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BMA Racial Harassment Charter – Workshops Report

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Foreword

Shivani Ganesh,
Co-Chair of BMA UK Medical Students Committee

In medical school, fostering an environment that is both inclusive and supportive is paramount. The BMA Racial Harassment Charter for Medical Schools, launched in 2020 and supported by 42 UK medical schools, represented a significant stride towards this goal. The charter's objectives were to eradicate racial harassment within medical schools and clinical placements through a framework that supports speaking out, ensures robust reporting processes, and mainstreams equality, diversity, and inclusion (EDI) initiatives.

However, time passes and momentum needs to be maintained. Signing the charter comes with a commitment to achieve key goals for medical students: ensuring their psychological safety, a zero-tolerance policy for discrimination, and moving towards a decolonised curriculum for our future doctors. Between April and July 2023, the BMA conducted a series of workshops with medical students and academics to assess the implementation and impact of the charter.

The findings, detailed in this report, provide a roadmap for future initiatives aimed at fostering an inclusive and supportive environment for all medical students. The student-centred workshops have highlighted several key successes, and we commend those medical schools. Strategy has been crucial in driving anti-racism efforts, with dedicated EDI leadership playing a pivotal role in ensuring sustained focus and commitment. We especially support joint student and staff co-creation initiatives, such as reverse mentoring and steering groups. These have empowered students and educated faculty members about the lived experiences of their students. Some medical schools have also dedicated time and effort to decolonise the curriculum, which will better prepare students to serve diverse patient populations.

As students who have developed anti-racist initiatives at their own universities, we understand and relate to the challenges students and staff face. Emotional labour and lack of remuneration for students and staff driving institutional change are of significant concern. Negative perceptions of reporting processes and a lack of institutional accountability can further complicate efforts to combat racial harassment. Furthermore, we recognise the disproportionate number of female staff involved in EDI, often doing this important work on top of their full-time academic roles. We echo the review's findings that EDI work should be further valued, and the integration of anti-racism work into professional development reviews may ensure this sustained progress.

This review underscores the importance of recognising and rewarding anti-racism work, improving transparency in reporting processes, and also the need for increasing support from the BMA for medical students.

As we reflect on the insights gained from these workshops, it is evident that while progress has been made, there is still much work to be done. Changes at an institutional level only happen when institutions are open to having difficult conversations, showing cultural humility and listening to one another in a non-judgemental manner. The commitment and collaboration of all stakeholders—students, staff, and senior management—are essential to creating a medical education environment where individuals feel safe and respected.

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Summary

Between April and July 2023, the BMA held a series of workshops with medical students and medical academics to understand how they have implemented the BMA Racial Harassment Charter for Medical Schools. In total, 21 medical students and 18 staff members participated in these workshops.

Each workshop included discussions about the successes medical schools have had so far in implementing the charter, challenges, goals for the future, and solutions to achieve these goals. Participants put forward recommendations for how medical schools and the BMA could better support medical students experiencing racial harassment. In this report, we set out the key findings from these workshops and set out future initiatives to foster a more inclusive and supportive environment for all medical students.

Background

The BMA launched our Racial Harassment Charter for Medical Schools in 2020, which was supported by all 42 medical schools across the UK. The charter comprises a set of actions for medical schools to prevent and effectively deal with racial harassment on campus and on work placements. The charter lays out four themes: supporting individuals to speak out; ensuring robust processes for reporting and handling complaints; mainstreaming equality, diversity and inclusion (EDI) across the learning environment; and addressing racial harassment on work placements. The charter also includes guidance on how to implement these themes.

In 2022, the BMA published a review of the charter, with input from medical schools. Overall, the feedback we received from medical schools showed that while medical schools have made important progress, they also face significant challenges due to lack of resourcing and support from senior leadership.

1. What Works

Participants in the workshops highlighted many successes achieved since implementing the charter. They underscored the pivotal role of strategic action plans, emphasising their effectiveness in delivering anti-racism efforts. The establishment of dedicated Equality, Diversity, and Inclusion (EDI) leadership resonated positively among participants, signifying a commitment to driving systemic change. Engaging staff and students through working groups, focusing on aspects like decolonising the curriculum, was considered a powerful tool for building trust, fostering collaboration, and addressing discrimination. Notably, innovative initiatives such as reverse mentoring have proven successful in empowering students and enlightening faculty members about the lived experiences of their students.

Strategic Action Plans

Participants emphasised the importance of strategic action plans to ensure that anti-racism work is delivered effectively. In 2020, University College London developed an action plan to deliver the charter. Following feedback from students and staff, they worked to streamline information and converted issues into tangible actions. One key aim of the action plan was to improve processes for raising concerns. This was achieved by working with students to simplify the process. The school reported an increase in complaints, suggesting that students are now more aware of the process and more willing to report.

Dedicated EDI Leadership

Participants supported the implementation of an EDI lead or director within their medical schools. Students who had a dedicated EDI lead at their medical school felt that their university was serious about implementing change and that this arrangement allowed for one person to dedicate their time and efforts towards pushing forward anti-racism work, as well as that of other protected characteristics.

