



Equality, Diversity and Inclusion

Staff Network Bulletin

March 2022

News and Features

BAME

BBC, February 2021

[NHS 'riddled with racism' against ethnic minority doctors](#)

The chair of the British Medical Association's council, Dr Chaand Nagpaul, has spoken out in response to a [survey by the BMA](#).

Guardian, December 2021

[What Covid taught us about racism – and what we need to do now](#)

Long read from Gary Younge, looking at the systemic reasons for the unequal impact of Covid, and what needs to happen to change this.

PRIDE+

British Medical Association

[Sexual orientation and gender identity survey](#)

A new survey with GLADD aims to improve understanding of doctors' and medical students' experiences at work and medical school. Find out more and take the survey to help improve the collective experience of LGBTQ+ doctors and students in the UK.



Guidelines, Policies and Reports

General

All-Party Parliamentary Group on Issues Affecting Men and Boys

[The case for a men's health strategy](#)

Presented with expert views, this report found that a holistic, evidence-based, positive and gender-informed approach to men's health is far more effective than the government's current disease/condition approach to men's health. The APPG notes that this is not consistent with the government's approach to women's health as outlined in its recent vision statement (which the APPG supports).

The Health Foundation

[Evidence hub: What drives health inequalities?](#)

Good health is important for both individuals and society as a whole, but not everyone has the same opportunities for good health. Extensive research has shown that differences in social and economic circumstances lead to deep inequalities in health outcomes. The What drives health inequalities? evidence hub explores these social and economic circumstances.

BAME

British Medical Association

[Managing discrimination from patients and their guardians and relatives](#)

This guidance gives background information and steps that all employers and healthcare workers should take when incidences of discrimination against a healthcare worker occur.

Civitas (Institute for the Study of Civil Society)

[An independent appraisal of the NHS Workforce Race Equality Standard](#)

The NHS seeks to monitor and control diversity and equality through a programme known as the Workforce Race Equality Standard (WRES), which is based on a series of statistical indicators pertaining to outcomes between white and non-white minority groups. However, this paper argues that closer inspection of those indicators reveals 'they do not withstand methodological scrutiny'.

Department of Health and Social Care

[Inclusive Britain: government response to the Commission on Race and Ethnic Disparities](#)

Inclusive Britain is the government's response to the report by the Commission on Race and Ethnic Disparities, which was published in March 2021. The Commission was established in July 2020 to review inequality in the UK, with a particular focus on education, health, employment and criminal justice. Its report included 24 recommendations for government, other public bodies and the private sector.

Friends, Families and Travellers

[Bridges and deserts: Creating a solid foundation for Gypsy, Roma and Traveller civil society](#)

A new report shows that there are significant gaps in provision of Gypsy, Roma and Traveller specific support around the country. The research found that over a quarter of organisations identified as being part of or partially involved with the Gypsy, Roma and Traveller civil society micro-sector have



ceased to exist since 2005. The organisations which are still providing services are situated in just a small number of geographical areas, leaving 'deserts' with no provision.

General Medical Council

[Equality, diversity and inclusion: Targets, progress and priorities for 2022](#)

This report reflects on progress so far to meet these targets, as well as future actions for us and our partners to create sustained improvements. It will play a regular part in how we hold ourselves and others to account for progress and we hope it will be an ongoing catalyst for engagement and collaboration across the health service.

Imperial College London

[Addressing racial and ethnic inequities in data-driven health technologies](#)

The aim of this review is to help synthesize the current evidence in academia and policy and help to identify high-priority areas of inquiry that need to be addressed, both in the UK and globally. The report highlights core considerations to improve equity through the development and deployment of AI and machine learning technology, offering key research and practice priorities to be considered at each step.

NHS Employers

[Access guidance to support your workforce during Ramadan 2022](#)

Many NHS staff who are Muslim and observe fasting during Ramadan, will participate in a daily period of fasting, starting at sunrise and finishing at sunset over the month. This means abstaining from food, drink (including water) and smoking. While fasting is an important part of Ramadan, it is also a time of self-reflection and self-evaluation for Muslims. Accommodating religious belief and practices during Ramadan is about being responsive to employees' needs. It does not necessarily mean extra time off; it is about offering flexibility around existing holiday entitlement, working patterns or break periods.

