RC PSYCH
ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

Tackling racism in the workplace:
Resources and guidance to help mental health employer organisations and employees








#ActAgainstRacism

July 2023

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1. Foreword

Despite decades in which many people have spoken up and many others have suffered in silence, racism continues to have a detrimental impact on our society, including on our mental healthcare system.

The Royal College of Psychiatrists (the College) recognises racism as pervasive, manifesting in several overlapping forms, from personal and cultural to structural and institutional[1,2]. Like other types of discrimination, it can lead to profound feelings of pain, harm, humiliation and despair among members of the targeted group, often leading to exclusion.

Racism against healthcare staff must also be understood against the backdrop of a workforce crisis in health and social care, with tackling racism against staff recently identified as a retention and recruitment issue that must be taken seriously[3].

In 2020 the College found that almost six in ten psychiatrists from a minoritised ethnic background had experienced racism in the workplace, affecting themselves, their colleagues, or patients. Many instances were not reported, and when reported, action was not taken in the majority of cases[4].

The following year, the College published an Equality Action Plan, undertaking a range of programmes, with an emphasis on implementing change and supporting individuals and organisations to achieve equitable outcomes for staff, patients and carers in mental health services.

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1. Foreword continued

As part of delivering this plan, and through listening to the experiences of our members, the College has developed the material that follows. Through setting out recommended actions, guidance and resources, it provides direction for both mental health employer organisations and for their employees on how to respond to a wide-ranging problem.

Some organisations are starting out on their journey, others have made good progress and are already instituting positive and comprehensive actions. Whatever stage an organisation has reached, this document provides practical and implementable strategies to tackling racism in the workplace.

It does this in two ways. First, it provides clear, measurable recommended actions for employers to take - providing guidance on how to achieve these, along with a “Maturity Matrix”. Second, it guides employees towards recognising and responding to instances of discrimination on racial and ethnic grounds - signposting to sources of support within and outside their own organisation.

We have been collecting data and talking about the menace of racism in the workplace for many years. Yet we have seen little tangible change in outcomes for the majority of staff affected by racism. It is now time to decisively Act Against Racism in the mental health workplace. We hope that you will find this document a useful companion in that journey.

A note on terminology

We realise the complexities involved in categorising people who are marginalised and minoritised based on their ethnicity. In this document, we use the term "minoritised ethnic". When referring to the terms used by other organisations - for instance “BAME” - we use quotation marks.

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Summary

2. Summary

15 ACTIONS

for mental health employer organisations to act on

This document should be considered in the context of growing agreement across the sector - including the NHS, regulators and parliamentarians - that racism in the NHS is a critical problem that impacts on patient care. We should understand racism from an intersectional perspective, as something that affects people differently depending on their other personal characteristics – for example, their gender or age. Urgent attention is needed.

Racism must be addressed as a matter of legality and morality, as well as a necessary measure to improve retention and recruitment.

The 15 actions summarised on the following pages will help employer organisations across the UK to tackle racism, at a strategic and systemic level. They cover areas that experts have pointed out are crucial to establish more equitable workplaces, including improving accountability and debiasing recruitment processes[5'6].

The actions support organisations to demonstrate that they are delivering good quality care.

If based in England, organisations will note that the actions correspond to Care Quality Commission (CQC) assessment criteria.

In Scotland, the actions correspond to recommendations made by the Mental Welfare Commission.

In Wales, the actions correspond to the Welsh Government's common framework Health and Care Standards, and the Zero Racism Wales pledge overseen by Race Council Cymru that a number of health boards are signatories of.

We stress the relevance of the actions in their entirety to all four UK nations.

To assist organisations, we have elaborated on these actions and have suggested ways that they could be carried forward (section 4); we have developed a Maturity Matrix (Appendix 1) and we have set out examples of how the actions can be mapped against CQC domains (Appendix 2).

Organisations may wish to prioritise actions that relate to specific areas which they already know need to be addressed locally. For example, in England, those that relate to the areas and actions set out within their annual Workforce Race Equality Standard (WRES) or the Medical WRES Report (MWRES).

Recommended Actions

The 15 actions are divided into six domains:

- Leadership and strategy
- Accountability
- Addressing concerns
- Equity of opportunity
- Organisational culture
- Specific sections of the medical workforce

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Leadership and strategy

1. Make a clear organisational commitment to tackling all forms of discrimination - including intersectional discrimination - against minoritised ethnic staff.

2. Ensure all leaders have in-depth knowledge and understanding about racism, intersectional discrimination and its impact on minoritised ethnic staff, and have the skills, experience and integrity to implement mitigations.

Accountability

3 Appoint a senior board representative and member of the leadership team to have senior officer responsibility for delivery of the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff[7].

4 Those given senior officer responsibility for delivering the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff (action 3) should have overarching responsibility for data collection, analysis and stratified annual reporting to track progress.

5 Those given senior officer responsibility for delivering the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff (action 3) should have overarching responsibility for a co-produced Strategic Plan.

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Addressing concerns

6 Ensure your staff support service offers effective, confidential and independent points of contact to support minoritised ethnic staff.

7 Have clear policies and procedures for staff to report any instances of bullying, harassment or concerns about discrimination around career progression, differential attainment and disciplinary action.

8 Emphasise and follow through on a zero-tolerance approach to racist behaviour from patients and their carers towards all healthcare staff.

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Equity of opportunity

9 Take an evidence-based and objective approach to recruitment and promotion activities, including de-biasing the recruitment and promotion process, rather than relying on training to de-bias panels.

10 Provide mentoring (including reverse mentoring), coaching and sponsorship to all staff, including at least a proportionate number of minoritised ethnic staff.

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Organisational culture

11 Create a culture that firstly, feels safe for all staff and encourages openness and honesty at all levels within the organisation about racism, intersectional discrimination and its impact, and secondly, is a welcoming and inclusive workplace environment for minoritised ethnic staff, so that they feel as supported, respected and valued as their non-minoritised peers.

12 Facilitate the development, growth and ongoing sustainability of an effective staff network for addressing the needs, views and concerns of minoritised ethnic staff.

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Specific sections of the medical workforce

13 Increase organisational awareness that International Medical Graduates (IMGs) and Specialty and Specialist (SAS) doctors are more likely to experience racism and gradism in the workplace.

14 For International Medical Graduates (IMGs), provide appropriate early pastoral, practical and professional induction and support and address disproportionate referrals for disciplinary action using appropriate local measures.

15 For Specialty and Specialist (SAS) doctors, who are more likely to be minoritised ethnic staff, implement the British Medical Association's (BMA) SAS Charter in full.

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Background

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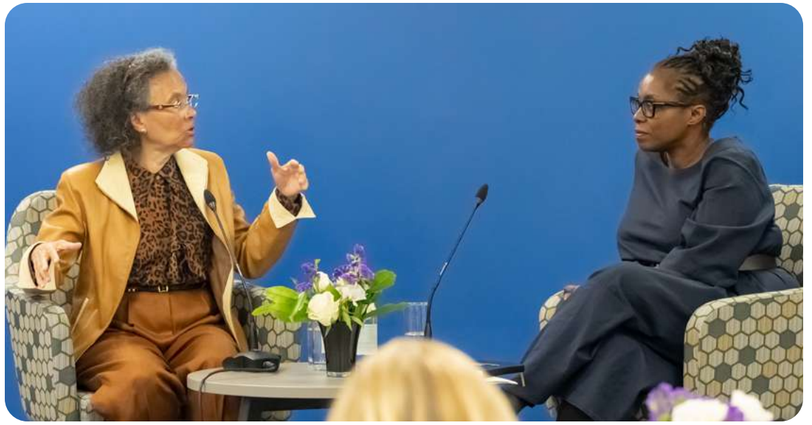
3a

Types of racism and intersectional discrimination

The actions recommended in this document stem from the premise that employer organisations need to recognise that racism and discrimination - including on multiple intersectional grounds - are not simply interpersonal and overt; it is often the systemic nature of racism and other discrimination that can be most damaging and pervasive.

Professor Camara Phyllis Jones describes a framework of three levels of racism: institutional, personally mediated and internalised racism[8].



Institutional racism

In this framework, “institutional” is defined as: “differential access to the goods, services, and opportunities of society by race. Institutionalized racism is normative, sometimes legalized, and often manifests as inherited disadvantage. It is structural, having been codified in our institutions of custom, practice, and law, so there need not be an identifiable perpetrator. Indeed, institutionalized racism is often evident as inaction in the face of need. Institutionalized racism manifests itself both in material conditions and in access to power. With regard to material conditions, examples include differential access to quality education, sound housing, gainful employment, appropriate medical facilities, and a clean environment.”

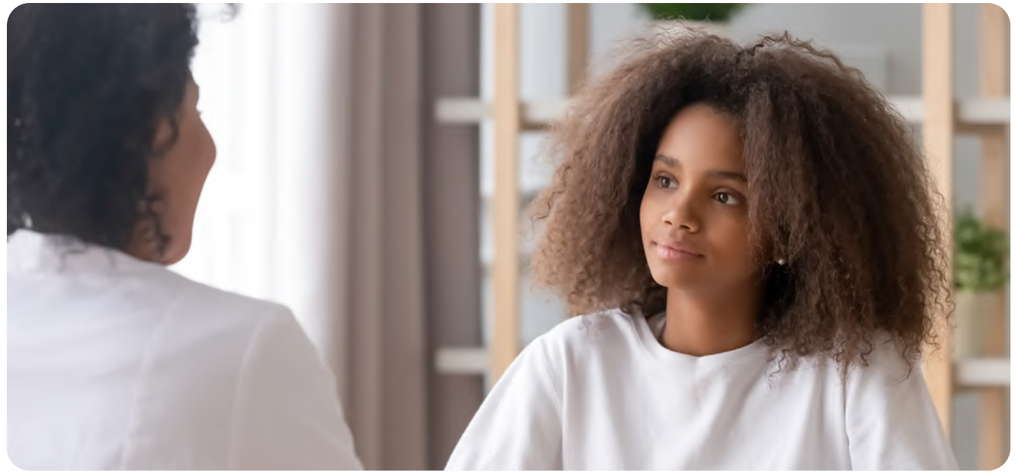
Personally mediated racism

“Personally mediated” racism is defined as: “prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race. This is what most people think of when they hear the word “racism.” Personally mediated racism can be intentional as well as unintentional, and it includes acts of commission as well as acts of omission. It manifests as lack of respect (poor or no service, failure to communicate options), suspicion (shopkeepers’ vigilance; everyday avoidance, including street crossing, purse clutching, and standing when there are empty seats on public transportation), devaluation (surprise at competence, stifling of aspirations),....and dehumanization (police brutality, sterilization abuse, hate crimes)”.

