BMA Racial Harassment Charter for Medical Schools – Review

Executive summary

This review presents a summary of medical schools' progress to implement the BMA (British Medical Association) racial harassment charter. Of the 42 medical schools who signed up to the charter in 2020, 31 provided evidence for this review. These schools shared their progress across the four areas of the charter: supporting individuals to speak out; ensuring robust processes for reporting and handling complaints; mainstreaming equality, diversity, and inclusion across the learning environment; and addressing racial harassment on work placements.

To **support individuals to speak out against racial harassment**, some medical schools have instituted policies or added a section to their code of conduct which specifically addresses racial harassment. Many medical schools have appointed EDI (Equality, Diversity, and Inclusion) representatives to act as first points of contact for individuals to raise concerns. These contacts follow through with concerns and continue to keep in touch with the individual who raised the concern. However, while representatives have been positively received, many schools have difficulty accessing funding to provide necessary training.

To **ensure robust processes for reporting**, some medical schools have improved online reporting tools to allow students and staff to report all forms of harassment and bullying. Medical schools are taking steps to ensure that students and staff are aware of reporting mechanisms through campaigning, forums, guides, and inductions. Many schools have conducted reviews or research with their students to improve awareness and confidence in their reporting processes.

To **mainstream EDI considerations across the learning environment**, all medical schools who provided evidence for this review reported that they provide EDI training to students and staff. Many medical schools have created EDI groups with representation from staff, students, and clinical placement providers to support decision making and policy change. Though students and staff are constrained by how much time they can dedicate in addition to other responsibilities, these groups have been successful in implementing activities and driving conversation through the school and between staff, students, and EDI teams. Many schools have made efforts to decolonise the curriculum by making teaching and learning material more inclusive and more reflective of the ethnic diversity within their patient populations.[1] Unfortunately, they noted that lack of resources and pushback from some teaching staff have limited their ability to comprehensively decolonise their curricula.

To **address racial harassment in work placements**, medical schools are working together with NHS partners to ensure that students are aware of NHS policies for reporting discrimination. Many schools have expanded their reporting tools to enable students to report discrimination that occurs on clinical placements. Universities have also developed EDI training and anti-racism training for staff in clinical settings.

Overall, the feedback we received from medical schools shows that while medical schools have made important progress, they also face significant challenges due to lack of resourcing and support from senior leadership. Grass-roots anti-racism work often relies on the unpaid labour of minority groups and faces the challenges of bureaucratic barriers to resources. Further support is therefore needed from medical school leadership teams to truly pave the way for a learning environment which addresses the needs of its ethnic minority students and which tackles racism and discrimination. To fully address racism, anti-racism must be institutionalised into the medical schools in all its levels.

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1   Hartland & Larkei, 2020. *Decolonising medical education and exploring White fragility*

Introduction

What is the BMA racial harassment charter?

The BMA racial harassment charter for medical schools was published in 2020 and is supported by all 42 medical schools in the UK. It comprises a set of actions for medical schools to implement 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.

The charter was developed following several studies and reports which showed that a large number of medical school students from ethnic minorities in the UK experienced racial harassment, bullying, or discrimination.[2] For example, a 2018 BMA all member survey found a lack of student and staff confidence to speak up, lack of awareness of reporting processes, lack of understanding of what constitutes appropriate behaviour, lack of commitment or training to address these issues, and inadequate processes in place within universities to tackle harassment.[3] Research published by the British Medical Journal in 2019 found that the ways in which medical schools were recording and addressing complaints of racial harassment were inadequate, with only 16 of 32 medical schools reporting that they collected data on complaints of racism and racial harassment.[4]

Experiences of medical students and graduates from ethnic minorities shared at the BMA and Equality and Human Rights Commission roundtable in 2019 included instances of microaggressions, as well as condescending and racist language used against them. It was clear that guidance was needed to explicitly lay out proper conduct and set out the steps needed to create a culture of acceptance and fairness.

Aims of this review

In May 2022, two years after the publication of the racial harassment charter, the BMA sent a follow-up letter and questionnaire to every medical school in the UK to understand how the charter has been implemented. Of the 42 medical schools who signed up to the charter, 31 provided evidence for this review. Each medical school described the actions they have taken to address each of the four charter points, as well as challenges faced, impacts seen, and goals for the future.

