and left job	Yes — considered leaving job but did not actually leave
Overall	9%	23%
Black backgrounds	13%	29%
Asian backgrounds	12%	29%
Mixed backgrounds	14%	14%
White non-British backgrounds	9%	18%
White British backgrounds	1%	4%
Other backgrounds	10%	42%

More than one in five respondents (23%) said they had considered leaving a job because of racial discrimination. There was variation between respondents, with 29% of respondents from Black backgrounds, 29% from Asian backgrounds, 18% from White non-British backgrounds, 14% from Mixed backgrounds, and 42% from other backgrounds feeling this way, compared with 4% of White British respondents. A third (32%) of overseas qualified respondents said they had considered leaving a job due to racial discrimination, compared with 13% of UK qualified respondents.

A further 9% of respondents left their job due to racial discrimination. There was again variation between respondents, with 14% of respondents from Mixed backgrounds, 13% from Black backgrounds, 12% from Asian backgrounds, 9% from White non-British backgrounds, and 10% from other backgrounds reporting that they had left their job, compared with 1% of White British respondents. 14% of overseas qualified respondents said they had left their job due to racial discrimination, compared with 4% of UK qualified respondents.
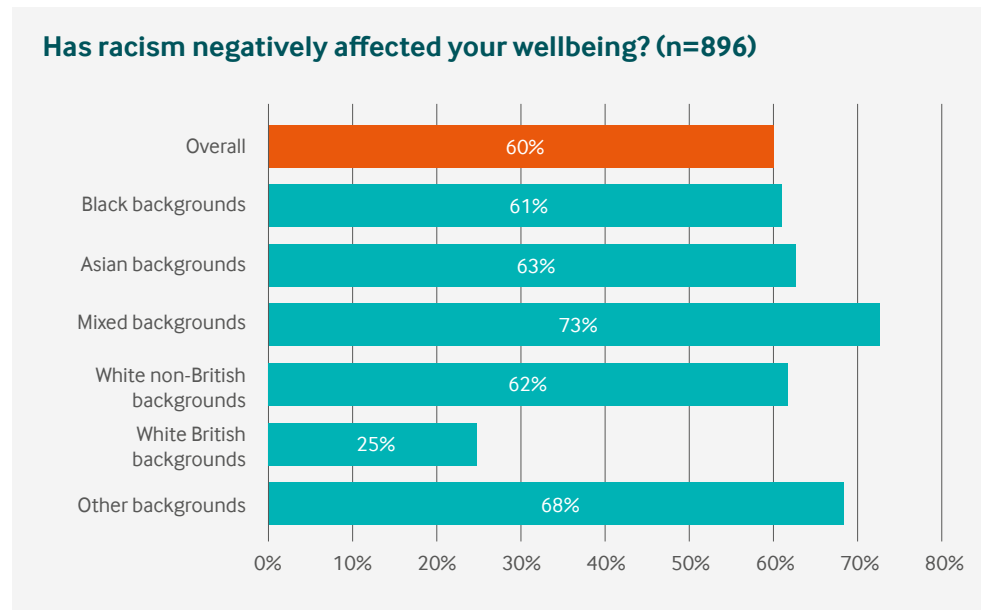
"I was a happy person, I am not anymore. I terribly miss my home country, here I don't recognize myself. I can't leave just yet, due to financial reasons. But one day I will leave, because at home we never treat another human being badly just for their skin colour."
(Junior doctor, Bangladeshi, England)

"In recent years I have purposely moved away from people (and teams) with racist behaviour. I consider myself lucky to have been able to do that. But that is after 17-18 years of near-daily attempts at demoralisation and discrimination. Those people now sit in some of the most coveted decision making positions in the country!"
(Consultant, Pakistani, England)

Impact of racism on wellbeing

Has racism negatively affected your wellbeing? (n=896)

Background	Percentage
Overall	60%
Black backgrounds	61%
Asian backgrounds	63%
Mixed backgrounds	73%
White non-British backgrounds	62%
White British backgrounds	25%
Other backgrounds	68%

Six in ten respondents (60%) reported that racist incidents they had experienced had negatively impacted their wellbeing. 73% of respondents from Mixed backgrounds, 68% from other backgrounds, 63% from Asian backgrounds, 62% from White non-British backgrounds, 61% of from Black backgrounds, and 25% from White British backgrounds reported this.

Respondents frequently mentioned mental health impacts, ranging from low mood and stress to severe depression and anxiety. Some respondents described experiences that made them feel unsafe at work and unable to trust their colleagues. Many noted that they had lost confidence in themselves and their skills, and that their self-esteem was affected.

