# Inclusivity in Medical Education

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The annual Hull Education and Training (HEAT) event 2023 commenced with an opening address by Chris Long, Chief Executive and welcome by Professor Makani Purva, Chief Medical Officer. This year HEAT conference theme was 'Inclusivity in Medical Education'.

The first two presentations were by Dr Yoghini Nagandran the current Black, Asian and Minority Ethnic (BAME) staff network chair and Mano Jamieson, Equality, Diversity and Inclusion Lead for the Hull University Hospitals NHS Trust who described the BAME Network, provided examples of their work and talked about inclusivity in Medical Education. In 2015, Work Race Equality standards were commissioned and are overseen by the NHS Equality and

Diversity Council NHS England. The BAME networks supports the Trust to develop an action plan that targets Work Race Equality standards (WRES) measurement targets to improve the experience of BAME staff in the Trust standards[1]. The BAME network forms an important support systems and safe confidential space where the BAME staff can meet to discuss their issues and raise any concerns. Moreover, the BAME network allows to influence and develop exiting and new policies. The BAME network encourages culture of exchange and celebrates diversity. Another important role of the BAME network is to support staff development, which is undertaken through designated focus groups, small projects, activities allowing development progression and a dedicated member support. In addition, the BAME network organises support for career growth and encourages the leadership roles through the career enhancing programme tailored to suit the individuals within the local trust. Moreover, the BAME network provides funding and an opportunity to develop individual skills such as public speaking, confidence building, development of leaderships' skills.

In August 2022, a 'Zero Tolerance to Racism' framework was introduced. Since then a 'Zero Tolerance to Racism' task finishing group was established to explore ways in which Trust could adopt anti-racism stance. The main aims of the group included development of a methodology to enable the trust zero tolerance to racism and to improve the lives, experience of the BAME staff. This has resulted in the promotions and progression of the trust introduced 'Diversity in Recruitment' scheme allowing for the BAME representation on the formal employee recruitment panel. In addition, BAME network with other networks created more inclusive staff environment and pastoral support. One such example may be Pharmacy BAME

network and events such as the annual conference and many other initiatives, which are aiming towards achieving race equality and diversion. Similarly there have been further initiatives introduced such as pastoral support, training in the NHS processes, language and culture as well as discussions around the GMC exams, costs of resits of exams, disproportional referrals to GMC of the BAME medical professionals. There are potential solutions that may provide assistance to address these issues including introduction of the International Medical Graduates (IMG) office, greater NHS support understanding, reasonable adjustments in exams or GMC to subsidise costs of resits.

Overall 20.3% of doctors in the UK are of BAME background. Similarly, 43% of doctors in the postgraduate training are of BAME background. Moreover, 37% of BAME doctors are in consultant level posts and among Clinical Directors 20.3% are of BAME background. For this reason, a network workplace was created and its priority was to introduce a zero tolerance to racism culture. In 2021, a survey established poor lived experience of BAME staff working for the NHS. In 2015 the NHS nationally introduced the workforce Race Equality Standards (WRES) data measurements, which over 7 years period showed improvement in specifics but no change in live experience. The introduction of the 'Zero Tolerance Charter' is an action centred framework. Zero Tolerance means that all reports will have intervention from the Trust that will be agreed with the recipient of the behaviour. The underlying principle of the framework is to deliver change by informal resolutions and education. Where either is not sufficient response to the behaviour or it does not deliver the required changes in the behaviour than more formal resolutions will be sought. Invariably there will be an increase in

conversations that will make people feel uncomfortable, but the tackle racism those conversations need to be aired. There was a 'Circle Group' established which meets regularly to review reports, liaise with people making reports and then triage for meaningful interventions to support the staff making reports. The 'Circle Group' is monitoring reports coming in for trends and help the Trust to develop approaches to improve the inclusivity culture and to eliminate racism, which may be experienced by the BAME colleagues. It is recognised that there may be issues around 'psychological safety' for people reporting. However, overall this results in recognition to encourage avoidance of silent complicity, encouragement of early reporting, support for prevention and intervention and challenge as well as rejection of discriminatory behaviour and the use of reporting tool to increase the awareness. All these described activities should result in improvements.