In this review, we highlight the initiatives introduced by medical schools to implement the charter. Due to the large number of examples provided by schools, not all examples have been included in this paper. We have chosen to focus on the examples provided which directly address racial harassment and the implementation of the BMA charter, rather than actions to improve EDI more generally.

It is important to note that this review is not a formal evaluation or attempt to rank medical schools on how well they have implemented the charter. Instead, it is an informal knowledge sharing exercise to highlight the positive steps medical schools have taken to address racial harassment and discrimination, as well as the challenges they have faced. We recognise and appreciate the time taken by each medical school to share the work they have carried out so far. We hope that all medical schools can use this review to learn from one another's achievements and to further their efforts to implement anti-racism.

2   BMA, 2020. *A charter for medical schools to prevent and address racial harassment*
3   BMA, 2018. *Caring, supportive, collaborative*
4   BMJ, 2020. *UK medical schools failing to deal with racism, finds BMJ investigation*

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Charter Point 1: Supporting individuals to speak out

Students can struggle to speak out against racist behaviour and racial harassment when they experience or witness it. Often, they are unaware of the avenues available to speak out and do not feel like their concerns will be heard. Supporting individuals to speak out involves fostering a culture that supports students to raise concerns and reassures them that their concerns will be addressed appropriately.

Code of conduct on racial harassment

Some medical schools have instituted policies or added a section to their code of conduct which specifically addresses racial harassment and what constitutes appropriate behaviour, along with instructions for actions students can take if they witness or experience any harassment. For example, the University of Leeds has a policy on dignity and mutual respect, which directly references racial harassment. This policy is for both staff and students and stresses expectations of behaviour across the university. The policy is communicated regularly and provides a clear framework through which staff and students are held accountable. The University of Leicester has developed a code of conduct which includes specific reference to racial harassment and plan to annually review this and develop an anti-racism strategy for the medical school. St Andrews University, Newcastle University, and Queen's University Belfast have also updated their codes of conduct to reference racial harassment.

First points of contact for reporting

Many medical schools have appointed EDI representatives or champions to act as first points of contact for individuals to raise concerns. Some schools have contacts specifically for concerns related to racism. These contacts follow through with concerns and continue to keep in touch with the individual who raised them. They also signpost students to reporting mechanisms in the school and in NHS settings.

Some schools have provided training to their representatives to ensure that they are sensitive to the needs of students from ethnic minorities. Providing training to first points of contacts ensures that they have an appropriate level of racial literacy to be able to understand concerns and to address them effectively.

Schools who have appointed first points of contact include:
— The University of Aberdeen has appointed 'race equality champions' to act as first points of contact for staff and students on all issues related to race. The university aims to increase the visibility of these champions across their learning environment.
— The University of Leeds has appointed a Freedom to Speak Up Guardian and BMA Charter Lead. They report that communication with ethnic minority students and concerns raised by students increased following these appointments. They aim to further ensure that the Guardians are visible and approachable, and to help students become aware that this is a way of raising concerns.
— Keele University has appointed a panel of student ambassadors to whom students can anonymously report discriminatory events. They offer informal peer support and provide signposting to formal support pathways within the university. Keele University also holds anti-racism training sessions to ensure staff are best able to handle complaints of racism sensitively and effectively.
— The University of East Anglia Medical School has employed two Student of Colour Ambassadors to work on behalf of students to promote their support and report processes and policies. These ambassadors also act as advocates for the students on matters of witnessed or experienced racial discrimination.
— Newcastle University has appointed first points of contact who are trained to be sensitive to issues related to protected characteristics. The university has ensured that this method of raising concern has been publicised to students.

Many medical schools noted that they faced challenges in building relationships between students and first points of contact. Students were not always aware of this method of raising concerns. Those who were aware lacked trust that raising concerns would result in actions taken to address the issue or were afraid that they would be reprimanded if they raised a concern. Funding was highlighted as another challenge as first points of contact were often remunerated or had to be trained appropriately so that they could act sensitively. However, medical schools noted that the positive impact of these representatives was considerate enough for them to continue.