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Participants in the staff workshop felt that it is important for a senior member of staff, such as the Vice-Chancellor or Associate Dean, to have overarching responsibility for EDI. This ensures that EDI remains high on the agenda for the medical school. In contrast, participants in the student workshops believed that the EDI lead should not be a member of staff with other responsibilities, but a dedicated staff member who can focus their attention entirely on implementing the EDI agenda. They reported that senior members of staff with responsibility for EDI do not take the time to listen to and address their concerns. Participants agreed that a potential solution would be for a senior member of staff to have overarching accountability for EDI, while an EDI manager could focus on the day-to-day support for students.

Student / Staff Working Groups

Several medical schools have developed staff/student working groups to focus on specific areas of the charter, such as decolonising the curriculum and improving reporting processes. These groups have created space for students to have a voice and have built trust between students and staff. They have also made staff realise the severity of discrimination that students experience. Participants felt that staff should have responsibility for organising these groups and driving institutional change.

Building Trust

Participants felt that a key indicator of success is trust. This is a particularly important factor in relation to reporting discrimination. At the University of Cambridge, there has been an increase in non-anonymised reporting since the introduction of a reporting tool. Work has also included rewriting communications to include EDI principles and to reflect protected characteristics.

Decolonising the Curriculum

Many medical schools have made strides to decolonise curricula. For example, the University of Liverpool has developed resources around decolonising the curriculum. Cardiff Medical School encourage students to undertake a literature review and to critically appraise the subject matter, including assessing for racial inequality. Medical student participants whose universities had made efforts to decolonise the medical curriculum shared that they felt more prepared to work with patients from all ethnic backgrounds.

Reverse Mentoring

Participants in the student workshop felt that reverse mentoring was a successful way to empower students and educate faculty members about the lived experiences of their students.

In recent years, King's College London has introduced a reverse mentoring scheme. This programme was first launched as a pilot and has now been running fully for two years. Students are paired with faculty members. Pairs meet over one term and have a mid-term and end-of-term debrief. Conversations are framed by themes such as imposter syndrome and reporting processes. Students also report back on their experiences via an evaluation at the end of the term. This programme was advertised centrally through the student job centre at King's College London, such that students were reimbursed financially at the standard London Living Wage rate for their time.

High-Quality Training

Many schools have implemented allyship and active bystander training. Some staff participants reported that they had difficulty securing buy-in for specific anti-racism training, so instead organised general training around allyship and active bystander which included a focus on race discrimination. Many medical schools have worked with charities such as Melanin Medics to deliver training. Melanin Medics is a non-profit organisation promoting diversity in medicine. They provide training, networking, and research opportunities to African and Caribbean medical students and doctors.

2. Challenges

Participants in the workshops noted that they continue to face barriers to implementing the charter. Emotional labour and lack of remuneration emerged as prominent concerns, with participants sharing that the burden is often placed on those directly experiencing racism to drive cultural change. Participants also had decidedly negative views of reporting processes. Moreover, participants described the reluctance of institutions to take accountability for addressing racial harassment and that many medical academics are unsupportive to EDI work.

Emotional Labour

Participants discussed the emotional labour involved in work to address racial harassment, which they felt was more acute for those who directly experienced racism. Some felt that putting the responsibility to create cultural change on those who experience racism places an unfair burden on these individuals and that it should instead be the responsibility of senior staff members. Participants also felt that one of the issues with anti-racism work and activism more broadly is that it is often student-led and can be inconsistent, as students go on placement, graduate, or have competing obligations. However, participants noted that although faculty with more power may be able to steer change, they may also face barriers as employees of the university which prevent them from challenging their employers.

Participants in the student workshop felt that staff responsibility should be to enable and support students to speak out. Likewise, students in the staff workshop felt that anti-racism work should be championed by staff and university leadership, in collaboration with students.

Lack of Remuneration

Participants in the staff workshop raised that they are rarely remunerated for their work and that many do anti-racism work in addition to their full-time teaching and clinical work. EDI committees are made up predominantly of women, with some men appearing to become attracted to the roles only once they are adequately resourced. Some participants felt that women bear the responsibility of laying the groundwork for EDI work.

One participant shared that they had been allocated just 20 hours per year to work on anti-racism work, but often spent multiple hours per week on this work. Another participant had been allocated one day per week to lead work on the charter but usually spends two days per week on this work.

Negative Perception of Reporting Processews

Student participants shared that most of their knowledge of reporting processes was based on hearsay and that almost all stories they heard were negative. They felt that many students are not aware of reporting structures, and if they were, do not have faith that reporting incidents will result in any action or change. Many participants in the student workshops had experienced racial harassment and had negative experiences of the reporting process, with some sharing that their concerns were dismissed by their medical schools.

Participants in the staff workshop shared that some of their colleagues oppose anonymous reporting because it could lead to vexatious complaints. They also had concerns that this approach generally does not enable medical schools to follow up on concerns raised and that anonymisation is not always possible because of the distinct characteristics of the student or a case.