The next presentation was by Dr Rob Desborough, Clinical Dean, Hull York Medical School and Katie Firth, Head of the Undergraduate Medical Education who described the work of Hull York Medical Scholl and the opportunities at the Hull Universities Teaching Hospitals NHS Trust including simulation training and examples of inclusive work undertaken at the undergraduate level. Over the last few years, there have been an expansion of training places in the medical schools in the UK including Hull York Medical School. Nationally, there were 9.7% of vacancies reported in the NHS with 7.3% of vacancies in the medical posts. This has led to the expansion in medical students' number by 9500 in the UK medical schools. This instigated discussions into the recruitment and diversity of the applicants. Selecting for excellence report addressed concerns raised by the 'Social Mobility and Child Poverty

Commission' that medicine was not doing enough to increase the numbers of people studying medicine who are from a lower socio-economic background [1]. The medical schools used a variety of different methods to select students and that there was insufficient evidence to explain this variance. The available data on the demographics of medical students in the UK confirmed that students from a lower socio-economic background are under-represented in medical schools. This is despite the fact that the medical schools run outreach programmes although it was recognised that there is a scope to improve these programmes. Medical schools should implement the guidance on outreach created as part of the 'Selecting for Excellence' project 2. For example, potential applicants to medical school are confused as to what is required in terms of work experience. To address this issue the project team has developed guidelines for applicants on work experience. These guidelines place emphasis on the importance of applicants gaining caring experience whether through volunteering or paid employment. In addition, medical schools should use the new statement on the core values, skills and attributes needed to be a doctor in designing and delivering their selection processes. This statement is mapped to Good Medical Practice and the values in the NHS Constitution. Contextual admissions are a powerful tool that medical schools can use to widen participation. Research should be carried out to support medical schools in using contextual data in admissions. The widening participation would include close work between medical schools council, medical schools, NHS England, GMC, Royal Colleges and UCAS.

There is a proposal for 29% increase of entrants from the BAME background, 35% increase in entrants from a lower POLAR quintile, 14% increase from the state schools, 35% in those with

disabilities. The figures provide a very broad overview with encouraging year on year changes. However, it has to be noted that the total number of entrants of these demographic characteristics remain small and there is still progress to be made. There are opportunities that should be explored. For example, increase in training places should include broader range of entry routes and course delivery options. This will ensure the broadest possible criteria for selection to study medicine. An aspiration should be that the profession should genuinely reflect the society from which it is drawn and seeks to serve. The expansion would include also new proposed models of apprenticeship, conversion courses, less than full time training, gateway [3]. The 'Medical Doctor Degree Apprenticeship' allows NHS organisations to grow their future medical workforce and offers a new route to train doctors [3]. The NHS workforce document proposes to increase the number of medical school places to 15,000 each year, increase GP training places by 50%, for 20% of staff trained through apprenticeships possibly reducing the time of duration of the medical degrees. There are also proposals for those who already have a Bachelor's degree in an accepted subjects to have amended courses. Medicine with a preliminary year for those who achieved high A level results or equivalent but who did not take the required science subjects. Medicine with a 'Gateway Year' for those who are of high ability but who may be coming from situations where there they have had barriers to their learning. Often these are six years courses.