Student support leads at the University of Aberdeen
The University of Aberdeen's 'raise a concern' button is a robust process for reporting and handling complaints. This button is visible on the landing page for students and is extensively advertised during induction each year. It allows students to raise concerns within academic and clinical settings. The university provides clear guidance on how to report and handle complaints and has ensured that its process for handling complaints complies with SPSO guidance. After a complaint is raised, the concern is first dealt with by the Student Support Lead for healthcare programmes. Once the concern has been investigated by the university, the lead reports back to the individual who initially raised the concern. This process is generally completed within two weeks, though there is sometimes variation in timeline of other staff members are involved. The University of Aberdeen reports that students appreciate hearing about the actions taken to increase the transparency of this process.

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Charter Point 2: Ensure robust processes for reporting and handling complaints

Students often feel that they cannot raise complaints about racial discrimination. Ethnic minority medical students have told the BMA they do not feel there are transparent or clear processes for dealing with racial harassment and they are unsure of how a formal complaint will be responded to if they do make a complaint.[5] Robust reporting processes are vital for medical schools to understand the scale of racism at their universities and to effectively support students.

Online reporting tools

All medical schools who replied to our questionnaire had reporting mechanisms through an online portal or paper-based forms. Schools that continued to use paper-based forms intended to move towards an online portal as a method of reporting concerns. Medical schools with online reporting tools include the University of Birmingham, Anglia Ruskin University, Brighton and Sussex Medical School, Hull York Medical School, St Andrews University, Imperial College London, the University of Glasgow, and the University of Manchester.

Some medical schools suggested that students had a lack of awareness and trust of reporting tools, and consequently low use of reporting systems. There was a consensus that a challenge with reporting anonymously was that it made it difficult for the schools to take action or follow up, as they could not identify the individual who raised the concern. However, schools felt that anonymous reporting options reduced students' fear around reporting and enabled EDI teams to understand patterns of behaviour across the school and to collate more data to work towards developing policies and improving processes.

Triage teams for complaints at the University of Birmingham

At the University of Birmingham, any concerns and complaints raised via reporting tools are directed to a small team of staff representing Student Services and the College Quality team. These teams triage reports to ensure that they are addressed appropriately and maintain an action trail. Where necessary, the individual who submitted the report is contacted for more information and made aware of the support available to them. If further action is needed, options are thoroughly discussed. For internal incidents, the relevant academic programme is informed, while a report is shared securely with relevant placement providers for external incidents. This process allows concerns to be monitored. If a report is particularly serious, the students' details are passed on to a member of the College's Wellbeing team for support. Contact details are not stored nor shared in any other instance.

Raising awareness of reporting mechanisms

Medical schools are taking steps to ensure that students and staff are aware of reporting mechanisms through campaigning, forums, guides, and inductions. For example, Kent and Medway Medical School continuously sends out reminders regarding speaking out and support to ensure that their student body feels supported to do so. Imperial College London and the University of Liverpool conduct campaigns to communicate and highlight methods available to raise concerns. These campaigns aim to improve awareness and encourage greater reporting. In addition to ongoing campaigns, Imperial College London provides, through their online raising concerns landing page, stories of anonymous experiences which feature students who have made disclosures. This aims to clarify the processes and increase transparency in order to inspire student trust.

5   BMA, 2022. *Racism in medicine*

Anti-Racism Forum and student inclusivity representatives at Brighton and Sussex Medical School

Brighton and Sussex Medical School holds staff and student Anti-Racism Forums which provide safe spaces to express concerns. Implemented in June 2020, these forums take place every six months and include a software to allow for anonymous comments. This provides another platform to speak out and ensures that individuals are aware that the medical school is addressing issues regarding racism. Concerns shared at the forum inspired the medical school to tackle issues such as microaggressions from patients by providing training and inclusivity guidance.

The medical school has also appointed student inclusivity representatives. These representatives work with the EDI team to raise student concerns. They also organise student drop-in sessions, help work towards decolonising the curriculum, and support anti-racism talks and forums. These positions help students to gain the opportunity to implement activities and conversation regarding racial harassment throughout the school. They act as a bridge and allow the EDI team to disseminate information to the student population, as well as allowing student concerns to be brought to the team.

Monitoring and evaluation of reporting processes

Monitoring and evaluation are an essential part of ensuring robust reporting processes. Many schools have conducted reviews or research with their students to improve awareness and confidence in their reporting processes. These reviews are either internal or independent, depending on the school. The University of East Anglia, for example, conducted a mixed method study to understand barriers to reporting on racial discrimination on campus and on placement. The recommendations from this study helped to inform work around transparency and reporting. The University of Dundee, the University of Manchester, the University of Lancaster, St Andrews University, and Newcastle University are conducting similar reviews of their complaints processes.