NHS Race Health Observatory

[Ethnic Inequalities in Healthcare: A Rapid Evidence Review](#)

This report presents the findings and recommendations of a rapid review of ethnic inequalities in healthcare and within the NHS workforce, conducted by academics at The University of Manchester, The University of Sheffield and The University of Sussex.

NHS Providers

[Race 2.0: Time for real change](#)

This report provides an honest playback of member views on where their organisations are in the journey towards racial equality. Drawing on interviews with chairs, chief executives and non-executives and a survey across our membership, it provides a snapshot of where NHS boards feel they have made most and least progress, and what both NHS Providers and the national bodies can do to accelerate the pace of change.

Race Disparity Unit and Equality Hub, December 2021

[Final report on progress to address COVID-19 health inequalities](#)

The fourth and final report summarising work undertaken by the Minister for Equalities and government departments on COVID-19 disparities. The previous reports can be found [here](#).



Royal Society of Chemistry

[Missing Elements: Racial and ethnic inequalities in the chemical sciences](#)

This report shines a stark light on racism and ethnic inequalities in the chemical sciences. We reviewed relevant data and reports and gathered new qualitative evidence of chemical scientists' lived experiences. Our findings paint a stark picture of how pervasive racial and ethnic inequalities are within the chemical sciences community, how hard this is to challenge, and the way exclusion and marginalisation are to a large extent normalised for many Black chemists and others from minoritised ethnic backgrounds.

Think Local Act Personal

[Personalisation in Black, Asian and minority ethnic communities](#)

This report aims to find good examples of personalised care and community-based support for people from Black, Asian and minority ethnic communities. There is also a [podcast](#) and [webinar](#) to complement the report.

MAPLE

NHS Employers

[NHS Disabled staff experiences during COVID-19](#)

This report outlines the working experiences of NHS disabled staff during the first wave of the pandemic, access the key findings and recommendations.

PRIDE+

London Assembly Health Committee

[Trans health matters: improving access to healthcare for trans and gender diverse Londoners](#)

This report explores the health inequalities experienced by trans and gender-diverse (TGD) people when accessing the NHS.

The Cass Review

[Independent review of gender identity services for children and young people: interim report](#)

This interim report represents the work of the independent review of NHS gender identity services for children and young people to date. It does not set out final recommendations – these will be developed over the coming months, informed by a formal research programme. The role of this review is to consider how to improve and develop the future clinical approach and service model.

Women

The Institute for Fiscal Studies

[Working patterns of doctors and nurses returning from maternity leave](#)

Three-quarters of NHS staff are women. This includes 90% of nurses and midwives, 48% of all doctors and more than half of all doctors aged under 50. Most of these women will have children at some point during their careers. In this report we use payroll records from NHS England to examine the rates of retention and contracted working hours of nurses/midwives and doctors/dentists returning from maternity leave. This question is important for reasons of both efficiency and gender equality, to address widespread staffing shortages, to ensure the best use of talent, and to promote equal opportunities in medical and nursing careers. Employment practices in the NHS also have



implications for the wider labour market, as the NHS is the largest single employer in England. The organisation therefore often acts as a competitor employer and helps shape broader employment norms.

McKinsey & Company

[Repairing the broken rung on the career ladder for women in technical roles](#)

Across all industries and roles, women are promoted at a slower rate than men but the gender gap for women in technical roles is more pronounced, with only 52 women being promoted to manager for every 100 men. Diversity is especially crucial in these roles to help debias the technologies that make up an ever-present and evolving component of modern life. McKinsey research has shown that a strong relationship exists between diversity on leadership teams and the likelihood of financial outperformance for companies: the most gender-diverse companies are 48 percent more likely to outperform the least gender-diverse companies.

NHS Employers

[Flexible working scenarios](#)

The NHS Staff Council has developed a range of scenarios to help employers embed the new contractual flexible working provisions.

NHS England and NHS Improvement

[Flexible working: raising the standards for the NHS](#)

This guidance sets out a preliminary definition and set of principles for flexible working. The definition aims to support the shared and common understanding of flexible working that is needed to achieve fair, equitable and consistent practice. The principles aim to form a foundation for flexible working, and organisations are encouraged to innovate and test out approaches to support the embedding of flexible working.