> "I am not the same person anymore. I feel less confident with bruised self-esteem."
> **(GP trainee, Asian, England)**

> "[As a] visibly Muslim woman wearing a headscarf … [I was] targeted by having a complaint made about me for politely raising concerns regarding patient confidentiality during Prevent training. Several White doctors made similar comments and no action was taken against them …. I was too frightened and concerned about my career progression to take things further, particularly in the current virulently Islamophobic climate. I never imagined something like this could happen to me. I no longer feel safe at work, cannot trust my colleagues, and would leave medicine/the NHS completely if I had alternative employment."
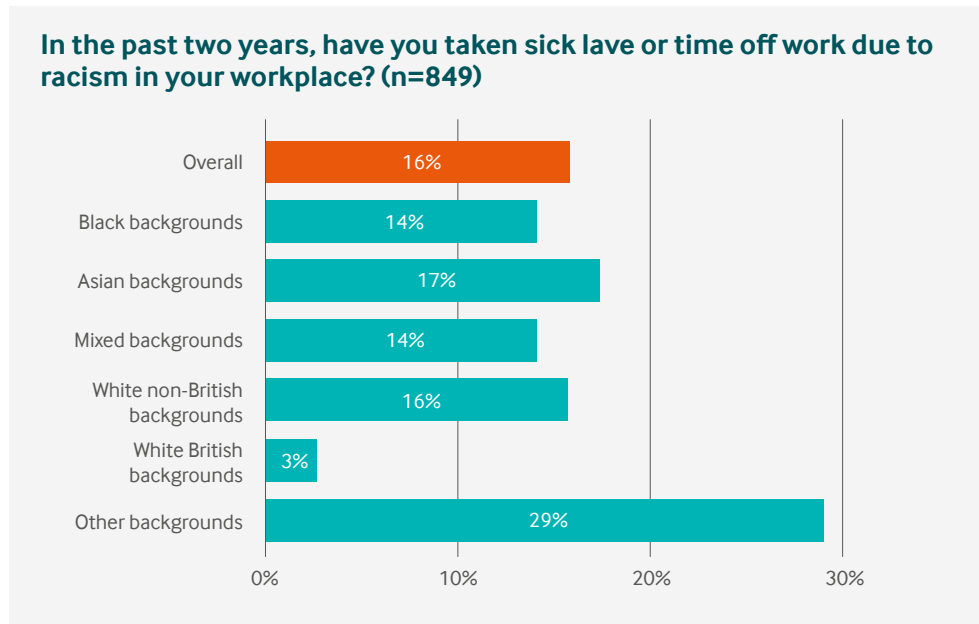> **(Consultant, Indian, England)**

A number of respondents mentioned adverse impacts on their physical health. Symptoms mentioned by respondents included aggravated blood pressure and diabetes, weight gain, weight loss, heartburn, mouth ulcers, headaches, migraines, hypertension, and back pain. Many respondents mentioned insomnia and other sleep issues.

> "I have noticed I'm suffering from more physical ailments in the past two years when I was a perfectly healthy person all my life."
> **(Consultant, Asian, England)**

Some respondents described how their experiences of racism at work had affected their personal lives, sharing examples of feeling unable to stop thinking about work at home and having relationships with family and friends affected. A small number of respondents mentioned suicidal thoughts. Some respondents noted that they were receiving counselling and/or psychological support to deal with their experiences.

Impact of racism on sick leave and taking time off work

In the past two years, have you taken sick lave or time off work due to racism in your workplace? (n=849)

Background	Percentage
Overall	16%
Black backgrounds	14%
Asian backgrounds	17%
Mixed backgrounds	14%
White non-British backgrounds	16%
White British backgrounds	3%
Other backgrounds	29%

16% of all respondents said they had taken sick leave or time off work due to racial discrimination. 29% of respondents from other backgrounds, 17% from Asian backgrounds, 16% from White non-British backgrounds, 14% from Black backgrounds, 14% from Mixed backgrounds, and 3% from White British backgrounds said they had done so.

Respondents who gained their primary medical qualification overseas were twice as likely to say they had taken time sick leave or time off work due to racism, with 20% saying this compared to 11% of UK qualified respondents.

Examples of good practice

Respondents offered a range of examples of actions that their workplaces have taken to promote race equality and positive working environments.

Opportunities for safe and open discussions

Respondents felt that creating space for open and honest discussion was important to build understanding. Many stated that it was important for everyone to feel comfortable asking questions and learning about one another's cultures and religions. Some respondents found Schwartz rounds particularly useful to share their experiences with colleagues.