With the data and information obtained through their online reporting tool, Brighton and Sussex Medical School are creating a report with statistics and cases which will detail patterns of behaviour and themes of harassment. This will help EDI teams and student populations to be more aware of racial harassment and more confident that something is being done when concerns are raised.

'Building a Culture of Equality for People of All Ethnicities in the Faculty of Medicine' focus group research study at the University of Southampton

The University of Southampton conducted a focus group study to understand student and staff experiences of learning, teaching, and working. This was specific to the context of race or ethnicity in the medical school. These focus groups provided a safe space for students and staff from all ethnic groups to have conversations about the faculty's culture, reporting mechanisms, and their level of trust in reporting processes. These groups also allowed for actions and solutions to be shared. The findings of the study identified key areas where improvements could be made to the curriculum, the culture, and the processes of the faculty.

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Charter Point 3: Mainstreaming EDI across the learning environment

Incorporating EDI in teaching and training works towards the institutionalisation of equality and anti-racist behaviour. These measures work towards normalising a culture which fights against discrimination and racism within universities and medical schools. Embedding EDI values throughout the school needs to be driven from the top of the system and senior leadership need to be visibly committed to EDI.

Engaging with students from ethnic minorities

Many medical schools have established EDI groups and committees to engage with students from ethnic minorities. Some medical schools specifically established and appointed leads, groups, or committees to implement the BMA racial harassment charter and to tackle racial harassment. These groups provide an avenue for students to speak out about their experiences and for students to engage with policies and processes.

Medical schools reported that EDI groups and committees are important to drive, maintain and integrate EDI work, particularly in relation to racial equality and tackling racial discrimination and harassment. However, support from senior leadership is vital to ensure that these groups have a true impact on school policy. Groups who can engage with and hold their leadership teams to account can create long lasting change to their schools' governance structures.

Many schools have also created specific groups to address racism:
— The University of Cambridge has created the 'Staff-student Racism in Medical Education Liaison Group', which strives to build awareness of anti-racism and encourage students to speak out.
— The University of Leeds has appointed a BMA Charter Lead who has been progressing and monitoring the medical schools' work on the BMA Charter.
— The University of Cardiff has created the MEDIC Staff Student Racial Equality Task Force, which seeks to build positive relationships between students and staff around issues of reporting, decolonisation of the curriculum, and race awareness. The BMA representative is part of this group.
— St George's University has created its cross-institutional Race Equality Action and Engagement Group (REAEG) to facilitate development and track progress of their race equality action plan, which addresses issues affecting representation, progression and success among ethnic minority staff and students.
— The University of Birmingham has implemented a Race Equality Charter (REC) working group, which is open to both staff and students, to monitor the progress of the medical school on the REC action plan.
— The University of Bristol has created the Medical Anti-Racism Taskforce (MART), which combines student and staff groups across seven special interest groups focusing on several areas including decolonisation, the wellbeing of ethnic minority student and staff, workforce planning, addressing the attainment gap, and staff training.

MedRACE student-staff working group at the University of Leicester

The University of Leicester has developed a student-staff working group in 2020 called MedRACE, which stands for 'Raising Awareness, Celebrating Excellence'. The working group provides a forum where issues of inclusivity and equality can be raised. It strives to progress the commitments of the BMA Racial Harassment Charter and to create a more inclusive teaching and learning environment. The group meets monthly and facilitates awareness and engagement through social media, blogs, the university website, and through emails. Students are involved in subgroups on subjects which interest them. Progress is monitored via a document which provides a live action plan. Student members are recruited through the university's active bystander training sessions and there are student and staff MedRACE representatives sitting on the medical school's EDI Committee. This has proven successful, with membership growing from 12 to 80 students in the last 2 years. The group provides an annual report to the Medical School Executive, which includes their priorities and recommendations. The group also aided the medical school in embedding EDI awareness within the school's governance structures. Other schools are now seeking to adopt this model, with the GMC also showing support after observing their meeting in May 2022. However, it is important to note that due to the level of involvement required from students and staffs, workload and capacity were challenges to progressing the group's work.