Public Policy Projects

[A Women's Health Agenda: Redressing the Balance](#)

This report highlights the importance of embracing a culture of change in the design and delivery of women's health to achieve national systems and local services fit to meet the expectations and needs of the 21st century woman. It sets out recommendations, founded on common sense and rooted in the belief that women should be in control of their own bodies.

Royal College of Nursing

[Making sense of women's health](#)

This publication is designed for the non-specialist nurse. It highlights conditions that women can experience, the likely outcomes and how to access appropriate resources or treatment.



Research briefing

BAME

Mental Elf

[Unique multiracial identities may serve as a protective or risk factor for eating disorders](#)

Andie Ashdown blogs about a US survey study which finds that some multiracial identities may serve as a protective factor against eating disorder psychopathology, whereas other multiracial identities may point to an increased risk.

PRIDE+

Mental Elf

[Substance use is higher and more excessive in transgender people: evidence, limitations and gaps](#)

Ivan Ezquerro-Romano summarises a systematic review looking into the prevalence of substance use among transgender people compared to their cisgender counterparts. Today we also announce the launch of a new survey that will help us understand alcohol use in UK transgender and non-binary people.

Published research

BAME

Characteristics and outcomes of pregnant Black and minority ethnic women admitted to hospital with confirmed SARS-CoV-2 infection in the UK.

Evidence-Based Nursing, 2022; 25(1): p. 36.

Available via [journal article request](#)

Providers managing obstetric patients will need to identify prevalent risk factors in minorities with SARS-CoV-2 and the outcomes. This study can be used to launch a correlational study to investigate the relationship between health disparities and the spread of SARS-CoV-2 in the Black minority obstetric patients.

[Improving the Knowledge and Confidence of Diverse NHS Workforce: An Innovated Teaching Program on Research Methodology](#)

British Journal of Surgery, 2022 [Poster presentation abstract]

International medical graduates (IMG) are a significant contributor to the NHS workforce. According to GMC, there has been an increase in the number of IMG joining the NHS, and their proportion was higher than the combination of UK and EEA graduates in 2020. Clinical research is one of the pillars of clinical governance in the UK; however, their exposure to research methodology in their native countries may be limited, impacting their engagement in clinical research. Our objectives were to measure their knowledge and confidence in research methodology and help them improve imperative skills.



[Racialised professionals' experience of selective incivility in organisations: A multi-level analysis of subtle racism](#)

Human Relations, February 2022; 75(2); p. 213-239

This article explores how racialised professionals experience selective incivility in UK organisations. Analysing 22 in-depth, semi-structured interviews, it provides multi-level findings that relate to individual, organisational and societal phenomena to illuminate the workings of subtle racism.

[Developing a toolkit for increasing the participation of black, Asian and minority ethnic communities in health and social care research](#)

BMC Medical Research Methodology, January 2022

It is recognised that Black, Asian and Minority Ethnic (BAME) populations are generally underrepresented in research studies. The key objective of this work was to develop an evidence based, practical toolkit to help researchers maximise recruitment of BAME groups in research. A toolkit was developed with key sections providing guidance on planning research and ensuring adequate engagement of communities and individuals. Together with sections suggesting how the research team can address training needs and adopt best practice. Researchers highlighted the issue of funding and how best to address BAME recruitment in grant applications, so a section on preparing a grant application was also included. The final toolkit document is practical, and includes examples of best practice and 'top tips' for researchers.

Perception of Racial and Intersectional Discrimination in the Workplace Is High Among Black Orthopaedic Surgeons: Results of a Survey of 274 Black Orthopaedic Surgeons in Practice.