Lack of Accountability

Participants felt that there was a lack of willingness for institutions to take on accountability for dealing with racial harassment. They felt that senior leadership rarely wanted to take accountability for creating cultural change, instead treating racial discrimination as an interpersonal issue. Students who experienced discrimination described being bounced between their medical school, placement providers, and student support services. Lack of accountability is a particular issue regarding discrimination on work placements. Under the Equality Act 2010, employers providing work placements are liable for discrimination. However, participants in the student workshop noted that in their experience, employers do not take forward complaints made by students. Participants felt that more communication is needed between medical schools and the NHS placement providers to improve this process.

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Resistance to EDI Work and Cultural Change

Participants shared that many educators are uncomfortable with anti-racism work or do not feel that it is relevant to the medical curriculum. Some staff have even reduced their teaching hours and increased clinical hours because they don't want to engage with these difficult topics. This reluctance to engage in anti-racism work has led to an 'us versus them' culture between staff and students in some medical schools, as many students want more recognition of the influence of racism on medicine.

Measuring Impact

Participants in the staff workshop noted the importance of measuring the impact of work to tackle racial discrimination. While many universities have conducted surveys and research to understand the scale of racism at their institutions, they have done less to evaluate the impact of interventions to address racism. There is also very little financial resourcing of these evaluations.

3. Looking Ahead

Participants suggested several avenues to prioritise going forward. Medical student participants emphasised the importance of funding to enable broader student participation, especially for those from low socioeconomic backgrounds. In parallel, participants in the staff workshop emphasised the necessity for medical schools to address workload planning and allocation imbalances. Medical student participants believed that having a first point of contact for reporting racial discrimination would be beneficial. Participants also felt that knowledge-sharing resources, increased BMA support for medical students, transitioning from student to staff leadership, and improving transparency in reporting processes should be prioritised.

Recognise and Reward Work

To overcome the challenge of emotional labour and remuneration for anti-racism work, students suggested that the BMA could produce guidance on how students should be compensated for their work to implement the charter, with references to compensation models. Funding students for their time would enable more students from low socioeconomic status backgrounds to partake in this work.

Participants in the staff workshop also felt that medical schools must do more to address workload planning and allocation. They put forward several ways for this disparity to be remedied:

- Ring-fenced budget to implement the charter
- Clear job descriptions for those leading work on the charter, specifying hours and remuneration
- Anti-racism/equalities work included in appraisals and Professional Development Review

First Points of Contact

Participants in the student workshop suggested that every medical school should prioritise having a first point of contact for reporting racial discrimination. Most participants did not have a first point of contact or were not aware that there was one available at their medical school. Participants discussed the benefits of having a well-trained first point of contact who could signpost students to an appropriate reporting mechanism. They felt that educating points of contact in sensitivity and race training was essential to ensure that the first point of contact could handle concerns appropriately. They also felt that points of contact must be able to empathise and listen openly to lived experiences, including situations of micro-aggressions, which an untrained individual may brush off.

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Knowledge Sharing Resources

Participants in the staff workshop agreed that it would be useful to share resources related to the charter. This could be used by staff and students across institutions. Examples of resources included:

- Sharing best practice on how to teach topics that an individual does not feel they have expertise in, e.g. how to introduce a topic sensitively, encouraging attendees to catch up after a lesson, engaging with students whose lived experience may give them expertise on a topic
- Training resources for facilitators to encourage a non-polarising culture in teaching
- Resources for educators to develop student projects addressing racism
- Strategies and plans for actions related to the implementation of the charter
- Opportunities for collaboration projects across medical schools

Increased BMA Support for Medical Students

Participants in the student workshop did not consider the BMA as an avenue for receiving support when experiencing bullying and harassment. They felt that reporting to the BMA felt extreme and that they would only do so as a last resort. They recommend that the BMA clarify its support offer to students experiencing racial discrimination. They also suggested that the BMA could produce a report on reporting mechanisms to improve transparency and increase faith in students to report.

From Student to Staff Leadership

To improve accountability, participants felt that embedding anti-racism within departments was critical. Embedding work ensures that work does not progress in silos and that staff have accountability. Participants were adamant that for change to be successful at the institutional level, commitment is needed from leadership. A lot of work has been successfully pushed forward where leadership is engaged and invested in change. Staff support is necessary to elevate any anti-racism work students are trying to enact and implement.

Improve Transparency in Reporting Processes

Participants emphasised the need for raising awareness of and increasing transparency around reporting processes. This includes increasing transparency around the panel/individuals reviewing reports, the progress of reports, and the outcomes of reports. There should be options for anonymous reporting, with consideration for how those who report anonymously could be kept up to date on the progress of their report. Medical schools must consider how anonymous complainants can be protected if the details of their case makes them identifiable.

Participants agreed that publishing success stories publicly would encourage students to report concerns because it shows that change is possible. They also suggested that medical schools and universities should publish annual reports summarising the number of cases brought forward and the outcome of these cases. w

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