Internalised racism

“Internalized racism” is defined as: “acceptance by members of the stigmatized races of negative messages about their own abilities and intrinsic worth. It is characterized by their not believing in others who look like them, and not believing in themselves. It involves accepting limitations to one’s own full humanity, including one’s spectrum of dreams, one’s right to self-determination, and one’s range of allowable self-expression. It manifests as an embracing of “whiteness” (use of hair straighteners and bleaching creams, stratification by skin tone within communities of colour, self-devaluation and resignation, helplessness, and hopelessness (dropping out of school, failing to vote, and engaging in risky health practices)”.

Intersectionality is a framework first described by Kimberlé Crenshaw, describing the additive and cumulative disadvantage faced by an individual experiencing multiple forms of discrimination (such as racism, sexism and classism). Interactions between the different forms of oppression can often go unnoticed[9].



The term specifically asks us to not separate the experience of e.g., a black disabled woman as racism, and sexism and misogyny, and ableism, but to see that these three discriminations combine to be greater than the sum of the parts.

To act effectively against racism and intersectional discrimination, organisations need to commit to the 15 actions and to begin to understand institutional and structural as well as internalised racism and other discriminations. They need to reflect on how these contribute to inequity in health outcomes for patients and inequity in disciplinary processes, career outcomes, working conditions and pay progression for minoritised ethnic staff.

Racism and intersectional discrimination may be acted out by anyone, regardless of their racial or ethnic background. Individuals may not be conscious of structural factors that they have the power to address but have failed to do so, resulting in active discrimination against particular ethnic groups.

Regardless of whether it is intentional, racism is unacceptable, and everyone should be aware of behaviours to avoid. Visit our Act Against Racism hub for more details.

3b

Racism and healthcare staff

In 2020 the General Medical Council (GMC) reported that more than half (54%) of doctors joining the workforce that year identified as “Black and Minority Ethnic”[10]. In 2022 the GMC also reported a dramatic increase of 121% in IMGs practising in the UK[11].

Despite this diversity, racism is pervasive within medicine both at a personal and institutional level. This is having a direct impact on staff wellbeing, health, and retention.

As part of their recent inquiry into workforce recruitment, training and retention, the Health and Social Care Select Committee reported[12]:

"We were horrified to hear clear evidence of racism within the NHS, with some staff subjected to racist bullying, harassment, and abuse from colleagues and patients. This behaviour is unacceptable anywhere, and we condemn it expressly here. Tackling racism is a recruitment and retention issue, and the NHS and Government must take it extremely seriously."

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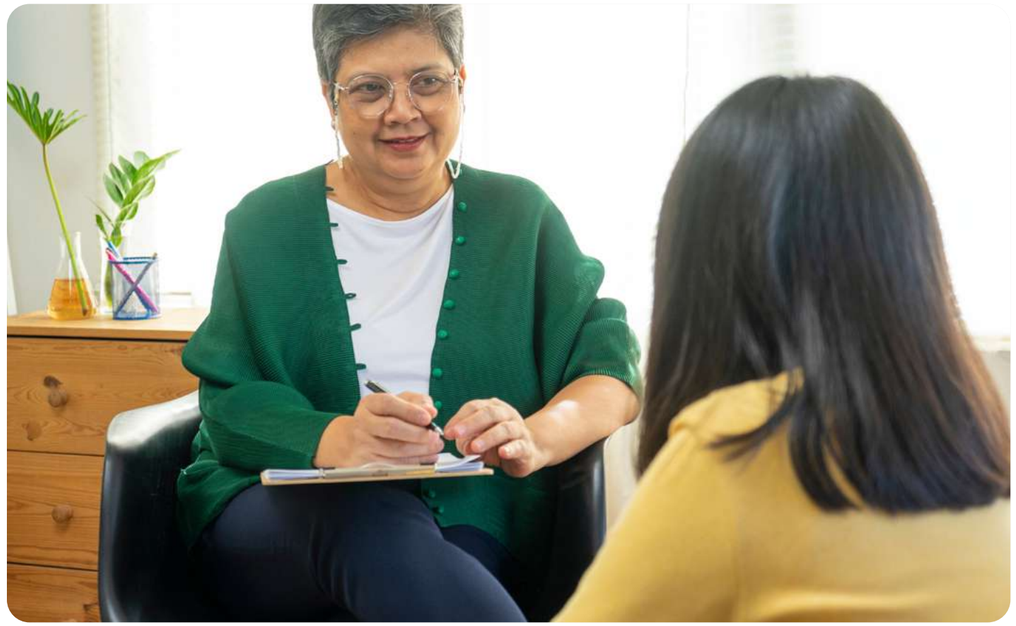
Prevalence of racism and intersectional discrimination at a personal and institutional level

- A 2020 Royal College of Psychiatrists survey found that almost 6 in 10 (58%) psychiatrists from minoritised ethnic backgrounds reported facing overt or covert racism at work [13'14].
- In December 2020, Unison reported that 67% of Black NHS Wales staff had experienced racism at work [15] .
- In September 2021, the Mental Welfare Commission for Scotland reported that 30% of staff had experienced racism in their wards/ teams. Most of these respondents were White Scottish with comments showing that they were mostly referring to the experience of witnessing their colleagues being subjected to what was, in their view, racist abuse. 70% of staff acknowledged gaps in training on equality and diversity[16].
- A 2022 BMA survey found that just over 90% of Black and Asian respondents, 73% of Mixed and 64% of White respondents regarded racism in the medical profession as an issue[17].
- 76% of the doctors surveyed by the BMA had experienced racism in their workplace at least once in the last two years. 28% of respondents believed that their experiences of racism had been exacerbated by gender and 30% believed that the racism they had experienced was linked to religion[18].
- In 2023, the NHS Workforce Race Equality Standard (WRES) found that in 93.5% of Trusts in England, a higher proportion of "Black, Asian and minority ethnic" staff compared to White staff had experienced harassment, bullying or abuse from other staff [19].
- Senior executives report that 70% of their key development is learning from experience in role and on the job, yet we know that minoritised ethnic staff are less likely to be offered these "stretch" opportunities. There is evidence that minoritised ethnic staff are subject to unfair processes, attitudes and behaviours which prevent them from being able to take up these opportunities. This includes not being invited to participate in development activities, influenced, in part, by senior staff deeming them unsuitable not because of their work performance, but because of an unwarranted regard for social factors that are heavily influenced by race, gender and class[20'21]. There is also a lack of recognition and assertive action to address the issue that in some cultures, stepping forward for opportunities is not always encouraged[22].

Impact of racism and intersectional discrimination



The impact of racism is widespread. It increases the likelihood of minoritised ethnic staff entering disciplinary processes. It affects their career development and wellbeing. It can impact on patient care and staff retention at a considerable cost to the health service.

- The NHS Medical Workforce Race Equality Standard (MWRES) illustrates the systemic impact of racism, with limited career progression for people who are from "Black and Minority Ethnic (BME)" backgrounds. Although 41.9% of NHS doctors are from a minority background, this drops to 20.3% within the subset of medical directors. Pay for medical staff who are "BME" is, on average, 7% lower than for comparable White colleagues[23].
- NHS England provide disaggregated data analysis looking at the intersectional relationship of racism and sexism. It shows that for all roles, on the metric of discrimination by manager, team leader or other colleague, "BME" women consistently fared worse, followed by "BME" men, with White women and men overall reporting such discrimination less frequently [24].
- The BMA found that 60% of doctors who experienced racism said that the incident had negatively impacted their wellbeing, increasing their stress levels, and causing depression and anxiety[25].
- The Royal College of Psychiatrists found that 29% of psychiatrists who experienced racism reported that it affected their health; 41% reported an impact on patients or carers[26].
- The Association of Black Psychiatrists UK found that as a direct result of racism, 32% of Black psychiatrists surveyed had considered resignation[27].
- The NHS has estimated that bullying and harassment costs NHS England over £2 billion per annum[28].
- The McGregor-Smith Review reported that the potential benefit to the UK economy from full representation of "BME" individuals across the labour market, through improved participation and progression, is estimated to be £24 billion a year, which represents 1.3% of GDP[29].
- Research by McKinsey found that companies which were more ethnically diverse were 35% more likely to outperform financially those which were less diverse.

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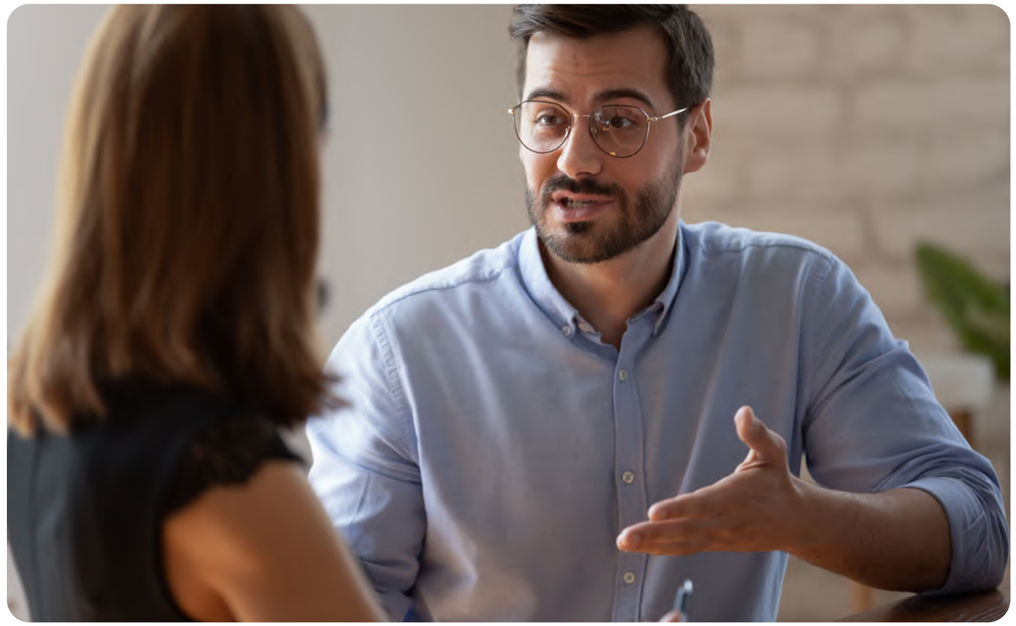
Low levels of reporting racism and intersectional discrimination



Despite the high prevalence and significant negative impacts of racism, there is a low level of reporting of racist incidents, and a lack of support from institutions towards those who report racist behaviour:

- The majority of racist incidents towards doctors are not reported - approximately 70% of cases[30].
- Reasons for not reporting include a lack of confidence that the incident would be addressed, and fear of being labelled a troublemaker[31].

Taskforce findings

To develop this guidance, we convened a taskforce of experts, many of whom had lived experience of racism in the workplace.

Methodology

The taskforce reviewed existing survey data, policies and research on workplace racism over the last five years which highlights the extent and ongoing nature of the problem for those working in mental health services, and specifically psychiatrists. The taskforce also held facilitated discussions to share learnings and collated examples of good practice.

Together, we used this wide-ranging evidence to develop consensus-based recommendations that are consistent with equality legislation, in particular, the Public Sector Equality Duty (PSED).