The Journal of the American Academy of Orthopaedic Surgeons; January 2022; 30(1); p. 7-18

Available via [journal article request](#)

There are approximately 573 practicing Black orthopaedic surgeons in the United States, which represents 1.9% overall. The purpose of this study was to describe this underrepresented cohort within the field of orthopaedic surgery and to report their perception of occupational opportunity and workplace discrimination. The survey was completed by 274 Black orthopaedic surgeons (60%). Over 97% of respondents believe that Black orthopaedic surgeons in the United States face workplace discrimination. Most Black orthopaedic surgeons (94%) agreed that racial discrimination in the workplace is a problem but less than 20% agreed that the leaders of national orthopaedic organizations are trying sincerely to end it. Black female orthopaedic surgeons reported lower occupational opportunity and higher discrimination than Black male orthopaedic surgeons across all survey items. This study is the first to report on the workplace environment and the extent of discrimination experienced by Black surgeons, specifically Black orthopaedic surgeons in the United States. Most respondents, particularly female respondents, agreed that racial discrimination and diminished occupational opportunity are pervasive in the workplace and reported experiencing various racial microaggressions in practice.



Tackling discrimination and systemic racism in academic and workplace settings.

Nursing inquiry; January 2022; p. e12485

Available via [journal article request](#)

Racism against Black people, Indigenous and other racialized people continues to exist in healthcare and academic settings. Racism produces profound harm to racialized people. Strategies to address systemic racism must be implemented to bring about sustainable changes in healthcare and academic settings. This quality improvement initiative provides strategies to address systemic racism and discrimination against Black nurses and nursing students in Ontario, Canada. It is part of a broader initiative showcasing Black nurses in action to end racism and discrimination. We have found that people who have experienced racism need healing, support and protection including trauma-related services to facilitate their healing. Implementing multi-level, multi-pronged interventions in workplaces will create healthy work environments for all members of society, especially Black nurses who are both clients/patients and providers of healthcare.

'We weren't checked in on, nobody spoke to us': an exploratory qualitative analysis of two focus groups on the concerns of ethnic minority NHS staff during COVID-19

BMJ open; December 2021; 11(12)

To gain exploratory insights into the multifaceted, lived experience impact of COVID-19 on a small sample of ethnic minority healthcare staff to cocreate a module of questions for follow-up online surveys on the well-being of healthcare staff during the pandemic. Thirteen healthcare workers (11 female) aged 26-62 years from diverse ethnic minority backgrounds, 11 working in clinical roles. Five primary thematic domains emerged: (1) viral vulnerability, centring around perceived individual risk and vulnerability perceptions; (2) risk assessment, comprising pressures to comply, perception of a tick-box exercise and issues with risk and resource stratification; (3) interpersonal relations in the workplace, highlighting deficient consultation of ethnic minority staff, cultural insensitivity, need for support and collegiate judgement; (4) lived experience of racial inequality, consisting of job insecurity and the exacerbation of systemic racism and its emotional burden; (5) community attitudes, including public prejudice and judgement, and patient appreciation. Our novel study has shown ethnic minority National Health Service (NHS) staff have experienced COVID-19 in a complex, multidimensional manner. Future research with a larger sample should further examine the complexity of these experiences and should enumerate the extent to which these varied thematic experiences are shared among ethnic minority NHS workers so that more empathetic and supportive management and related occupational practices can be instituted.

MAPLE

Unravelling the Complexities of Workplace Disclosure Among Persons with Non-Visible Disabilities and Illnesses: A Qualitative Meta-Ethnography

Journal of occupational rehabilitation; Jan 2022

Available via [journal article request](#)

Deciding whether and how to disclose a disability at work for persons with non-visible disabilities and illnesses involve complex processes. Research has focused on antecedents and outcomes of disclosure. More research is needed to understand the lived experiences related to disclosure decision-making and actual navigation of disclosure and concealment at work. To understand the experiences of persons with non-visible disabilities and illnesses regarding workplace disclosure decision-making, navigating disclosure and/or concealment, and experiential differences across



disability and illness types, ages, geographic locations, and genders. Twenty-four studies were included involving 489 participants, aged 16 to 81, from nine countries, focusing on one non-visible disability or illness, or multiple. We developed four themes for the disclosure decision-making process (self- and other-focused, experiential, and environmental/workplace factors) and two themes for the disclosure/concealment event (disclosure/concealment logistics and timing) and noted emerging trends across ages, genders, disability and illness types, and geographic locations. Knowledge obtained could be used among professionals who support persons with non-visible disabilities and illnesses to help them navigate disclosure at work, and to consider the role of age, genders, disability and illness types, and geographic locations on disclosure.

