

Five steps to help promote inclusivity In Medical Education

The Black Lives Matter protests of Summer 2020 brought into sharp relief things that the different BAME communities have been saying for a long time – that systems and organisations are inherently racist, that good people can be racist too, and that racism comes in many forms, not all of it obvious.

In common with many organisations at the time, NACT consulted, debated, and came up with a statement of intent. Many individual educators started looking at themselves and their own attitudes; sales of anti-racist books soared.

But now what? How do we keep up the momentum? How do we make clear that this is not tokenism but a clear commitment to improve matters for all trainees, irrespective of background, race, appearance, gender, disability, sexuality, religion etc.

This blog post is just a starter – to stimulate debate and discussion in the community. It is an account of some of the things we have done; I know we can do more, and can learn from each other.

Step 1 - Do your homework

As educators, we have a personal responsibility to our own education. It is no-one else's problem to make sure we have done our due diligence. We are also all individuals with our own experiences and our own unconscious biases.

So, start with who you are: your background, upbringing, race, religion, sexuality, etc. How does this compare to your trainees? What differences are there between you and them, and how could their lives be different from what you know? I am a white, female, middle aged, heterosexual, Christian, UK trained doctor, from a middle class background who went to a private school in the provinces. What do I know about the experiences of an inner-city, black girl from London whose family live in a tower block, and who has to work a part-time job to help pay her way through medical school? Or about an international medical graduate struggling with the culture differences of living and working in an area of the UK where no-one looks like them and they get abuse when they go to Tesco?

So read, watch TV programmes, You Tube videos, listen to podcasts etc. Many people have tried to provide the information to help understand their own situation, but how many of us have actually taken the time to access these resources, and to work through in our own minds where we need to do some more work?

Step 2 – Make sure that this information is available to others

We should all have a good relationship with our Library & Knowledge Service and in some cases we have a managerial responsibility to that service. Have a conversation with your Knowledge Services Manager. What resources are available in the Trust already and do you need to get more? Or is it a matter of publicising the information already available to signpost this to others with a publicity campaign? How can this resource be built into other parts of the service? We went out and bought a few books, had a poster display in the library, signposted the physical and electronic resources in the wellbeing areas, and used the LKS team to support meetings and training sessions to help guide the development of further resources arising from the discussions.

Step 3 – Look, Listen & Feel

Open your eyes, ears and hearts; start to be more observant and use all your senses. How well does the Trust represent the people who work there in its pictures, brochures, on the intranet? Can your trainees look around the walls of the organisation and see people who look like them? Look at the educational material you produce – are your simulated patients representative of the diversity of the population? Is your induction material inclusive? What illustrations do you use on your Medical Education website?

How representative are the Trust structures - the Trust Board, the Medical Education Committee? Do you have visible role models for trainees? Is there a representative body for e.g. Black and Minority Ethnic staff, a forum for LGBTQ+ staff, a Champion for Less than Full Time trainees, a voice for disabled staff? Your Director of Workforce will be a fierce ally if these structures and representation are not in place, as these common grounds transcend occupations.

Listen to what trainees are saying. Are they experiencing microaggressions? Is there a culture of bullying or harassment due to difference? Are trainees being supported if they have different abilities e.g. neurodiversity? What is the provision for mental health support and is this enough? Can trainees pray safely? You may not get to hear about all of these issues, but others will, so ask the charge nurses, the chaplains, the occupational health team, the supervisors and, of course, the trainees. And listen for the unspoken messages – the distress caused by ignorant comments, the frustration caused by systems that do not allow individual differences.

We are lucky to have an active BAME Leadership network and a (closed) LGBTQ+ forum, supported by an active Organisational Development team tackling some of these issues across the Trust, so have been able to work collaboratively with these groups, but you may not be so lucky and may have to start from scratch to get these up and running to support trainees.

Step 4 – Act

What are you going to do within your sphere of influence?

Much will depend on where you need to start from, but examples of things that could be done include:

- Develop a Medical Education Equality, Diversity and Inclusion Strategy
- Establish baselines for representation within the Medical Education faculty
- Undertake mentoring or coaching to help develop you on your journey
- Appoint trainee /trainer reps for inclusivity
- Ensure EDI is a standing item on agendas so the issue does not go away
- Develop training sessions e.g. 'how to become an ally'
- Have trainees educate others on what it is like to experience microaggressions – we have developed a video for all staff arising from one of these teaching sessions
- Collect and share examples of good practice with each other
- Hold workshops and training sessions with trainees and trainers to hear each others' voices and to experience the world through their eyes

Step 5 – review

This is not a box that can be ticked once and then forgotten; until we have a fully inclusive society this is something that will have to be revisited over and over again, perhaps with a different focus from time to time.

Part of your strategy to help promote inclusivity in Medical Education (whether your strategy is formal and published, or informal and private) must be a system of taking stock and reviewing the progress made, the new resources available, the new needs identified and the next steps. Having some form of accountability will help here, otherwise it is very easy for this to slip into 'Quadrant 2-important but not urgent' and never get done.

Use your trainees to challenge you and keep you focused – having a new intake of trainees every August is a good point at which to say 'What have we done in the last year' and 'Where do we need to go this next year coming'?

So, it is now over to you. What have you done in the last year? What do you need to do going forward? How can Medical Education Leaders UK help you? What does Medical Education Leaders UK need to do next?

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