While developing this guidance we considered actions that are specific to employer organisations, their duties (PSED) and responsibilities towards their workforce.

In parallel, we focused on, the rights of individual employees to be free from discrimination in the workplace and where psychiatrists do experience racism from patients and carers, colleagues and line managers, how to access support and take action. We also thought hard about how those who witness racism can become an ally or active bystander.

We established:

Staff who are from minoritised ethnic backgrounds have a much worse experience at work, and there is strong evidence that intersectionality compounds the impact of discrimination.

- Bullying and harassment, because of race and/or ethnicity, exists and is often covert rather than overt.
- A disproportionate number of performance and disciplinary actions are taken against people from minoritised ethnic backgrounds.
- There is a lack of support and recognition for staff experiencing racism.
- Inequality of opportunity remains, with a disproportionate number of inferior jobs given to people from a minoritised ethnic background. This impacts on earning potential.
- Poor processes and a fear of reporting incidents are commonplace.
- There is a lack of confidence that action will be taken against racist behaviour.

For individuals, the impact of these situations and experiences can include:

- Low morale and low self-esteem.
- Limited career progression.
- Toxic work culture.
- Poor staff satisfaction, performance and retention.
- Trauma/mental health issues.

There are direct implications for healthcare:

- Recruitment and retention challenges.
- Reduced diversity and representation which may impact innovation and quality of care delivered.
- Increased costs associated with lengthy tribunals.

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4

How to Act Against Racism: Employers' Guide

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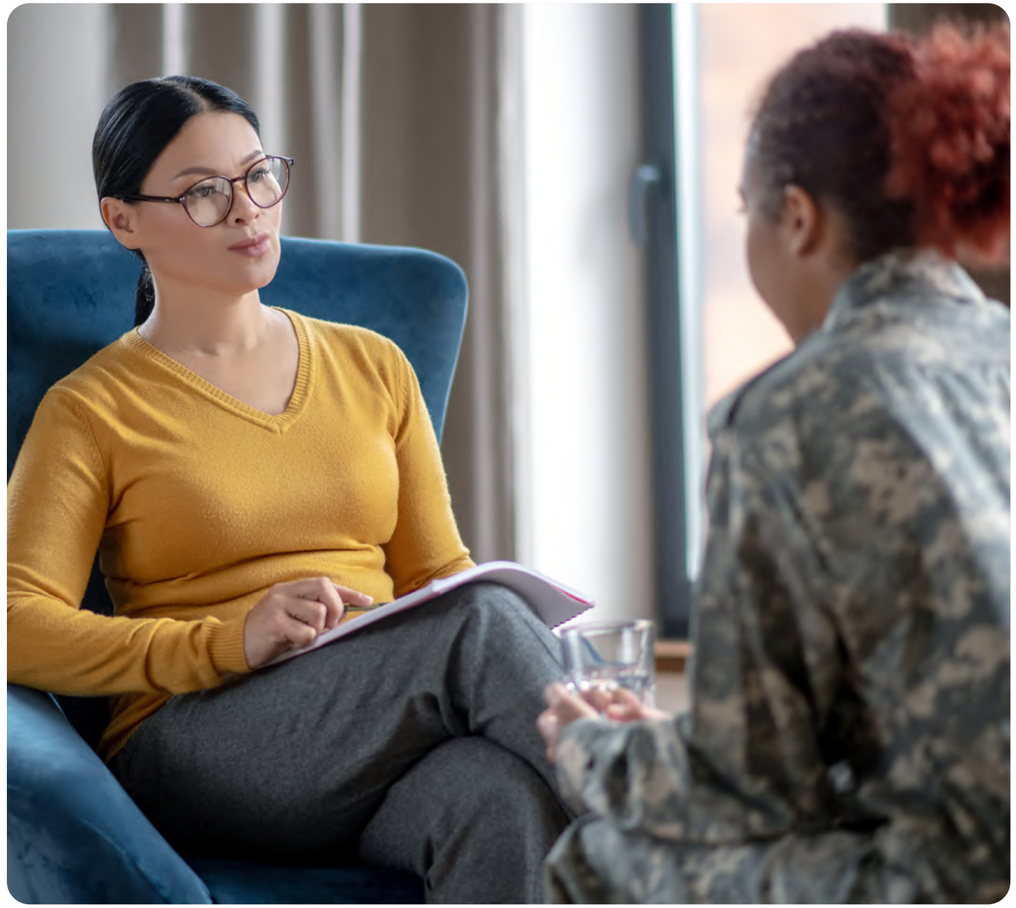
4a

Legal obligations

The Equality Act 2010 makes it unlawful, in Great Britain, to discriminate against workers based on a protected characteristic.

Protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation. In Northern Ireland, diversity and discrimination legislation addresses similar topics[32].



NHS and other public sector employers in England, Scotland and Wales are additionally bound by the Public Sector Equality Duty, which places on them a legal requirement to act: they must integrate consideration of eliminating discrimination, advancing equality, and fostering good relations into their day-to-day business[33,34]. In Northern Ireland Section 75 duties have a similar function[35].

The Equality and Human Rights Commission (EHRC) provides comprehensive information on what this means in practice, including guidance on the Equality Duty specific to England, Wales and Scotland[36]. The Equality Commission for Northern Ireland (ECNI) provides information related to Northern Ireland.

The Advisory, Conciliation and Arbitration Service (ACAS) provides further advice on the legal obligations of employer organisations.

Whilst we recognise that good practice does exist in many places, surveys indicate a high prevalence of racism in healthcare and identify that processes to address the issues are unsatisfactory.

Health service organisations should be doing more to Act Against Racism in the workplace. The cost of not doing so is felt both financially and in terms of workforce retention.

4b

Examples of how employers can Act Against Racism

To support you we have suggested ways to put each recommended action into practice, including some case study examples.

In the pages that follow, we have taken a deeper dive into our 15 actions to really consider how organisations could implement them.

You can also access our Maturity Matrix (Appendix 1) which describes **five successive levels** of organisational competence for each of the 15 recommended actions. These levels range from *Ad hoc, Repeatable, Committed/controlled, Established/managed to Exemplar/optimal stage*.

The Maturity Matrix provides a framework to support organisations in determining where they currently are in terms of tackling racism in the workplace, and where they need to get to.

This can be used by organisations to benchmark and provide aims/goals to identify change and improvement.

You can access our comprehensive table in Appendix 2 which sets out examples of how the fifteen actions to tackle racism align with the Care Quality Commission's fundamental standards or the five domains.

You can visit our guidance hub which includes a range of additional information, guidance and resources from like-minded organisations.

Leadership and strategy

Action 1

The Action

Make a clear organisational commitment to tackling all forms of discrimination - including intersectional discrimination - against minoritised ethnic staff.

This requires development of a robust, realistic strategy for tackling racism, including intersectional discrimination and its impact, alongside a promise to fulfil your duties under equality legislation.
Ensure your strategy and action plans are developed using a structured planning process in collaboration with minoritised ethnic staff and are well communicated to all staff.

The How

Make an organisation-wide commitment which is backed up by an effective strategy to tackle racism. It would be useful to have a process for the provider board and executive leadership to review the strategy annually.

Organisations will be at different stages of maturity regarding tackling racism in the workplace, including even having had conversations with minoritised ethnic staff. If your organisation is at the beginning of that journey, you may find that there is not enough trust to engage with affected minoritised ethnic staff in co-production. At this stage, it may be helpful to take one circumscribed issue - e.g., from the staff survey results for minoritised ethnic staff - and demonstrate an openness to addressing it meaningfully, with a handful of minoritised ethnic volunteers who are willing to provide feedback.

Be careful not to use minoritised ethnic staff as free labour, be sure to resource the project, and be sure to give those voices a real platform.

Ensure your Equality Diversity and Inclusion (EDI) team is a core part of the process and encourage EDI staff to connect with peers locally, regionally and nationally as a source of mutual learning and support. This work is hard and can be lonely. Our case study organisations cited this sort of support as vital.

Further along the Maturity Matrix, it would be useful to strengthen and empower your Race Equality Network (REN) or “Black, Asian and Minority Ethnic (BAME)” staff network. (See actions related to Organisational culture.)

Be honest about the fact that this is challenging work, that you are all learning, and that you will stumble sometimes!

Leadership and strategy

Action 2

The Action

Ensure all leaders have in-depth knowledge and understanding about racism, intersectional discrimination and its impact on minoritised ethnic staff, and have the skills, experience and integrity to implement mitigations through ongoing short but regular training and supervision.

Ensure this training is cascaded to all levels of the organisation and that the leadership is role-modelling it. In particular, workforce and organisational development (Human Resources), Freedom to Speak Up and data teams, and communications department staff, will require deep knowledge, skills, experience and integrity to consistently implement other action points in this guidance.

The How

Consider assessing the knowledge and competence of leaders as part of supervision and appraisal processes.

- Unconscious Bias Training (UBT) and the impact of structural and institutional discrimination can be a useful start. Note that UBT is more likely to have a positive impact if it:

  (a) trains people who work together as a group
  (b) uses unconscious bias theory not just statistics, and
  (c) includes bias reduction strategies[37].

- Commissioning UBT that doesn't have this content is unlikely to have significant positive impact and could even be detrimental.
- Address cultural intelligence. This will appeal to a person's deep-rooted and conditioned beliefs about race, ethnicity and culture which can influence their thinking.
- Commission and rollout training on being an active bystander and being an authentic ally. This will help staff to feel that they have the tools to address the issues they are learning about (see section 5: Employee Guide).
- Develop a wider package of regular learning, reflecting and engaging on tackling racism in the workplace to ensure this is ongoing, adopting a "short but regular" approach (see actions on Organisational culture).

It would also be useful for organisation leaders to participate in buddying, reverse mentoring, mutual coaching and action learning sets with peers across the system (See actions related to Equity of opportunity).

Accountability

Action 3

The Action

Appoint a senior board representative and member of the leadership team to have senior officer responsibility for delivery of the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff.

This is a key management function[38].
They must be accountable to internal and key external stakeholders. It should be part of a wider organisational culture that makes tackling racism everyone's concern, with a clear action in the strategic plan for all staff to tackle racism, and for this to be monitored during supervision and appraisal processes. (See actions related to Equity of opportunity).

The How

You could ensure there is wholehearted support and "buy in" from senior level leaders. Include within the appraisal process evaluation around effectiveness in role and change achieved in key areas. It will be vital to list this role and progress on the key areas around tackling racism and intersectionality within the board member's appraisal.

The task cannot be left to one person. Aim to enlist your middle managers from the start. They are key to driving change in an organisation and it is vital for your strategy and action plans to engage the motivations of leadership[39]. Middle managers will usually be more driven by the challenges of operationalising the strategy on a day-to-day basis than long term equality, diversity and inclusion aims. This means that your strategy needs to emphasise how it will address middle managers' main concerns, for example, recruitment and retention.