BMA Charter Implementation Task and Finish Group at Imperial College London

Imperial College London has established the BMA Charter Implementation Task and Finish Group and appointed an academic lead for the implementation of the charter. This group effectively works across all the charter points. To improve reporting processes, they have reviewed comments and feedback via an online portal from students and engaged with an external consultant who facilitated focus groups with students about their experiences. The group's 'BMA Charter Focus Group Report', highlighted areas of focus and improvement and has facilitated the allocation of resources to address the issues raised. It has also raised awareness of student dissatisfaction with the length of time it took for complaints to be handled and lack of transparency in the process and outcomes. These concerns were shared with senior leadership and are being considered as part of a review of the College's disciplinary procedures. To mainstream EDI across the learning environment, members of the BMA Charter Group were awarded funding from the Imperial College President's Learning and Innovation Fund for two Education Fellows for the 2022/2023 academic year. One fellow is recruited to identify improvements to the curriculum or assessment areas with considerations for EDI. The other fellow is recruited to implement a staff-student podcast series which will explore the breadth of diversity at the medical school to implement a more inclusive culture.

EDI training and workshops

All medical schools reported that they provide EDI training to students and staff. This training is mandatory in some schools and optional in others. Training is offered throughout the year or at freshers' week or induction. Types of training include active bystander, allyship, intervention, microaggression, unconscious bias, and anti-racism training. For example, the University of Leicester has developed their EDI training to include lived experiences of bystander scenarios, including within clinical situations. The staff-student working group MedRACE at the University of Leicester has delivered presentations and active bystander training workshops at conferences and meetings.

While most universities have geared training towards students, others have made efforts to provide training to staff. For example, the University of Southampton has introduced a new line management development training module which includes case studies on dealing with bullying and harassment concerns. This was piloted to help managers to support staff and raise awareness. However, the university has reported that engagement

of staff across the faculty to complete these training sessions is low. The University of Southampton has also implemented a reverse mentoring scheme to educate staff in the lived experiences and challenges faced by of ethnic minority students. This scheme aims to provide an avenue for students to share their experiences and a platform to discuss ideas for change. The scheme also aims to reduce differential attainment in their programmes.

Some schools have also integrated training with teaching material. For example, Hull and York Medical School has instituted lectures on the subject of racism and medicine for all year groups, with linked assessments, that include links to bystander training and how to raise concerns through the school.

Training is often accompanied with costs and unfortunately funding is reported as an issue for some universities. Nevertheless, medical schools reported that they have received positive responses to EDI training sessions and that they aim to continue to hold and increase this training.

Challenging Racism workshop and anti-racism online course at the University of Warwick

The University of Warwick delivers a mandatory workshop for all medical school staff who have contact with medical students. It teaches information about race, racism, and its history; the processes of how to raise concerns; and the differential attainment at the medical school. After the workshop, a staff-led discussion takes place to discuss racism in education settings. Staff are provided with skills to speak out if they witness racism and are taught how to support students who may report an incident to them. This workshop helps staff to understand how racism is always harmful, even when it may be unintentional. Unfortunately, the University of Warwick has reported that training and retaining faculty to teach the workshop is a challenge due to the workload of staff.

The University of Warwick has also developed a mandatory anti-racism online course for students, which includes similar content to that of the staff workshops. This course is paired with a reflective essay component. This course will be monitored and evaluated to understand its impact. The data received from evaluations has been positive so far and students have reported finding the course valuable in understanding and tackling racism.

Raising awareness about of racism and anti-racist actions

Promoting an understanding that racist behaviour is unacceptable helps to encourage individuals to speak out and be allies. Many schools have led awareness campaigns specific to racism. The University of Aberdeen has marketed anti-racism material via posters and videos featuring staff and student stories to promote anti-racist culture with the NHS. In 2021, Brighton and Sussex Medical School held an 'Anti-racism in Medical Education Conference'. The conference was attended by 300 guests and included 15 speakers, with representation from the devolved nations and international colleagues. The medical school hopes to hold another conference which will cover topics such as decolonising histories in medical education. Some universities have made efforts to recognise celebrations such as Eid or Black History Month and hosted events throughout. For example, Swansea University has inclusive events for both Eid and Black History Month. The University of Leeds has a series of events titled 'Where are the Black Doctors?' to provide visible role models for students and staff.

An important way to mainstream EDI into the learning environment is to recognise that the medical school population is made up of individuals from a wide range of ethnic and religious backgrounds. Some medical schools have made efforts to recognise the diverse religions of their l students and ensured the availability of places of prayer on campus sites or made potential adjustments to teaching sessions to accommodate for days of religious observance. For example, the University of Aberdeen recognises days of religious observance by changing certain teaching sessions to accommodate their students.