> "Open conversations. Particularly when seniors will ask openly about how they can help or better understanding of racial/cultural differences, e.g. consultant having no understanding of Ramadan, but asking for more information, so that he could better understand and accommodate the needs of those fasting."
> **(Locum junior doctor, Mixed, England)**

> "Regular informal coffee mornings with the team; so that we can talk about our cultures and personal experiences in a safe space."
> **(Consultant, Black, England)**

> "When staff and patients openly discuss their presumptions, e.g asking me whether Diwali is the same as Eid, conversations as simple as this allow incorrect assumptions to be openly corrected and for the individuals to build a better understanding and cooperation."
> **(Medical student, Indian, Wales)**

> "Having members of staff who may not be part of an ethnic minority but are willing to have conversations about this and treat your experiences as valid."
> **(Medical student, Asian British, Northern Ireland)**

Respondents felt that social events and opportunities to socialise outside of the workplace were an important way to break down cultural barriers and to learn more about one another. However, they emphasised that these events needed to be inclusive. For example, social events should not be organised solely in pubs or venues that are centred around alcohol consumption.

> "In our hospital dept, we work as a team and are always inclusive, ensuring colleagues regardless of race or background are invited to social work events."
> **(Consultant, White non-British, England)**

Supportive managers and senior colleagues

Some respondents mentioned having senior colleagues who listened to their experiences and others positively described examples where senior colleagues had not dismissed their concerns.

> "My foundation programme director made sure I was treated equally in the workplace. She spoke to me along with my clinical supervisor on multiple occasions to make sure I felt comfortable and for that I am grateful. It made a big difference."
> **(Locum junior doctor, Black, Northern Ireland)**

> "When consultants stand up for you and don't take the side of racist patients just to please them."
> **(Junior doctor, Indian, England)**

Respondents also spoke about the importance of a diverse leadership team, with many feeling that workplaces with a diverse leadership had lowered incidents of racism.

> "In hospital where you have mixed representation of different ethnicities at the top I will argue that racism often is less there."
> **(Junior doctor, Black African, England)**

> "Our clinical lead makes positive and encouraging comments to celebrate important dates for different religions and it is obvious that our recruitment has been inclusive with more than half of the group having grown up overseas."
> **(Consultant, Mixed ethnic background, England)**

> "The trust I am currently with has more BAME consultants and hence I feel more comfortable. My supervisor has a pro immigrant poster in his office, in full view of webcam meetings."
> **(Junior doctor, Asian, England)**

> "The Medical Director has made a big issue of racism which has decreased the amount of in your face type of racism, not necessarily because the attitude of the people involved has changed but due to fear that if it raised up, there might be repercussions from the director."
> **(SAS doctor, Indian, England)**

Recognising and celebrating cultural events

Some respondents described examples of their workplaces recognising and celebrating cultural and religious festivities at key dates. This included offering flexible working around fasting times and widening the selection of food in the canteen.

> "My current hospital celebrated Diwali recently with a themed menu in the canteen which I felt was a good attempt at inclusivity. It highlighted that this celebration was happening for some ethnic groups and it allowed those of us who do not share the same beliefs to be aware and understanding towards colleagues."
> **(Junior doctor, White non-British, England)**

> "One of my colleagues is a practicing Muslim and has had her hours adjusted during Ramadan to allow her to sleep around her fasting times."
> **(Medical academic, White English, Scotland)**

Learning events and training

Respondents had mixed views about the value of equality and diversity training. Specialised training courses, such as the STEPs course for GPS in Scotland, were regarded highly. Some respondents felt that events and training were a positive way to share information between colleagues, encourage anti-racist behaviour, and to raise awareness of ethnic inequalities in health outcomes.

> "My specialty in my deanery has organised excellent teaching/ learning events about race inequalities for us which have been really useful. My colleagues have taken up national leadership roles in this field and help share information with their colleagues (e.g. me). Inequalities in health outcomes (in O&G) is also something we are talking more."
> **(Junior doctor, White Scottish, England)**

However, others felt that lectures and events had little benefit because those who attended generally already had an interest and understanding of racism and discrimination, while perpetrators of racism did not engage with these events. A small number of respondents believed that they did not need to have training because there were no ethnic minority doctors in their team.

> "My team is all white so there have been no training events on this issue."
> **(Consultant, White British, Scotland)**

Some respondents had mixed feelings, noting that that these events were used as a way for organisations to look as if they were dealing with racism without tackling the root of the issue, but that they also provided an opportunity for ethnic minority healthcare workers to share their experiences.