At a time when IMGs are the largest and fastest growing cohort of doctors registering with the GMC, medical recruitment and retention initiatives will be enhanced by addressing the needs of this cohort. You could aim to be the best employer for IMGs and task your middle managers to operationalise this to improve vacancy rates. Add this task to the appraisal of your middle managers and monitor progress.

Accountability

Action 4

The Action

Those given senior officer responsibility for delivering the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff (action 3) should have overarching responsibility for data collection (including data on death certificates and all types of mortality data), analysis and stratified annual reporting to track progress.

The organisation should ensure that systems are in place to routinely collect and monitor disaggregated/ stratified ethnicity and intersectionality data about (a) career progression, (b) differential attainment, (c) disciplinary action and (d) experience at work.

The organisation must start by ensuring its data on ethnicity and intersectionality is accurate and complete. It must then demonstrate that it is using the monitoring of this data to sustainably and incrementally improve outcomes across all four of the domains (a-d) for minoritised ethnic staff.

The How

The Business Intelligence team manager should have successful delivery of data systems that track workforce ethnicity in their appraisal.

You will need to start by ensuring your data on ethnicity and intersectionality is accurate and complete. In addition, the use of stratified or disaggregated data is vital because the catch-all category of “BAME “ hides a great deal of disparity within it.

There is variation in the outcomes of different minoritised ethnic groups against all of the four domains. Collecting this disaggregated data will be important for your organisation to understand where to implement improvement actions first[40].

People with protected characteristics may be guarded about revealing these characteristics in organisations where trust is low. A useful way to start to improve your data completeness and accuracy might be through a communications campaign to staff. This could describe the fact that the organisation is on a journey to improve race equality, for which it needs to collect accurate data about protected characteristics. Once you have the data, you could start to share it with your staff and use this to start conversations with senior recruitment managers and staff about change ideas. You could track the impact of your interventions.

Accountability

Action 5

The Action

Those given senior officer responsibility for delivering the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff, (action 3) should have overarching responsibility for a co-produced Strategic Plan.

The plan should aim to deliver race equity and equality across every area of the organisation.

The How

The appointed senior officer could ensure that data on race, ethnicity and intersectionality is reported at board level monthly, as with all other business critical data sets. The governance mechanisms of the organisation should scrutinise the key performance indicators on these action plans with the same level of rigour and requirement for remedial plans as other scoresheets reported within the organisation.

Triangulating data should be proactive and preventative, and use the approach recommended by the Lammy Review[41] - if the data exposes disparities then these should be explained. If they cannot be explained, then this indicates a need for reform.

Engaging the middle managers in the operationalisation of the plan will be vital to any approach which requires linking outcomes to business critical objectives. (See actions related to Leadership, Strategy and Accountability)

We know anecdotally that the many challenging/ hard to fill roles have historically been filled by minoritised ethnic staff, often as part of an EDI initiative. Be mindful that this may set those staff up to fail unless it is understood that success measures should be adjusted in light of these challenges. In addition, recognition of extra challenge should involve provision of additional and meaningful support.

Addressing concerns

Action 6

The Action

Ensure your staff support service offers effective, confidential and independent points of contact to support minoritised ethnic staff, including those affected by racist bullying, harassment, microaggressions or concerns about discrimination around career progression, differential attainment and disciplinary action.

Such provision should also be available at regional level, through listening and support events. Improve the role and powers of your Freedom to Speak Up (FTSU) Guardians where minoritised ethnic staff can raise any issues or concerns.

The How

You should have an adequately resourced, accessible and quality-assured support line that is advertised clearly to staff, both on and offline. This could be developed and delivered in partnership with neighbouring Trusts in your region.

You should ensure those working on the support line are trained in basic legal, practical, and emotional support for those experiencing racism in the NHS. They could also be asked to consider the use of more specialist advice and support when required.

You should evaluate this service anonymously through feedback. You should ensure that staff have clear signposting to support services outside of your organisation (See Section 5 - Employees Guide).

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

Addressing concerns

Action 7

The Action

Have clear policies and procedures for staff to report any instances of bullying, harassment or concerns about discrimination around career progression, differential attainment and disciplinary action.

De-bias policies around disciplinary action as minoritised ethnic staff are more likely to enter disciplinary proceedings. Investigate concerns raised by minoritised ethnic staff and take appropriate disciplinary and reformative action against any member of staff found guilty of racist bullying or harassment.

The champions of these policies must include people outside of direct line management structures, and comprise the HR department, a non-executive director, EDI staff, HR champion on, or adviser to, the board, and the Freedom to Speak Up Guardian.

The organisation must publish an anonymised report of all such complaints and their outcomes every 12 months.

The How

To address concerns about minoritised ethnic doctors and IMGs being disproportionately referred to regulators, all Responsible Officers should have in place mechanisms to safeguard against disproportionate referrals and to monitor the effectiveness of any change processes. This may involve having reciprocal arrangements with neighbouring organisations in order to anonymise potential referrals, to provide oversight of meetings. It may also include working with organisations such as the GMC to co-create minimum objective thresholds that must be reached prior to referral.

Ensure you have an accessible disciplinary policy which covers racist bullying and harassment that is easily viewable by all employees. Include this in staff induction packs. Ensure the policy states your legal obligation as an employer to protect staff from discrimination and in what circumstances disciplinary action will be taken against perpetrators .

Reformative action for perpetrating staff could be based on facilitated dialogue, mediation and training where gaps are found. A Responsible Officer Advisory Group (ROAG) could be established to bring together the Responsible Manager, Medical Managers, HR, a Non-Executive Director (NED) and a doctor representative from the Medical Staff Committee to help make decisions in a fair and transparent manner.

Addressing concerns

Action 8

The Action

Emphasise and follow through on a zero-tolerance approach to racist behaviour from patients and their carers towards all healthcare staff.

Clearly articulate all practical and emotional support available to staff, should such incidents occur. Involve HR and occupational health staff and provide advice on actions the staff member can take.

The How

This could include developing a clear zero-tolerance policy easily visible to patients and staff. This should include behaviour like demanding to see a White doctor which should not be tolerated or facilitated in anyway by managers.

Zero-tolerance policies are counterproductive if the policy is not followed through. It says to the perpetrator that there are no consequences, and it tells minoritised ethnic staff that the organisation is not putting words into actions. This will add to their sense of not being valued, protected or cared for by the organisation.

Work with local staff networks to develop implementable protocols that will ensure that the zero-tolerance policies are enacted. These protocols should be disseminated widely across the organisation so that all staff are aware of them and know what to do if a racist incident occurs.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

Equity of opportunity

Action 9

The Action

Take an evidence-based and objective approach to recruitment and promotion activities, including de-biasing the recruitment and promotion process, rather than relying on training to de-bias panels.

There must be accountability at each stage, particularly with respect to performance reviews, access to stretch opportunities, and outcomes of interview processes at department, site and occupation level.

The How

Metrics should be analysed and reported monthly as part of your organisation's board report, with a regularly updated strategy developed to address any disparities.

You could facilitate an internal oversight group or work stream to oversee recruitment processes. Activities could include developing an equal opportunities policy clearly viewable internally as well as externally.

You should ensure that "person specifications", job descriptions and advertising do not deter minoritised ethnic applicants from applying. Given that minoritised ethnic staff have less access to stretch opportunities, "person specifications" should absolutely avoid using language focusing on "experience" and instead opt for language related to "demonstrable ability".

Roger Kline's "No More Tick Boxes"[42] report describes how you can de-bias each part of the recruitment and promotion process from creating the role to after the interview .

Create a forum of trained diversity champions which provides a member to all interview panels. These individuals must be of sufficient seniority to feel able to challenge panels where bias is apparent. The forum should collect and report on data about shortlists and appointments as well as champions' subjective experience of the interview process. This will help organisations to improve their efficacy and continuously learn.

Consider blind recruitment or use of multiple mini-interviews – which have been shown to have better interrater reliability. When assessing candidates at interview, an understanding of inequity and inequality should be regarded as an essential criterion.

It would be useful to require recruiting managers to provide justification for their decision to appoint a candidate, as well as why other candidates were not appointable.

Remember that providing support to minoritised ethnic staff without de-biasing the recruitment and promotion process implies a deficit model i.e., that minoritised ethnic staff are not yet "good enough."

Equity of opportunity

Action 10

The Action

Provide mentoring (including reverse mentoring), coaching and sponsorship to all staff, including at least a proportionate number of minoritised ethnic staff.

Use these methods to improve access to opportunities, ensuring that appropriate stretch opportunities, e.g., acting up, secondments, involvement in project teams are offered to minoritised ethnic staff, and that they are supported to take up these offers. Ensure such schemes are monitored formally and systematically with take-up and evaluation reported annually.

The How

Consider increasing the uptake of mentoring, coaching and stretch opportunities to all relevant staff as standard. Identify reasons for staff not taking up opportunities, including e.g. previous experiences of being unsuccessful in applications, negative feedback and cultural barriers to seeking support. Offer support and protected time to increase uptake. You could also follow an opt-out approach. If this requires a waiting list, give priority to those most likely to be disadvantaged and who thus have the greatest need e.g., IMG doctors, and those who are likely to be discriminated against on multiple (intersectional) grounds.

Collect data on pro rata percentages of minoritised ethnic staff who take up these opportunities and what the outcomes have been i.e. what career opportunities they led to.

Equity of opportunity

Action 10

Case Study

The ReMEDI (Reverse Mentoring for Equality, Diversity and Inclusion) project challenges the traditional structures which have been found to inhibit the progression of people from minoritised ethnic groups[43]. The programme centres on individual interaction to address discriminatory practices, with inclusive practice framed as a skill to be learned and developed.

In 2018, the ReMEDI project was rolled out in Guys and St Thomas' NHS Foundation Trust.

- Ethnic minoritised staff (mentors) were paired with White senior leaders (mentees) to collaboratively explore mentees' attitudes, beliefs, and values.
- The mentors provided the mentees with feedback, allowing them to critically reflect on how their behaviours might be modified on an individual and departmental level.
- The focus was not on finding fault in the mentees, but on enabling an environment which encourages openness, honesty and trust, and a safe space with a growth outlook.
- The programme was deemed to be successful, despite only running for six months. The mentees exhibited positive changes on individual, departmental, organisational and symbolic levels, such as the use of more inclusive language and compliance with targets.

Following these successes, the Southeast Regional Equality, Diversity and Inclusion team reviewed current reverse mentoring programme models and launched an evidence-based initiative in October 2020.

The programme was aligned with the People Plan priorities of "Belonging in the NHS" and "Looking after our people", with efficacy measured at each programme stage. It sought to support the organisation to achieve Model Employer goals. Three core areas were addressed: Confidence, Complacency, Convenience, with themes linked to workforce indicators including within the WRES.

Following participant feedback, psychological support sessions (in between mentoring sessions) were incorporated into the programme. Sessions aimed to enhance self-awareness and provide a space for reflection.