Inclusion of EDI considerations specific to race in courses, classes, and materials

Most medical schools have acted towards decolonising their curriculum. A decolonial approach to the medical curriculum calls for reflection on the ways in which race is discussed and presented, and how to best achieve authentic representation when teaching.[6] By decolonising the medical school curriculum, medical schools consciously and unconsciously influence and promote considerations for diversity and anti-racism in their teachings, by making the curricula more inclusive and reflective of the diverse ethnic populations within society.

Unfortunately, schools noted that they have had difficulty communicating the need for considerations of diversity to teaching teams and that there is a lack of availability of ethnically diverse clinical and anatomical teaching resources. Some medical schools are working to lobby manufacturers to ensure that there is a wider variety of models available. Other challenges reported were mixed receptiveness amongst staff in understanding racism.

Many schools have made efforts to decolonise the curriculum by making teaching and learning material more inclusive:
— Queen's University Belfast has integrated patients from diverse backgrounds into case-based learning, developed new tutorials and lectures related to diversity, introduced different skin colours in dermatology teaching, and introduced mannequins of different skin tones in clinical skills teaching.
— The University of Aberdeen has created a Decolonising the Curriculum Steering Group to ensure a coherent approach. This group continuously develop teaching content to mainstream teaching related to race and ethnicity.
— Anglia Ruskin University has developed an ethnic minority student group which reviews curriculum content. Their BMA representative is a part of this group.
— Keele University's Decolonising the Curriculum Network, co-led by student and staff, has worked with the medical school to modify teaching practices and develop new resources to make teaching more inclusive.
— The University of Leeds has worked with local organisations to enhance recruitment of simulated patients from ethnic minority backgrounds for practice examinations so that the teaching content is more reflective of the community. The University of Dundee are also working to diversifying their pool of simulated patients.
— Nottingham and Derby Medical School and the University of Lincoln have updated clinical skills workbooks and presentations to reflect differences in rates of diseases between different ethnic groups and have updated clinical photos to be more diverse.
— Kent and Medway Medical School and the University of Aberdeen are investing in infrastructure and educational materials for more racially diverse examples, such as racially diverse mannequins and models for clinical and procedural skill teachings.
— The University of Cambridge is working with curriculum leads to include ethnicity and racism in curriculum and have launched their 'Health for All' strand of the curriculum, which highlights considerations of diversity among the patient population.
— The University of Glasgow has delivered a range of educator development sessions focused on EDI and creating an anti-discriminatory curriculum.

Alternative surgical headwear work by MedRACE working group at the University of Leicester

The University of Leicester is sourcing surgical theatre headwear to meet the needs of all students. They found that some existing theatre headwear was not suitable for groups with certain types of hairstyles or head coverings. The MedRACE working group at the school recognised this and took action. They identified manufacturers to supply alternative surgical headwear and trialled the product amongst students. The group's goal is to promote awareness and availability of this headwear option and lobby for the provision of alternative headwear to be a standard within the NHS.

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6   Hartland & Larkei, 2020. *Decolonising medical education and exploring White fragility*

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Charter Point 4: Addressing racial harassment on work placements

Students can feel especially isolated when they experience discrimination while on clinical placement. They often do not know who to turn to, are worried about the impact of reporting on their reputation, and feel unable to challenge the behaviour of more senior doctors. It is therefore crucial that medical schools work together with the NHS to tackle racial harassment in clinical settings.

Working with the NHS to address harassment

Many medical schools are working together with the NHS to address racial harassment. For example, the University of Lancaster works with work placement providers to set out expectations in relation to supporting diversity in medical training, including clarifying to students the availability of clinical dress alternatives, the location of prayer spaces and more. The University of Edinburgh works closely with NHS directors of medical education to ensure that their students are aware of NHS speaking up and whistleblowing legislation. However, it reported there is a challenge around ensuring that the process for speaking up within the NHS provides the depth of response that students and medical schools require.

A way of limiting microaggressions and discrimination is to encourage individuals to correctly pronounce historically 'non-western' names. Though a seemingly small gesture, this speaks volumes to individuals from minority ethnic groups. Brighton and Sussex Medical School ensures that clinical placement providers have the correct pronunciation of their students' names by sending providers a phonetic spelling or a written description of how letters and syllables are spoken. Similarly, Keele University distributes a name pronunciation guide to students and staff.