Factors Associated with Work-related Stress for People with Disabilities: A Scoping Review.

Journal of Rehabilitation; Oct 2021; vol. 87 (no. 4); p. 27-37

Available via [journal article request](#)

This scoping review aimed to explore existing literature regarding the work-related stress of people with disabilities and its associated factors. The authors based their research on the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines scoping review extension. A total of 26 articles met the inclusion criteria. Results indicated that workplace characteristics, employee differences, work relations, and personal coping strategies were associated with work-related stress. Understanding the nature of work-related stress in people with disabilities is essential to increase these employees' wellbeing and encourage them to stay at work.

PRIDE+

Care of sexual and gender minorities in the Emergency Department: a scoping review

Annals of Emergency Medicine 2022; 79(2), pp. 196-212

Available via [journal article request](#)

The current literature encompassing ED sexual and gender minority care cluster into 6 themes. There are considerable gaps to be addressed in optimizing culturally competent and equitable care in the ED for this population. Future research to address these gaps should include substantial patient stakeholder engagement in all aspects of the research process to ensure patient-focused outcomes congruent with sexual and gender minority values and preferences.

Inclusivity and Equity in Antenatal Education for the Lgbtqia+ Community

Practising Midwife, 2022; 25(1): p. 11-13

Available via [journal article request](#)

Antenatal education arguably sets the foundation for any pregnant person's journey throughout pregnancy, labour and the fourth trimester. The lesbian, gay, bisexual, transgender, queer and/or questioning, intersex, and asexual and/or ally, plus non-cisgender and non-straight identities (LGBTQIA+) community has specific needs that are often not catered for within the heteronormative structure of traditional antenatal classes. In this third article in the LGBTQIA+ maternity care series, we explore how to make antenatal education more inclusive and what educators can do in order to ensure they play a part in providing tailored information that is designed with the unique needs of the LGBTQIA+ community in mind.



Sexual Minority Adults in England Have Greater Odds of Chronic Mental Health Problems: Variation by Sexual Orientation, Age, Ethnicity, and Socioeconomic Status

LGBT Health, 2022; 9(1), pp. 54-62

Available via [journal article request](#)

Bisexual adults, especially young bisexual females, reported the highest rates of chronic mental health problems. Sexual minority females 18-24 years of age had five times the odds of reporting chronic mental health problems of their heterosexual peers, with 32% of sexual minority females 18-24 years of age reporting the outcome. Sexual minority identity was also strongly associated with chronic mental health problems for adults who were White and lived in more affluent areas. Conclusion: The very high odds of chronic mental health problems among bisexual adults, especially younger bisexual females, may reflect simultaneous isolation from sexual minority and heterosexual communities. Elevated odds at younger ages may reflect disproportionate social media use and bullying. It is plausible that those who are subject to minority stress associated with SES and ethnicity may develop resilience strategies that they then apply to sexual minority stress. The results suggest that sexual minority identity is a source of minority stress, even for those who are affluent. Clinicians should be alert to the need to support the specific mental health concerns of their sexual minority patients.

Effects of speech therapy for transgender women: A systematic review.

International Journal of Transgender Health 2021; 22(4), pp. 360-380.

Available via [journal article request](#)

14 studies were identified through the databases and other sources. These studies show positive outcome results concerning pitch elevation, oral resonance, self-perception and listener perception. However, methodological issues contribute to problems with generalization and reproducibility of the studies.

Women

[Gender diversity in UK surgical specialties: a national observational study](#)

BMJ Open, 2022; 12: e055516

Despite improvements over the last decade, gender disparity persists in the UK surgical workforce and there are significant differences between surgical specialties. Further work is necessary to establish the reasons for these observed differences with a specific focus on Vascular Surgery, Cardiothoracic Surgery, Neurosurgery, and Trauma and Orthopaedics.

[Quantifying the effects of the COVID-19 pandemic on gender equality on health, social, and economic indicators: a comprehensive review of data from March, 2020, to September, 2021.](#)

The Lancet, 2022. Online ahead of print

The most significant gender gaps identified in our study show intensified levels of pre-existing widespread inequalities between women and men during the COVID-19 pandemic. Political and social leaders should prioritise policies that enable and encourage women to participate in the labour force and continue their education, thereby equipping and enabling them with greater ability to overcome the barriers they face.