The session facilitator was from a minoritised ethnic background and was a WRES Expert, with extensive experience of training and facilitating diverse groups in various settings, including senior board level leaders within the NHS. Themes included power dynamics, racial identity and guilt.

Evaluation showed that overall, most of the participants (both mentees and mentors) found the psychological support integral to the mentoring experience. It was regarded as being therapeutic, enabling reflection and improving self-awareness within a safe space.

Organisational culture

Action 11

The Action

Create a culture that firstly, feels safe for all staff and encourages openness and honesty at all levels within the organisation about racism, intersectional discrimination and its impact; and secondly, is a welcoming and inclusive workplace environment for minoritised ethnic staff, so that they feel as supported, respected and valued as their non-minoritised peers.

This should include making a commitment to using clear and explicit language in calling out racism. Given the structural nature of racism, be cautious of the potential misrepresentation and diluting effect of referring to racism as purely “micro-aggressions” and “unconscious bias.”

The How

Leaders should model the culture and values of the organisation.

To encourage openness and honesty, consider promoting regular and reflective conversations through multiple forums and for all staff groups. This could be using a Schwarz Round approach, psychiatry trainee forums and/or medical advisory committees.

Creating psychological safety for these forums is paramount and this will require internal or external facilitation by people who can effectively create that space.

Psychological safety can be further promoted by having facilitated conversations within racial/ethnic affinity groups before bringing the different groups back together in cross-ethnicity groups to discuss issues of racism and intersectionality. This will help to promote greater empathy and understanding of peoples’ experiences and perspectives[44,45].

Engaging in White ally programmes is worthwhile, but only if those individuals are then supported by their organisation to bring back their learning in a structured and supported way. White Allies and REN (Race Equality Networks)/”BAME” networks could work together to stage separate ethnicity affinity group conversations which then come back to speak with each other, or in Schwarz Rounds.

These conversations will be uncomfortable and difficult to start with. If they aren’t, then you may not be getting it quite right, or are just skimming the surface. If you take the right approach, over time, this may start to send a message to both minoritised ethnic staff and to other staff that the organisation is serious about their intent to tackle racism in the workplace.

To improve the sense of belonging of minoritised ethnic staff, and their sense of being valued, ensure that diversity of staff is represented in your organisation’s communication materials e.g., posters, recruitment packs, the intranet. This should be for all communications, not just on issues of diversity.

Having a calendar for major religious and national celebrations should be used as an opportunity to not only celebrate, but to discuss related critical issues. For example, activities for Black History or South Asian Heritage months could include “lunch and learn” sessions on the celebration, racism in the NHS, sharing positive practice etc. This gives staff from marginalised backgrounds an opportunity to share their experience with other colleagues.

Organisational culture

Action 12

The Action

Facilitate the development, growth and ongoing sustainability of an effective staff network for addressing the needs, views and concerns of minoritised ethnic staff.

The staff networks should be representative of relevant protected characteristics, grades, staff groups and departments of the organisation, including clinical and non-clinical staff. Each organisation should make robust attempts to engage minoritised ethnic colleagues to join and support the growth of networks. It should also be supported to have cross-ethnicity conversations about racism with networks of allies.

The How

Many of our case studies demonstrate that thriving, engaged staff Race Equality Networks (REN) have a Chair who has protected, paid time allocated, as well as administrative support. It is unlikely that you will be able to achieve the level of engagement required without this commitment.

It would therefore be useful to appoint a Network Chair who would be supported with a clear job description, dedicated resource and allocated time to fulfil their duties. This should include regularly meeting with the Chief Executive and Executive Leadership team. The chair should be encouraged to connect with other chairs regionally and nationally to share ideas, learning and challenges and provide mutual peer support.

The network would be further strengthened by having regular meetings and events like debates and external speakers, formally reporting through organisational governance structures and being treated as a significant player in the co-production of the organisational strategy on tackling racism in the workplace (see actions related to Leadership and Strategy).

Organisational culture

Action 12

Case study

East London NHS Foundation Trust (ELFT)

The Trust employs approximately 7,000 staff, c.53.7% of whom are minoritised ethnic. ELFT undertook an overall trust-wide strategy alongside what the Trust refers to as "values and treasures." It is important to note the ELFT Board had committed to meaningful change, therefore the metrics were not the drivers of this work. There was also a recognition that change takes time.

Tangible outcomes based on the 2022 WRES submission include:

- Band 8c to VSM roles increased from 19.7% to 22.5% in non-clinical roles and 17.1% to 19.6% in clinical roles in 12 months (WRES Indicator 1).
- Relative likelihood of minoritised ethnic staff entering into formal disciplinary process has declined from 1.95 to 1.45 (WRES Indicator 3).
- The Trust board is 52.6% minoritised ethnic; this has remained consistent since 2020 (WRES Indicator 9).

Processes

Two major areas were addressed: Representation in senior positions and disparities in disciplinary rates for minoritised ethnic staff.

For improving senior representation, active succession planning for the CEO, Executives, Clinical/Service Directors and deputies were put in place, using the Leadership Academy's Talent Management Methodology. Equality analysis was undertaken on all protected characteristics to enable the Trust to identify how it can be more diverse in senior roles.

For disparities in disciplinary rates there was an acknowledgement that many cases were linked to mental illness or some staff were becoming mentally unwell during these processes.

A Fair Treatment Process was implemented. QI methodology was also integral and it was led by a service user. This entailed:

- anonymised case summaries being reviewed by the People Participation Representative
- the policies, processes and materials used being reviewed and revised
- developing a "just culture"
- surveying staff "were you treated fairly/with compassion?"

ELFT employed a dedicated member of staff to deliver pastoral care for any non-medical staff on disciplinary process. This included occupational health reviews, addressing wellbeing and ensuring regular check-ins. The plan is to expand to medical staff next.

Organisational culture

Action 12

Culture

This was underpinned by the ELFT "Treasures": Quality Improvement and Co-production.

- Quality Improvement
  - Ensuring an adequately funded training programme that every member of staff, including leaders experienced. This allowed a "common language" across the organisation. Training sessions were mixed, with a diverse range of staff from across the organisation.
- Co-production
  - A People Participation team was established, consisting of both staff and service users. It valued the pre-existing skills of service users, with all members having an NHS email address and receiving training focused on harnessing skills and adding value. The team was part of the "Gold Command" during the Covid-19 pandemic, set up in part to coordinate an effective response to short-term emergencies.
  - The ELFT "RaCE" staff network supported co-production efforts. Initiated in 2017, it became well established within the Trust, with approximately 400 staff. The network is autonomous but is supported by an executive sponsor. It has financial resources to help with its running, for example by funding conferences and venue costs and paying for external speakers. The Network Chair received protected time (approximately one day a week) to focus on co-ordinating the network meetings and activities.

Key success factors and enablers:

Success has been attributed to targeted actions to thoroughly embed a culture of Quality Improvement methodology and co-production. This provides methodology and built-in accountability to both staff and patients. Having a People Participation Team and thriving "RaCE" network were key contributors to success. In particular, having organisation support for the network in terms of senior leadership, sponsorship and ensuring staff have "cover" to attend network meetings and be involved.

What would ELFT do differently if they had their time again?

In relation to Vaccination as a condition of Deployment (VCOD), a reflection was that the Trust could have communicated more about the work that was going on behind the scenes, acknowledging and voicing the impact on staff earlier.

What advice do ELFT have for other organisations wishing to translate their work:

Leaders recommend others wanting to act against racism should be brave rather than avoid the issue, accept that they may not get it right first time but accept that humility is key.

Specific sections of the medical workforce

Action 13

The Action

Increase organisational awareness that International Medical Graduates (IMGs) and Specialty and Specialist (SAS) doctors, are more likely to experience racism and gradism* in the workplace.

Be they trainees e.g. Medical Training Initiative (MTIs) or locally employed doctors like clinical fellows, Trust doctors, international fellows or consultants. Identify accountable individuals for implementation who report to the Medical Director and the Trust board.

The How

Collect and use data on the experience of IMGs and SAS doctors to implement specific measures relevant to your data in addition to the other actions in this list. Awareness could be increased through utilising data on experience of these groups of doctors and from direct feedback. Further training (action 2) and focused initiatives based on data can be implemented. Initiatives could be regularly evaluated to improve the culture of the organisation (actions 11 and 12). Strategies should be co-produced with IMGs and SAS doctors. IMGs and SAS doctors should be encouraged to provide insight on their experience through senior staff affirming, and then demonstrating, that data provided will be anonymised, with positive steps taken in response to findings.

The organisations should ensure that IMGs and SAS doctors are always provided a platform in organisation events, conferences etc.

**The majority of SAS doctors are minoritised ethnic staff and/or IMGs. These doctors often suffer the intersectional challenges of racism, "gradism" (negative attitudes about SAS roles) and more[46,47]'.*

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

Specific sections of the medical workforce

Action 14

The Action

For International Medical Graduates (IMGs), provide appropriate early pastoral, practical and professional induction and support and address disproportionate referrals for disciplinary action using appropriate local measures. This should include good quality data and mechanisms for change.

The How

You should ensure you have an IMG tutor, with adequate time and administrative support to fulfil their duties i.e., to address the pastoral, educational and professional needs of IMGs. This includes implementing the NHS Employers IMG induction Guide for employers which covers every aspect of support an IMG may need. Ensure that IMGs have access to acclimatisation training e.g. e-learning programmes. Facilitate or provide bespoke clinical training to help IMGs address the "practice gap", which is the gap between IMGs and UK doctors that arises from cultural differences and lack of local system knowledge.

Safe reporting should be managed via a clear, easily accessible policy, outlining that the details of the person reporting will be anonymised in the first instance, until any formal investigation has been initiated, at which point the consent of the reporter would be obtained.

Create a webpage for resources for IMGs on your intranet and support IMGs to be able to connect with each other through events, learning forums and buddying systems.

Think of IMGs as an asset rather than staff who just need support. They have a different perspective on the way we deliver services and have a wealth of experience from other nations, often ones that have had to provide healthcare on small budgets. Utilise and celebrate these perspectives to improve the way your organisation delivers its services. See them as part of the solution, not the problem.

Specific sections of the medical workforce

Action 14

Case study

Sussex Partnership NHS Foundation Trust

In 2019, Sussex Partnership NHS Foundation Trust, initiated a "Balint[48] and Reflective Practice Group" for International Medical Graduates. This consisted of fortnightly sessions, mostly online, which was facilitated by an IMG consultant psychiatrist with a Balint Group qualification.

The group was made up of 12 IMGs from Sudan, Nigeria, Brazil, India, Egypt (4 men, 8 women) who had been in the UK for 1-4 months and none of them had previous experience of Balint Groups.

The group supported IMGs with processing and verbalisation of acculturation. It started off with very practical things like housing, GPs, visas, etc, and then moved on to basic differences in medical interventions between home country and UK managing social issues.