Hull York Medical School (HYMS) was established in 2003 in order to increase the supply of doctors in the area and by doing so to improve the quality of healthcare in the region. Since then HYMs added over 1800 doctors to the NHS workforce. The placements for HYMS

students are in over 100 GP surgeries, 4 mental health providers, 2 universities Hull and York and 4 acute NHS Trusts partners. Within HYMS, 85% of the research is world leading or internationally excellent. There are also innovative initiatives within HYMS such as the 'widening participation' programme run in conjunction with the Sutton Trust to support talented sixth form students, which gives insight into the medical profession recruited in year 12 from schools and colleges across the HYMS region. There are 60 students in 8 cohorts. Pathway to medicine would include students who attend a state funded non fee paying schools, be in year 12 at start of the programme, be studying science A levels, to be first generation in family to attend university, have been eligible for free school meals, live in a neighbourhood which has low rate of progression to higher education, have refugee status. Medical Schools Council 2021 reported that the inclusive and diverse learning environments result in a better education for medical students and doctors. They can also lead to patients receiving improved and more compassionate care [4]. GMC 2023 'Equality Diversity and Inclusion' document looks at fairer employer referrals, fair training culture and inclusivity as an employer [5]. Inclusive working and training environments are also crucial to doctors' wellbeing and to safe patients care

Elaine Hillaby, Organisational Development Practitioner and Dr Jacquelyn Smithson, Consultant in Gastroenterology delivered and excellent talk on 'Working with Disability'. Disability is in a productive resource within any organisation in fostering creativity, innovation and problem solving [6]. Organisations need these attributes to thrive under adversity to be fluid, people and purpose driven and ready to adapt flexibility to change the NHS is no

different. In addition, disabled doctors and medical students are a valuable part of our profession, bringing unique perspective and insight into patient experiences and healthcare. The experience of a doctor with disability may have helped to shape this person to be a better doctor and improve their understanding of patients or for patients to feel more at ease to express their worries. As well as visible disabilities, there are invisible disabilities often overcompensated. The rates of disclosure of disability by staff and medical students are lower compared to other disciplines. They are even lower for the doctors from ethnic minorities. Disability STEM data shows that only 10.9% of entrants to the medical schools have disabilities compared to 15.5% for the lowest of the other STEMS [7]. A recent on line survey of disabled doctors and medical students conducted by the British Medical Association (BMA) from November 2019 to January 2020 had 705 responders from UK [8]. It showed that 77% of responders reported being worried about being treated unfavourably if they disclosed their disability or long-term condition. Overall 46% reported that their colleagues were supportive since their disclosed their disability, 26% reported that their place of work sickness absence policies took proper account of disability or health condition, 47% felt pressure to return to work or study before they were well enough and 35% reported bullying or harassment in their current place of work because of their disability, reaching 42% amongst consultants.

The NHS Workforce Disability Equality Standards (WDES) 2022 came into force on the 1st of April 2019 and provided a set of specific measures that enables NHS organisations to compare the experience of disabled and nondisabled staff [9]. The disability staff network capital development, policies and procedures, creation of disability leadership programme,

inclusivity academy, zero tolerance to ableism framework, 'bridging the gap' training. Disability staff network supported by staff survey, feedback from 'Perspectives on inclusion and Disability' staff questionnaire showed the importance of creating a psychologically safe space. Each doctor should be able to be able to understand their own needs, strengths and weaknesses and approach their work accordingly with due consideration to self care. Supporting disabled doctors is ultimately about supporting all doctors to work safely and within their personal capacity [10, 11]. Each person has something to offer and in a team can contribute the excellent patients care. The disabled doctors and students need programmes which offer opportunities to meet doctors with disabilities. Give more talks to students and doctors about disability in order to standardise disability within the institutions. Have discussions about career options for doctors with disabilities. To support with regards to stigma, embarrassment awareness of required adjustments for disabled colleagues. There a number of requirements that may lead to improvements such as accessible work place, greater understanding of disability, reasonable adjustments, flexible working, role models and support from peers [12].

In conclusion, the Heat conference addressed the issues of Inclusivity in \medical Education. The important aspect of the BAME staff were discussed including the support networks and initiatives. In addition, presentations addressed the issues of inclusivity within the undergraduate medical schools including widening the recruitment. Finally, the issues of disability within the NHS workforce was discussed providing invaluable insights and

perspectives. Overall the modern NHS is striving to be an inclusive organisation, which supports the individuals working for the NHS

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