Blogs / Commentary / Opinion Pieces

BAME

[Calling Out Aversive Racism in Academic Medicine](#)

New England Journal of Medicine; December 2021; 385(27) p. 2499-2501

Structural racism is a form of racism that is embedded in the laws, policies, institutions, and practices that provide advantages to certain racial groups while disadvantaging others.¹ Although structural racism is well documented as an important contributor to health care inequities, its effects on medical students, trainees, and faculty have received less attention. We believe aversive racism is a critical and overlooked contributor to structural racism in academic medicine.

[First Impressions — Should We Include Race or Ethnicity at the Beginning of Clinical Case Presentations?](#)

New England Journal of Medicine; December 2021; 385(27) p. 2497-2499

A long-standing tradition in American medicine is to mention a patient's race or ethnicity at the beginning of oral case presentations or written chart notes, particularly those by medical students or trainees. For example, an oral presentation might begin, "A 50-year-old Black man presents with intermittent chest pain" or "This 70-year-old White woman presents with increasing dyspnea." Given persistent racism in medicine and the growing recognition that racial and ethnic categories are socially constructed and not biologically coherent, the practice of mentioning race or ethnicity immediately in case presentations — alongside age and sex — is worth revisiting.

Women

[Empowering women in health technology](#)

The Lancet Digital Health, 2022; 4(3): e149. Editorial

International Women's Day on March 8, 2022, calls on the world to collectively #BreakTheBias, with one of the missions being "to celebrate digital advancement and champion the women forging innovation through technology". Throughout March, events across the globe will pay tribute to the contribution of women in society, and we use this opportunity to celebrate the gains made in digital health by and for women, and to reflect on ongoing challenges in women's health.

Sexual misconduct in medicine must end

The Lancet, 2022; 399(10329), pp. 1030-32. Commentary

Available at: [journal article request](#)

In September, 2021 two UK surgical trainees called for more recognition and awareness of sexual harassment, sexual assault, and rape in the surgical profession. In response some women surgeons shared their own experiences of sexual harassment and assault. More than 3 months later, the Royal College of Surgeons of England apologised for what these women had experienced and stated it was "outraged and appalled". The Times headlined the events a "Me Too moment for NHS as female surgeons speak out". A moment, but far from a movement. There is no stated intention to hold anyone to account and little attention to strengthening prevention of sexual misconduct in the workplace. Sexual misconduct is not only devastating for the victims, but by making the workplace unsafe for women, perpetrators make the workplace unsafe for patients. Perpetrators who assault colleagues, utter sexist or harassing language, or whisper sexual innuendos into the ears of female



Library and Knowledge Services

surgeons while these women are trying to perform surgery demonstrate a disregard for patient safety that is often overlooked.

Books / audiobooks

[Mind The Gap](#)

An online clinical handbook of signs and symptoms in Black and Brown skin. The authors are always looking for contributions and in particular would welcome clinical signs for the chest, abdomen and lower limbs (vascular).

Online learning

Future Learn

[Transgender Healthcare: Caring for Trans Patients](#)

Four week online course delivered by St George's University of London to understand current issues in transgender healthcare and learn how to provide culturally competent care to trans individuals.

Library Services

Would you like to keep up to date with the latest evidence on topics of your choice? Sign up for a current awareness alert: <https://www.nhslincslibrary.uk/knowledgeshare-request/>

Can't find the information you need? We can do literature searches for you:

<https://www.nhslincslibrary.uk/page/search-request/>

We can provide training on how to search healthcare databases and resources as well as showing you how to appraise the information that you find:

<https://www.nhslincslibrary.uk/page/training/>

Online Resources

BMJ Best Practice is a clinical decision support tool that provides step-by-step guidance on diagnosis, prognosis, treatment and prevention of a wide variety of conditions:

<https://bestpractice.bmj.com/oafed>

ClinicalKey is a database which supports healthcare professionals by providing access to the latest evidence across specialties: <https://www.clinicalkey.com/>