Themes covered included: Power and powerlessness, autonomy, pressure of the system, making mistakes, isolation of being a doctor in a team and how to have a voice in a team setting, communication with angry patients and carers, changes in way of relating to patients (and colleagues), giving and receiving feedback.

Outcomes

The intervention has led to several successes. Seven participants have progressed to trainee or consultant status or a promotion elsewhere (MWRES Indicator 2). The rest continue to use the group and value it. Participants' confidence to use their "fresh eyes" to ask why things are done in a particular way, has facilitated clinical improvement in teams (MWRES Indicator 10). No complaints have been made against the IMG participants, either from public, patients, colleagues or employers (MWRES Indicator 3).

Sucess/enabling factors

The project was sponsored by the Director of Medical Education, with time allocated to the facilitator. The facilitator is an IMG consultant psychiatrist who had knowledge of working with groups as well as being able to support discussion about clinical psychiatric management of cases. He used active administration i.e. - noticing when someone was missing and contacting them, letting people know that they are being kept in mind. Being online made it easier for people to attend (only worked because they had met face to face initially).

Specific sections of the medical workforce

Action 14

Case study

Improving outcomes for International Medical Graduates (IMGs) - meeting the educational needs of stranded migrant doctors during Covid-19.

This case study illustrates that when IMGs are adequately supported, educationally and pastorally, they can thrive in exams and their careers. This humanitarian action has lessons for how we can better support IMGs in ordinary times.

At the beginning of the Covid-19 pandemic, 267 IMGs from 27 countries were stranded in the UK. They had come here to sit for Professional and Linguistic Assessments Board (PLAB) exams, which had been cancelled because of the lockdown and they were unable to return home for a range of reasons, including lockdown in their home countries, financial costs, and visas.

Many were stranded without social networks, funds, and accommodation. A number of diaspora groups for IMGs from different countries pulled together funds and people resources to create a response. Although more extreme, this is not dissimilar to what IMGs new to the working in the UK may experience.

IMG volunteers and the British Association of Physicians of Indian Origin (BAPIO) provided mentorship, education and training to the 267 IMGs (with wraparound support including accommodation, and pastoral care for 31 of the group).

This case study discusses the educational element.

The facilitators for the education and training were IMG trainees, consultants, and SAS doctors who followed a democratic approach to facilitation.

Educational components included three 60-minute sessions per week, mainly held online. The training covered a range of didactic, interactive, role-play and group work approaches.

Reflective components included three 60-minute sessions a week held online for four weeks. These sessions were facilitated by UK, non-IMG GP/SAS doctors.

The doctors facilitated open communication, created a safe space, and explored aspects of wellbeing. This approach encouraged the asking of questions during teaching sessions, as well as the planning of self-study, keeping wellbeing in mind.

Themes covered across the sessions included:

- Specific clinical topics
- Safety, including safeguarding and duty of care
- Professionalism
  - Concept of a good doctor
  - Consent
  - Confidentiality
  - Professionalism in the context of the structure of a consultation
  - Giving and receiving feedback
- Communication
  - Shared decision making
  - Breaking bad news
  - Active listening - the difference between textbook ‘tick box’ questions and those sensitively asked, such as when taking developmental histories
  - Exploring what is ‘difficult’ in ‘difficult patient’ scenarios and trying out communication styles that are respectful and do not compromise patient autonomy
  - How to write a good CV
  - For specific communication skills, the Liverpool Communication Assessment Scale was used. This allowed the students to be familiar with what is meant by communication in medical teaching in the UK and how to objectively observe, as well as deliver it.

Specific sections of the medical workforce

Action 14

Outcomes

Of the 31 stranded doctors who were provided with accommodation, 81.7% passed the PLAB exams and 95.2% successfully joined the NHS in various posts. This is significantly higher than average PLAB pass rates (MWRES Indicator 4).

Sucess factors

A teaching coordinator was present at each teaching session hence being able to link in the learning from previous sessions and assuring continuity as well as consistency of the delivery of teaching.

Having IMGs teach new concepts was thought to be better received than if taught by non-IMGs, and the learning was easier to assimilate. It avoided creating a sense of otherness and at the same time the democratic process allowed an experience of flattened hierarchy and the collaborative spirit.

The sessions of the reflective group - facilitated open communication, the experience of a safe space, and the exploring aspects of wellbeing. This further helped in asking questions during teaching sessions as well as planning of their self-study keeping wellbeing in mind.

The mix of students from different countries and religions allowed discussions on cultural differences and similarities further establishing a sense of fraternity as clinicians that is beyond one's racial and cultural identity. Most importantly the students were able to experience that their success and their wellbeing truly mattered to the teachers.

When asked what could have been done differently, the volunteer IMGs advised that the following would have helped:

- Having both non-IMG and IMG doctors to demonstrate good and poor communication skills in a consultation. It was thought this could help dispel the myth that it is one's colour or one's accent that is responsible for the perception of poor communication skills.
- Recording role-play sessions and improving feedback skills.
- Reflecting on recorded role-play sessions to discuss the principles of GMC's 'good clinical care', including raising concerns. This would have been important in changing the perception of raising concerns – from being understood as a punitive process to the possibility of it being regarded as empowering.
- Having recordings or sessions with IMGs who have a successful career in the UK to demonstrate that embracing learning and acculturation can pave the way to success.

Specific sections of the medical workforce

Action 15

The Action

For Specialty and Specialist (SAS) doctors, who are more likely to be minoritised ethnic staff, implement the British Medical Association's (BMA) SAS Charter in full.

This includes enhancing the role of the SAS tutors and ensuring SAS advocate roles are in place, improving their access to opportunities and better experience and using good quality data and robust mechanisms for change.

The How

You should aim to have an SAS tutor, with adequate time and administrative support to fulfil their duties i.e., to address the educational needs of SAS doctors.

You should ensure you have an SAS advocate, with adequate time and administrative support to fulfil their duties. This role should report directly to the board and liaise with the Local Negotiating Committee. This is a strategic role to promote and improve support for SAS doctors' health and wellbeing.

Safe reporting should be managed via a clear, easily accessible policy, outlining that the details of the person reporting will be anonymised in the first instance, until any formal investigation has been initiated, at which point the consent of the reporter would be obtained.

Create a webpage for resources for SAS doctors on your intranet and support SAS doctors to be able to connect with each other through events, learning forums and buddying systems.

SAS doctors are often a very stable part of your organisation, with a great deal of clinical experience and organisational memory. See them as an asset rather than staff who just need support. Utilise and celebrate these perspectives to improve the way your organisation delivers its services. You should see them as part of the solution, not the problem.

Specific sections of the medical workforce

Action 15

Case study:

West London NHS Trust (WLNT)

In West London NHS Trust (WLNT), there are approximately 50 SAS doctors employed on a variety of contracts, the majority of whom are minoritised ethnic staff, and a significant percentage are IMGs. In 2022, the Trust developed two “Appreciative Inquiry” workshops in order to better engage with its SAS doctors and improve their sense of feeling valued and belonging.

The “Appreciative Inquiry” approach is a Quality Improvement method that uses a “5-D co-design cycle” to (1) Define focus, (2) Discover, (3) Dream of what could be, (4) Design what should be, and (5) Destiny – implementing the collective design.

Outcomes

13 SAS doctors attended one workshop and 17 attended the other, with some overlap.

The workshops had a positive impact on SAS doctors in the areas of MWRES Indicators 9 and 10:

- 100% felt more engaged with the Trust
- 94% felt more valued by the Trust
- 82% felt a greater sense of belonging in relation to the Trust
- 88% felt the issues that mattered to them had been understood by the Trust

Senior managers said it was: “probably the most important initiative for retention we have done” and “humbling and eye-opening.”

Within the workshops four main issues emerged as important for SAS doctors:

- Recognition, respect and reward
- Support, supervision, training
- Career progression
- Adequate resource to do the job properly.

This led to developing four working groups with a combination of SAS doctors and key enablers from the Trust’s corporate structure, to design and deliver on the four main issues described above.

Actions so far include: a board development session, development of an SAS-specific intranet page and WhatsApp group, regular away days and the development of a remuneration group to explore ways of aligning capacity gaps and demand issues in the Trust with SAS doctors’ time.

Specific sections of the medical workforce

Action 15

Success Factors

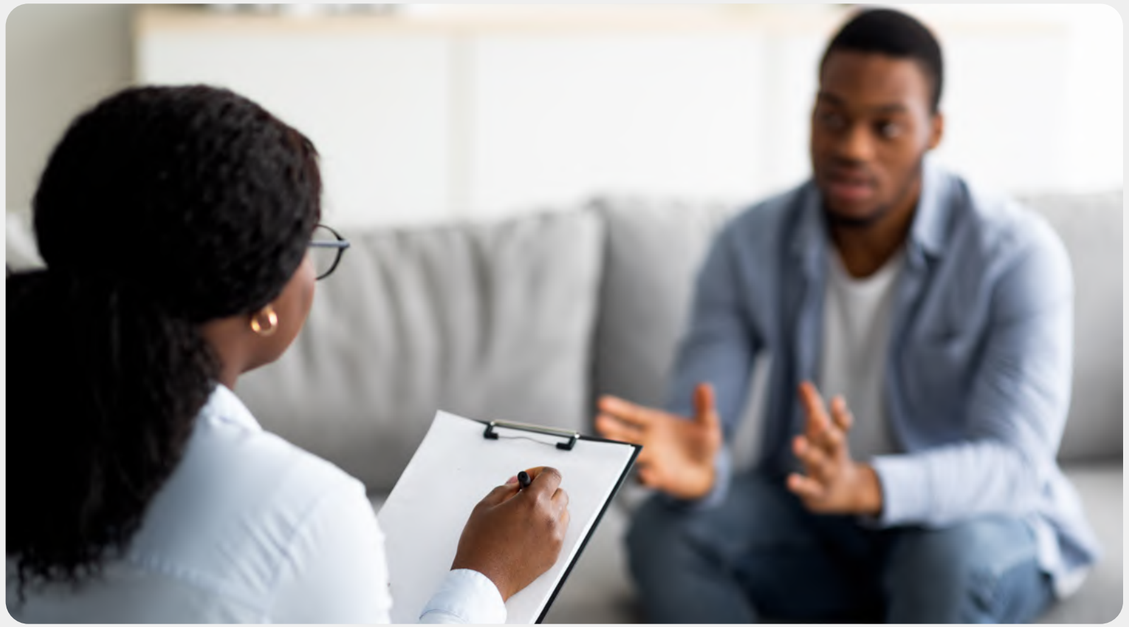
Sponsorship and promotion at an early stage was key. The workshops had sponsorship from the Medical Director and Director of Workforce and Organisational Development. There was early engagement with the WLNT Communications team to successfully promote the workshops to SAS doctors, making use of the Trust intranet, personalised invitation emails and phone calls, adverts and a promotion video featuring the Trust Medical Director.