Forum with NHS partners at Imperial College London
In response to their BMA Racial Harassment Charter Focus Group Report, Imperial College London held a forum with their NHS partners in February 2022 where they agreed on three main actions for policy change: to develop a unified approach to reporting concerns and identify designated trained staff as points of contacts; to increase the visibility of these reporting mechanisms; and to adopt a unified approach to head-coverings in theatre policies.

'Discrimination, Harassment and Bullying: Medical student experiences while on clinical placement' survey at St George's University
St George's University conducted a survey to understand experiences of racial harassment and discrimination on work placements. This was carried out by a medical clinical teaching fellow, who gathered both quantitative and qualitative data. Unfortunately, the response rate was limited. Nevertheless, the survey provided valuable insight on experiences and allowed student voices to be heard. St George's University aims to work closely with hospital trusts and primary care leads to ensure that a consistent approach is used to address harassment.

Reporting, monitoring, and research

Online reporting tools were also expanded to work placements. The University of East Anglia has developed a 'Speak Up and Speak Out' reporting tool for students to report discrimination they experienced or witnessed. The reporting tool has an anonymous reporting option if desired. Keele University's Professionalism Committee

has representation from HR departments of clinical placement sites, which ensures that representatives from clinical placements are involved and aware. The University of Bristol appoints student Speak Up Guardians to guide and signpost students to reporting mechanisms in NHS settings.

Many medical schools aim to increase the awareness and use of reporting mechanisms available for staff and students on placement. At Lancaster University, reminders are sent to communicate the process for speaking out. These reminders cover how to speak out, exactly what to do and where to report incidents of racial harassment on placement. This is also done as part of the placement induction. They aim to further develop a clear communication strategy to set out expectations of placement providers. The University of Nottingham and Derby and University of Lincoln have created a Placement Information Handbook which details actions to take if students experience or witness micro-aggressions or racism at work placements. St George's University has also created a 'Preparation for Placement' session which was created by staff and students to give students guidance and the tools they would need to tackle prejudicial behaviour they may encounter on placement. The session includes videos of real-life scenarios involving students and clinical educators, followed by advice on how to manage these situations for both victims and bystanders who aim to be allies.

Clinical Placement Reporting Tool at the University of Leeds

The University of Leeds has a 'traffic light' Clinical Placement Reporting Tool that allows students to raise concerns. This tool was reviewed in consultation with students, faculty, and Trust members. To understand the scope of the tool, two ethnic minority medical students conducted their intercalated BSc projects on the inequalities in medical education. A review of this tool recommended changes, such as changing the three categories to 'concerns' and 'commendations' and enabling a third-party reporting option where individuals can make a report on behalf of the student and facilitate communication with them without the students' identity being known to the school. A Clinical Placement Reporting Tool Oversight Committee was created to examine the Tool, to assess its effectiveness, and to suggest improvements to it on an annual basis. They reported that one of the challenges faced was sensitively managing the expectations of those who raised concerns, while also sensitively raising the issues reported with the alleged perpetrators. This is because they want to avoid stress for all stakeholders.

The University of Leeds is also working to improve inclusivity on placement, including delivering training workshops with placement providers which identify experiences of racism on placement.

EDI training and workshops for clinical placements and NHS staff

Universities provide a range of training for NHS staff:
— The University of Aberdeen and University College London have compulsory online modules for EDI training for their NHS staff. University College London specifically holds training for NHS staff on issues related to racism and diversity.
— The University of Manchester has instated an EDI masterclass for staff at clinical placements, which includes skill development for addressing microaggressions within the clinical environment. They also deliver EDI related workshops at Clinical Placement Supervisor training events.
— The University of Cambridge provide active bystander intervention training sessions for students and staff on placement. Hull York Medical School has hosted microaggression training at their clinical placement sites. This training was delivered to groups from acute hospitals and mental health trusts as well as primary care doctors.
— The University of Liverpool created bespoke training sessions on microaggression which was attended by over 700 staff and students.

- The University of Glasgow provides a series of educator educational sessions delivered by staff and led by student societies. The BMA Charter triggered the establishment of a new range of educator and student education sessions to focus on racial harassment.
- The University of Warwick is re-developing their Working and Teaching with Active Racial Awareness workshop for NHS based colleagues. This workshop includes films of students' experiences of racism.