> "Whilst I think a lot of anti-discrimination talks are just talk and often an institution's way to feel better about themselves, it is nice to have them as reminders and to encourage POC [People of Colour] to talk up about their experience, as well as showing the frustration and issue of micro aggressions."
> **(Medical Student, Mixed, Scotland)**

Social movements and collective action
Some respondents noted that social movements, particularly the Black Lives Matter movement, gave them the courage to speak out about racism.

> "The culture shift due to the BLM movement has cracked down on racism incidents and this needs to be encouraged whilst also encouraging people to safely discuss prejudiced views without repercussion so they can be corrected"
> **(Medical student, Indian, Wales)**

> "I have started openly discussing race, the issues I face day to day and its impacts with my White colleagues. I used to believe I had to keep these issues quiet, but the BLM protests gave me to confidence to be open about it. I had made sure my White colleagues have an awareness, if not full understanding, of these complex issues and how it impacts us and patients."
> **(Junior doctor, Black British, England)**

A number of respondents responded that their workplace had established staff networks for ethnic minority staff. They described that participating in these networks allowed them to share their experiences, support and mentor more junior colleagues, and push for positive change in their workplaces.

> "I have become a co-chair of my local BMA BAME network and have liaised with my Medical Director around how best to support ethnic minority doctors in the workplace."
> **(Junior doctor, Black African, England)**

> "I am an active senior doctor promoting cultural diversity in NHS with my academic work and educational modules. I see casual racism every day at work. I have not been able to stand up against it due to fears of career progression. But I am not afraid anymore. I have overcome my fear and will be very open and vocal."
> **(SAS doctor, Asian, England)**

Institutional policies and processes

Respondents described several policies and practices that they felt helped to tackle racism in their workplaces. These included campaigns against racist abuse within their trust, race action charters, equality and diversity strategies, and zero tolerance policies on racism. However, they noted the importance of support from senior leaders in implementing these policies and campaigns.

Respondents also noted the importance of inclusive recruitment and hiring processes. Examples included widening participation for student entry to medicine, recruitment initiatives, equal opportunity hiring for management roles, and open and transparent selection processes.

Some respondents noted that practical changes such as name badges, providing disposable hijabs, and local language signs could be used to create a more inclusive working environment.

> "Name badges. Sounds silly but these were not given out as standard to doctors in my trust. Once people could see what name I preferred to be called, there was no mispronunciation or forgetful issues. This broke that awkward first barrier and allowed normal conversation to resume."
> **(Junior doctor, Asian British, England)**

> "Implementing disposable hijabs for hijab wearing Muslim women creates an easier environment for Muslim women to navigate. In Wales, phrases of commonly used terms in Welsh being put up around the hospital for staff to learn and make Welsh speaking patients more comfortable are a great initiative."
> **(Medical student, Pakistani, Wales)**

Bystander intervention

Some respondents described situations where a racist behaviour from colleagues or patients had been effectively challenged by a colleague, or where they had challenged behaviour on behalf of a colleague. Some respondents developed practical anti-racism and bystander training in their workplaces to teach colleagues how to address incidents of racism, which received positive feedback. Respondents generally favoured bystander training over unconscious bias training, as they felt it had greater practical use in their workplace.

> "On appointment committees, there was one secretary who was designated to introduce the candidates as they walked in the door. If a candidate has a foreign name she would always mispronounce it and then laugh. When this was pointed out her she stopped doing it."
> **(Consultant, male, White non-British, England)**

> "The patients appeared more understanding and trusting of their doctor (who was foreign) once I told them they were good at their job and that their race/nationality has no bearing on their ability."
> **(Junior doctor, White Irish, Northern Ireland)**

Effective responses to racist patient behaviour

Some respondents described how their workplaces had effectively responded to racist patient behaviour. Examples given included sending warning letters to racist patients and removing patients from the premises when appropriate to do so.

> "A strict intolerance towards patients who demonstrate racist behaviour. Senior staff members who have treated racism as equivalent to physical abuse are making positive changes in the working environment."
> **(Junior doctor, Asian, England)**

Occupational and mental health support

A small number of respondents attended occupational health support, therapy sessions, or training to help them to deal with the impacts of racism.

> "Occupational health support and regular Cognitive Behavioural Therapy sessions."
> **(Consultant, Indian, England)**

> "I am scared that managers and a colleague will try and make fake complaints against me. I took meditation classes and attended resilience courses to withstand the attack."
> **(Consultant, Indian, Wales)**

Appendix 1 – Demographic breakdown of respondents

There were 2030 survey respondents in total.

Gender
50% of respondents were women, 47% were men, 0.5% were non-binary and 2.5% preferred to self-describe or not say.