It was important to make it attractive and easy for SAS doctors to attend. This was achieved by asking line managers to facilitate attendance, providing adequate notice to cancel clinics and holding workshops off-site in a hotel with good quality catering. The workshop carried CPD points for SAS doctors.

Senior managers were invited to join as guests (not as leaders or experts) to hear from SAS doctors and collaborate with them to plan actions. This led to the co-production of action plans and was cited by SAS doctors as highly validating.

When asked what could have been done differently, organisers advised the following would have helped:

- Formal feedback from managers as well as SAS doctors.
- On site and shorter workshops to encourage improved attendance.
- Alignment with agreed actions and Trust strategic plan.



RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

5

How to Act Against Racism: Employees' Guide

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

5a

Recommendations and signposting for employees experiencing racism

If you think you could be experiencing racism and/or intersectional discrimination in the workplace, we encourage you to take the following actions. To support you we give an example of how you could address each action in practice.

You can also visit our Act Against Racism hub.
It includes more information on employee support.

Remember that nobody should suffer in silence, and you are not alone. **Help is available.**

Employee recommendations

College Support Line

If you are a member of the Royal College of Psychiatrists and think you may have experienced racism in the workplace, remember you can also reach out to our Psychiatrists' Support Service (PSS).

Phone: 020 8618 4020
Email: pss@rcpsych.ac.uk

The service is available during office hours, Monday to Friday. It provides free, rapid, high-quality peer support to College members of all grades who may be experiencing personal or work-related difficulties.

1

The Action

Look after your mental and physical health, seeking specialist support if you feel you need it.

The How

If you are in a mental health crisis, please use the local pathways for accessing emergency mental health interventions. Consider talking to a trusted friend or family member; or visiting your GP for health and wellbeing advice

There may also be a staff wellbeing service within your organisation or, if you live in England, a "Wellbeing Hub"[49]. In addition to PSS, other organisations can offer support too:

Samaritans Rethink Mind

More organisations are linked to on our Act Against Racism hub.

2

The Action

The first port of call to raise concerns is usually your line manager. Speak to them if you feel able to. If this is not a safe option, go to Number 3 or you may be able to access your organisations' policies on bullying, harassment and discrimination on the internal webpage anonymously.

The How

Consider explaining the situation in writing and asking for time to speak about your concerns. It would be useful to ask for information on processes and complaints procedures for raising concerns and finding support.

3

The Action

Contact your employer's Human Resources (Workforce or People Department) if you feel able to. If this option does not feel like a safe one, go to number 4.

The How

Consider explaining the situation in writing and asking for time to speak about your concerns. You can ask them for your organisations' policies on bullying, harassment and discrimination. It would be useful to ask for information on processes and complaints procedures for raising concerns and finding support.

4

The Action

Seek support for speaking up and raising concerns if you feel you need it.

The How

If you live in England, you could **anonymously** contact your organisation's Freedom to Speak Up Guardian. Freedom to Speak Up Guardians support workers to speak up when they feel that they are unable to in other ways. Find your local Speak Up Guardian[50].

The General Medical Council provide comprehensive information on speaking up across the UK[51]. If you don't feel able to do this safely, go to number 5.

Employee recommendations continued

5

The Action

You can contact your regulatory body like the CQC, your professional body and the GMC National Freedom to Speak Up Guardian.

The How

You can access more information on the external bodies you can speak up to and how.

6

The Action

Connect with others, including through formal networks as well as with friends and family.

The How

You could join an NHS affiliated network. A range of networks have been established to support minoritised ethnic staff working within the NHS:

- "The NHS Independent BME network,"
- "The NHS Confederation BME Leadership Network and "The NHSE BME network".
- Local NHS networks also exist throughout the UK.

There are a number of diaspora groups and networks who are known to be a tremendous source of emotional support as well as guidance and signposting for doctors who are feeling isolated in their organisation, you can find out more on our Act Against Racism hub.

7

The Action

Seek union support.

The How

Remember, if your employer allows racial discrimination in the workplace, they are breaking the law. Unions like the BMA provide comprehensive advice and support for raising concerns, as well as tailored advice for international doctors.

5b

Allyship: recommendations and signposting for those witnessing racism

An ally is someone who champions underrepresented groups. They bring their backing and voice to a movement towards equality for all.

If you want to be an effective ally to those experiencing racism and/or intersectional discrimination in the workplace, we encourage you to follow the below. The NHS also provides a comprehensive toolkit for aspiring allies.

Ally recommendations

The Action

If as an employee, you want to be an ally to colleagues experiencing racism, improve your understanding of racism in the workplace. Use your understanding to help identify and support colleagues experiencing racism.

The How

You could familiarise yourself with the role of employers as well as the support and processes available to those experiencing racism.

Reading this guidance and visiting our Act Against Racism hub will help.

The “7 As of Authentic Allyship[52]”

1 Appetite

Do you have the appetite to immerse yourself in the complex, emotive world of race equality?

2 Ask

Ask questions about race, be curious, read, learn and educate yourself.

3 Accept

Accept there is really a problem. More data isn’t needed.

4 Acknowledge

Openly acknowledge that the problem needs to be dealt with.

5 Apologise

Express sympathy that racism is affecting people of certain races.

6 Assume

Don’t. Instead, develop informed views by seeking to understand individuals.

7 Action

Take demonstrable action steps to establish equality and be accountable.

The “5 Ds of Bystander Intervention[53]”

1 Distract

This will help to interrupt the incident of harassment. It might include ignoring the harasser and engaging directly with the person being harassed about something unrelated.

2 Delegate

Delegation is asking a third party for help with intervening in harassment. A delegate could be someone close by who seems willing to help. It is important to explain clearly to the delegate what you are witnessing and how you’d like to help the person being harassed.

3 Document

Documentation involves either recording or taking notes of harassment. It is important to do this safely and responsibly. Assess the situation and only make your record if the person being harassed is already receiving help and you are safe. You should always ask the person who was harassed what they want you to do with the documentation. Never share or use it without their permission.

4 Delay

Many types of harassment happen quickly, meaning it is not always possible to intervene in the moment. You can still make a difference by checking if the person who has been harassed is okay after the incident has taken place.

5 Direct

In some cases, a bystander may want to respond directly to harassment, naming the incident and confronting the harasser. This is a tactic which should be used with caution.

There is a risk that direct intervention could escalate the situation - for instance - the harasser may redirect their abuse to the bystander intervening.

It is therefore important to assess if everyone is physically safe, if escalation is unlikely and if you think the person being harassed wants someone to speak up. If yes is the answer to all of these questions you might choose a direct response. It is important to keep a direct response short and succinct, focusing on assisting the person being harmed.

6. The Royal College of Psychiatrists Act Against Racism Working Group

Working group members

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Partha Kar, Portsmouth Hospitals NHS Trust, NHS MWRES Lead

Arun Chopra, Medical Director, Medical Welfare Commission for Scotland

Jon Van Niekerk, Group Clinical Director, Cygnet Health Care

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Sam Rodger, Assistant Director, Policy and Strategy, NHS Race and Health Observatory

Asmina Islam Chowdhury, Programme Development Manager : Race Equality, NHS Providers

"It is a really positive step to see a Royal College launching an initiative which gives practical examples of what accountability looks like on this agenda. Moving from intentions to tackle racism to identifying tangible actions that leaders and organisations can take should be praised."

Anton Emmanuel

University College London Hospitals NHS Foundation Trust, NHS WRES Lead

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

7. Glossary

[1]Oxford Reference. Cultural intelligence.

Term	Definition
Action Learning Set	An Action Learning Set (ALS) is a group of people within a workplace that meets with the specific intention of solving workplace problems. The main aim of an ALS is to arrive at a set of realistic actions that will help to solve or understand the issues at hand.
Active bystander	Being an active bystander means being aware of when someone's behaviour is inappropriate or threatening and choosing to challenge it.
Allyship	An ally is someone who champions underrepresented groups while not being a member of the group which they are defending. An ally brings their backing and voice to the movement towards equality for all. The NHS provides a comprehensive toolkit for aspiring allies.
Appreciative Inquiry	Appreciative Inquiry allows for a different way to understand and to be in the world. It focuses on learning from and building on what is done well with a view to move towards the best future that can be imagined. The approach can generate ideas, energise change and stimulate innovation on a large scale. It allows people to be seen, to hear and to connect with each other in a safe space. The NHS provides comprehensive information on the approach, including unpacking the “5-D Model” commonly referred to.
Buddying	Buddying is often achieved through a provider-level scheme which connects two members of staff in informal support of each other. It allows the members of staff to speak freely with each other, each offering advice on how to progress with work and to address problems. In many cases at least one of the buddies in the partnership holds skills, knowledge and experience that they can pass on to the other.
Cultural Intelligence	Cultural Intelligence refers to an individual's sensitivity to and ability to work positively with cultural differences. In the present global working environment this is an increasingly valued (and studied) attribute[1]. Cultural Intelligence includes the capability to function and relate effectively in culturally diverse situations and contexts, crossing boundaries and prospering in multiple cultures and subcultures. It is often referred to as CQ – shorthand for “Cultural Quotient”.

7. Glossary

[2]Oxford Reference. Debiasing.
[3]The Cambridge Dictionary Bias - English meaning.
[4]Equality and Human Rights Commission, Understanding Equality.
[5] World Health Organisation, Health Equity.

Term	Definition
Debiasing	Debiasing is the reduction of bias[2]. Bias is the action of supporting or opposing a particular person or thing in an unfair way, through allowing prejudicial personal opinions to influence your judgment[3]. See also “unconscious bias”.
Equality	Equality is about ensuring that every individual has an equal opportunity to make the most of their lives and talents. It is also the belief that no one should have poorer life chances because of the way they were born, where they come from, what they believe, or whether they have a disability. Equality recognises that historically certain groups of people with protected characteristics such as race, disability, sex and sexual orientation have experienced discrimination[4].
Equity	Equity is the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g., sex, gender, ethnicity, disability, or sexual orientation)[5].
Gradism	“Gradism” in the healthcare sector refers to negative attitudes towards roles in the sector, with some roles facing lack of recognition, higher levels of bullying and - in some cases – denial of the development opportunities and incentives given to other branches of practice. As documented by the BMA, often SAS doctors fall victim to gradism.

7. Glossary

[6]Jones, C P. 2020. Levels of racism: A Theoretic Framework and a Gardener's Tale.
[7]Institute of Race Relations. Definitions. Institutional racism.
[8]Jones, C P. 2020. Levels of racism: A Theoretic Framework and a Gardener's Tale.