The Guardians Project at the University of Bristol

The University of Bristol has created 'The Guardians Project', which includes staff training on bias and bystander skills, student training on bystander and communication skills, and student led webinars about issues that staff and student face and how to tackle them. They report that this training had to be repeated often due to a large turnover of staff within NHS partners. This was a challenge because specific skills were needed to deliver the training, which meant that staff who could deliver this was limited. The schools conveyed that they received a lot of positive feedback for EDI training.

Policy

Installing policy, codes of conduct, and guidance is another way that medical schools are addressing racial harassment in work placements.

- The University of Sunderland engages with partner trusts around racial harassment processes and policies. As part of the service level agreement with all their placement providers, they set out clear expectations around all forms of discrimination, including racism. They aim to gather and collate information from their clinical placement providers to develop formal guidance in partnership with the trusts around dealing with racist or abusive patients.
- The University of East Anglia has developed zero tolerance policies on discrimination while undertaking placement. This was developed specifically by their BAME Working Group.
- Swansea University has influenced their clinical placement provider's code of conduct by sharing survey results from its Fairness Survey to clearly set out their expectations of placement providers to tackle racial harassment, micro-aggressions, and any sort of discriminatory behaviour.
- Newcastle University has created guidance to explicitly inform medical students about what to do if patients are racist or abusive.

Conclusion

Many medical schools have made significant progress towards addressing racism. These schools have demonstrated an acceptance that racial harassment occurs in medical schools and on clinical placement, and an understanding that concrete actions must be taken to generate change. Schools have made sincere efforts to support individuals to speak out against racism, ensure robust processes for reporting and handling complaints, mainstream EDI across their learning environments, and address racial harassment in the workplace. These measures work towards normalising and institutionalising a culture which fights against discrimination and racism within universities and medical schools.

However, most medical schools still face significant challenges in implementing actions to target racism. Many medical schools have difficulties securing the resources, such as staff time and funding, necessary to effectively address racial harassment. Unfortunately, this signals that medical school leadership teams continue to place relatively low importance on tackling racism.

The positive changes being implemented in many schools are often driven by students and staff from ethnic minorities, many of whom are not remunerated and must balance their involvement with other work obligations. While it is important to engage with students and staff from ethnic minorities in actions to address racism, medical schools must not rely on the good will of students and staff to improve systemic issues within an institution.

Our review has indicated that while 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. Given the lack of evidence on what works to tackle racism, it is vital that universities evaluate the impact of training, policies, and processes they have introduced in recent years. It is important that financial resourcing is prioritised for these evaluations and that senior leaders are accountable for acting on the findings of evaluations.

It is not enough to not be racist. An anti-racist rhetoric and actions are essential across medical school student, staff, faculty and leadership roles for racial discrimination to truly be addressed. Tackling racial harassment and discrimination must be led from the top, and resources must be dedicated to ensuring that those who are working on actions to address racial harassment are fairly compensated. Medical school leadership teams must recognise that racism is *always* present and take actions to drive forward anti-racism in their institution.

It is important to note that as not all medical schools responded to our questionnaire, the findings we are reporting may not necessarily hold true across all medical schools. Furthermore, we recognise that student perspectives on how well medical schools have implemented the BMA Racial Harassment Charter may differ significantly. To address this latter issue, we will be reaching out to medical students to gather their experiences and to support them to hold their medical schools to account.

As we move forward, we hope that medical schools can share their learning with one another and do everything within their power to create a safe environment for their students and staff from all backgrounds and ethnicities.

With thanks to all the medical schools who provided feedback for this review

- University of Aberdeen
- Anglia Ruskin University
- University of Birmingham
- Brighton and Sussex Medical School
- University of Bristol
- University of Cambridge
- Cardiff University
- University of Edinburgh
- University of Glasgow
- Hull York Medical School
- Imperial College London
- Keele University
- Kent and Medway Medical School
- Lancaster University
- University of Leeds
- University of Leicester
- University of Liverpool
- University of Manchester
- Newcastle University
- University of Nottingham and Derby
- University of Lincoln
- Queen's University Belfast
- St Andrews University
- St George's University
- University of Sunderland
- Swansea University
- University College London
- University of East Anglia
- University of Dundee
- University of Southampton
- University of Warwick