Ethnicity
Respondents were given a choice of 24 categorisations, including 'other' categories and free text options. 34 respondents in total chose to leave the question blank. Following preliminary analysis to confirm that there were no significant differences between categories, these categories were combined into aggregate groups. Aggregated findings have been presented in this report to allow for comparative analysis.

Asian	45%
White British	26%
Black	10%
Other	6%
White non-British	6%
Mixed	5%
Prefer not to say	2%

Disability
20% of respondents had a physical or mental health condition or illness that has lasted or is expected to last 12 months or more. 15% of that group identified as disabled. 60% of respondents said that their condition or illness had a negative effect on their ability to carry out normal day-to day activities.

Religion

Christian (including Catholic, Protestant and all other Christian denominations)	27.5%
No religion	24.4%
Muslim	19.5%
Hindu	17.6%
Prefer not to say	5.1%
Jewish	2.8%
Buddhist	1.8%
Sikh	1.3%

Place of Primary Medical Qualification (PMQ)
49% percent of respondents gained their PMQ in the UK, while 51% gained their PMQ overseas.

Sexual orientation
87.5% of respondents identified as Straight or Heterosexual, 2.9% as Gay or Lesbian, 3.5% as Bisexual, 0.9% had another sexual orientation and 5.2% preferred not to say.

Main country of work

74.7% of respondents said England was their main country of work, 13.6% said Scotland, 6.8% said Wales and 2.4% said Northern Ireland. 2.6% of respondents said Other.

Age

25 and under	16.4%
26 to 35	22.4%
36 to 45	21.0%
46 to 55	22.7%
56 to 65	13.1%
66 to 75	2.3%
76 and over	0.9%
Prefer not to say	1.2%

Branch of Practice

Consultant	33.1%
Medical student	17.1%
Junior doctor – Specialty Registrar (Core/Higher Specialty trainee)	12.0%
Staff, Associate Specialist and Specialty doctor (SAS)	10.6%
GP contractor/principal	5.5%
Trust employed/trust grade doctor	4.0%
Junior doctor – Foundation years trainee	3.9%
Salaried GP	3.6%
GP trainee	3.0%
Other	2.4%

	Overall	Black backgrounds	Asian backgrounds	Mixed backgrounds	White British backgrounds	White non-British backgrounds	All other backgrounds
Assumed to be in a more junior role	**35%**	58%	48%	34%	7%	30%	38%
Derogatory comments/behaviours	**33%**	54%	44%	35%	7%	31%	42%
Being ignored or socially excluded from conversations, communication, or group activities	**32%**	52%	44%	34%	5%	30%	40%
People have made assumptions about your character based on stereotypes	**32%**	50%	42%	36%	7%	31%	41%
Having your clinical ability or professionalism doubted	**31%**	54%	46%	37%	6%	33%	40%
Having your work overly/unfairly scrutinised	**31%**	48%	44%	35%	4%	22%	36%
Being disproportionately asked to do specific tasks	**30%**	45%	44%	30%	5%	19%	33%
Humiliated, degraded, or offended	**29%**	44%	38%	33%	6%	27%	40%
Receiving poor/little feedback	**28%**	41%	40%	40%	5%	21%	32%
Continued mispronunciation of your name	**27%**	40%	39%	28%	4%	24%	29%
Bullying	**26%**	37%	37%	22%	5%	22%	34%
Being asked invasive questions about your personal life	**27%**	40%	30%	34%	4%	26%	29%
Physical attack or threat of violence	**9%**	8%	13%	9%	2%	8%	13%
Unwanted physical conduct	**8%**	12%	10%	9%	1%	8%	14%

Appendix 2 – Responses by ethnic group and country of qualification

	Overall	UK Qualified	Overseas Qualified
Assumed to be in a more junior role	**35%**	28%	54%
Derogatory comments/behaviours	**33%**	29%	48%
Being ignored or socially excluded from conversations, communication, or group activities	**32%**	22%	51%
People have make assumptions about your character based on stereotypes	**32%**	27%	46%
Having your clinical ability or professionalism doubted	**31%**	27%	52%
Having your work overly/unfairly scrutinised	**31%**	21%	52%
Being disproportionately asked to do specific tasks	**30%**	23%	48%
Humiliated, degraded, or offended	**29%**	22%	46%
Receiving poor/little feedback	**28%**	19%	46%
Continued mispronunciation of your name	**27%**	23%	38%
Bullying	**26%**	20%	43%
Being asked invasive questions about your personal life	**24%**	22%	32%
Physical attack or threat of violence	**9%**	8%	13%
Unwanted physical conduct	**8%**	7%	10%