Term	Definition
Institutional racism	Institutionalised racism can be defined as differential access to the goods, services and opportunities of society by race. Institutionalised racism is normative, sometimes legalised, and often manifests as inherited disadvantage. It is structural, having been codified in institutions of custom, practice and law, meaning there is not an identifiable perpetrator. Institutionalised racism is often evident as inaction in the face of need. It manifests itself both in material conditions and in access to power[6]. In the UK the 1999 Macpherson report into the death of Stephen Lawrence defined institutional racism for the first time: 'the collective failure of an organisation to provide an appropriate and professional service to people because of their colour, culture of ethnic origin. It can be seen or detected in processes, attitudes and behaviour which amount to discrimination through unwitting prejudice, ignorance, thoughtlessness and racial stereotyping which disadvantaged minority ethnic people[7] .
Internalised racism	Internalised racism is defined as acceptance by members of stigmatised 'races' of negative messages about their own abilities and intrinsic worth. It is characterised by their not having a positive image in others who look similar to them, and not having a positive image of themselves. It involves accepting imposed limitations on one's own full humanity, including one's spectrum of aspirations, one's right to self-determination, and one's range of allowable self-expression. It can manifest in several ways: • An embracing of "whiteness" - for example - use of hair straighteners, bleaching creams and stratification by skin tone within communities of colour. • Self-devaluation - for example – accepting racial slurs as nicknames and rejection of ancestral culture. • Learned resignation, helplessness, and hopelessness – this could include for instance dropping out of education or work[8].

7. Glossary

[9]Crenshaw, Kimberle () “Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics,” University of Chicago Legal Forum: Vol. 1989: Iss. 1, Article 8.
[10] Scottish Government. March 2022. Using intersectionality to understand structural inequality in Scotland: evidence synthesis.
[11]European Institute for Gender Equality, Intersectional Discrimination.
[12]Oxford Advanced Learner’s Dictionary. Definition, pictures, pronunciation and usage notes. Microaggression - noun.
[13]NHS Professionals Academy. NHS Professionals. Coaching Course.

Term	Definition
Interpersonal racism	Interpersonal racism is a similar term to “personally mediated” racism. This is when the personal racial bias of individuals affects their overt interactions with others.
Intersectionality	Intersectionality is a framework first described by Kimberlé Crenshaw, describing the additive and cumulative disadvantage faced by an individual experiencing multiple forms of discrimination (such as racism, sexism and classism). Interactions between the different forms of oppression can often go unnoticed[9,10].
Intersectional discrimination	Intersectional discrimination is discrimination that takes place on the basis of several personal grounds or characteristics/identities, which operate and interact with each other at the same time in such a way as to be inseparable[11].
Micro-aggression	A micro-aggression is an act or a remark, often indirect or subtle, that discriminates against one or more members of a minority group, either deliberately or by mistake. Examples of microaggression include making assumptions about people’s abilities and preferences based on race or gender[12].
Mutual coaching	Coaching plays a key role in the development of capability and confidence for individuals and teams within the healthcare sector[13]. In Mutual Coaching, each participant acts as both the coach and the coachee.

7. Glossary

[14]Jones, C P. 2020. Levels of racism: A Theoretic Framework and a Gardener's Tale.
[15]Institute of Race Relations. Definitions. Racism.

Term	Definition
Personally mediated racism	Personally mediated racism is defined as prejudice and discrimination, where prejudice means differential assumptions about the abilities, motives, and intentions of others according to their race, and discrimination means differential actions toward others according to their race. Personally mediated racism can be intentional as well as unintentional, and it includes acts of commission as well as acts of omission. See 'micro-aggression'. It can manifest in several ways: • A lack of respect - for instance - poor or no service and a failure to communicate options. • Suspicion - for instance - shop keepers' vigilance; everyday avoidance such as purse clutching. • Devaluation - for instance surprise at competence, stifling of aspirations, scapegoating, and dehumanisation – including police brutality and hate crimes[14].
Racism	The Institute of Race Relations (IRR) defines racism as the belief or ideology that 'races' have distinctive characteristics which gives some superiority over others. Racism also refers to discriminatory and abusive behaviour based on such a belief or ideology. In the UK, denying people access to goods and services on the basis of their colour, nationality, ethnicity, religion etc is illegal and called racial discrimination[15].
Reflective conversations	Reflective conversations encourage staff to reflect on their intentions, actions and surroundings. They enable staff to evaluate, question and critique in a non-judgemental setting. In some cases, a trained facilitator may facilitate a reflective conversation between staff.

7. Glossary

[16]The Point of Care Foundation. About Schwartz Rounds.
[17]The Cambridge Dictionary. Systemic - English meaning.
[18]Oxford Advanced Learner's Dictionary. Definition, pictures, pronunciation and usage notes. Unconscious-bias - noun.

Term	Definition
Reverse mentoring	The NHS "Guide to Reverse Mentoring: As part of Anti-racism toolkit" provides information on reverse mentoring. Reverse Mentoring enables people in senior positions to learn from and understand issues from the perspective of people in less senior roles from under-represented groups. At the same time, less senior people are exposed to new ideas, experiences and networking opportunities. The key role of the mentor will be to provide an insight into the difficulties and barriers they may have faced, creating opportunities to explore how the more senior member of staff could learn from this.
Schwartz Round approach	The Schwartz Round approach is one way in which reflective conversations could take place. Schwartz Rounds provide a structured forum where all staff have the time and space to meet regularly to discuss the emotional and social aspects of working in healthcare[16].
Systemic	Systemic refers to the whole system or organisation, rather than just parts of it. "Systemic racism" refers to the policies and practices that exist throughout a whole society or organisation, and that result in and support a continued unfair advantage to some people and unfair or harmful treatment of others based on race[17]. It is often used interchangeably with "institutional racism"[7].
Unconscious bias	Unconscious bias is an unfair belief about a group of people; it is a belief that a person is not aware of and that affects their behaviour and decisions[18].

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ACT AGAINST RACISM

Appendix 1:

Maturity Matrix

To assist organisations, we have developed this Maturity Matrix

To tackle racism in the workplace organisations will need to achieve competencies and embed systems as recommended in the Royal College of Psychiatrists guidance. The Maturity Matrix will support you to prioritise actions and take steps systematically and incrementally to implement the 15 actions.

Organisations might wish to prioritise actions that relate to specific areas which they already know need to be addressed locally. For example, in England, those that relate to the areas and actions set out within their annual Workforce Race Equality Standard (WRES) or the Medical WRES Report (MWRES).

This document also includes an editable progress chart which allows you to measure the progress of your organisation against the 15 actions in the guidance.

How to use the Matrix

1. Assess where your organisation is currently on each action. You could use the data already available, or collect data, to inform the process. You may wish to consult staff in order to reach agreement.

2. Taking the results into consideration, decide where you want to focus your first efforts. Again, it is important to consult with staff to decide on the priorities.

3. Use the ‘how to’ section in the Tackling racism in the workplace guidance to help make an action plan which is implemented to address chosen actions and to measure the change over time using a range of feedback.

4. Assess progress using data and review every six months using the editable form on page 18.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

15 ACTIONS

for mental health employer organisations to act on

Leadership and strategy

1. Make a clear organisational commitment to tackling all forms of discrimination - including intersectional discrimination - against minoritised ethnic staff.
2. Ensure all leaders have in-depth knowledge and understanding about racism, intersectional discrimination and its impact on minoritised ethnic staff, and have the skills, experience and integrity to implement mitigations.

Accountability

3. Appoint a senior board representative and member of the leadership team to have senior officer responsibility for delivery of the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff.
4. Those given senior officer responsibility for delivering the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff, (action 3) should have overarching responsibility for data collection, analysis and stratified annual reporting to track progress.
5. Those given senior officer responsibility for delivering the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff, (action 3) should have overarching responsibility for a co-produced Strategic Plan.

Addressing concerns

6. Ensure your staff support service offers effective, confidential and independent points of contact to support minoritised ethnic staff.
7. Have clear policies and procedures for staff to report any instances of bullying, harassment or concerns about discrimination around career progression, differential attainment and disciplinary action.
8. Emphasise and follow through on a zero-tolerance approach to racist behaviour from patients and their carers towards all healthcare staff.

Equity of opportunity

9. Take an evidence-based and objective approach to recruitment and promotion activities, including de-biasing the recruitment and promotion process, rather than relying on training to de-bias panels.
10. Provide mentoring (including reverse mentoring), coaching and sponsorship to all staff, including at least a proportionate number of minoritised ethnic staff.

Organisational culture

11. Create a culture that firstly, feels safe for all staff and encourages openness and honesty at all levels within the organisation about racism, intersectional discrimination and its impact, and secondly, is a welcoming and inclusive workplace environment for minoritised ethnic staff, so that they feel as supported, respected and valued as their non-minoritised peers.
12. Facilitate the development, growth and ongoing sustainability of an effective staff network for addressing the needs, views and concerns of minoritised ethnic staff.

Specific sections of the medical workforce

13. Increase organisational awareness that International Medical Graduates (IMGs) and Specialty and Specialist (SAS) doctors are more likely to experience racism and gradism in the workplace.
14. For International Medical Graduates (IMGs), provide appropriate early pastoral, practical and professional induction and support and address disproportionate referrals for disciplinary action using appropriate local measures.
15. For Specialty and Specialist (SAS) doctors, who are more likely to be minoritised ethnic staff, implement the British Medical Association's (BMA) SAS Charter in full.

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ACT AGAINST RACISM

Maturity level for

Leadership and strategy

1

Make a clear organisational commitment to tackling all forms of discrimination - including intersectional discrimination - against minoritised ethnic staff.

Ad hoc

process chaotic, person-dependent, uncontrolled
requires massive supervision

There are pockets of good practice and role modelling by staff in the organisation around tackling racism in the workplace and allyship.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

There is an organisational strategy with clear action plans around tackling racism in the workplace and allyship. This is supported by the senior management team and the board.

Concerted efforts have been made to co-produce the strategy with minoritised ethnic staff. The minoritised ethnic staff network is included in this process. (See Organisational culture).

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

The co-produced strategy and action plans for tackling racism in the workplace have adequate resource attached to them in order to be implemented.

A system has been designed, to examine all staff-related policies and procedures through the lens of the strategy and action plans in order to de-bias inadvertent structural inequities around racism, intersectional discrimination and its impacts. The minoritised ethnic staff network is included in this process (See Organisational culture).

All staff know the strategy and action plans and are encouraged by the leadership to hold the organisation accountable.

There is an effective communication campaign to share the strategy. The campaign uses a wide range of communication methods to ensure the strategy reaches all staff.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

The co-produced strategy for tackling racism in the workplace is systematically reviewed.

An effective system is in place to continually review and update policies and procedures that affect staff, to ensure that they are de-biased in terms of inadvertent barriers and exclusions for minoritised ethnic staff.

The strategy and action plans have been co-produced with a large, representative sample of minoritised ethnic staff who have lived experience of racism including an effective representative staff network for minoritised ethnic staff.

This includes staff who are non-clinical, working in roles that are not desk-based or are working during unsocial hours e.g., estates and facilities staff.

The organisation is continually assessing and addressing capability deficits in operationalising this work to ensure sustainability.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The co-produced strategy for tackling racism in the workplace is being continually improved through a feedback loop of learning and innovating incrementally.

Lessons are being learned and shared outside of the organisation. The organisation's leadership acts as ambassadors and influencers for change across the system.

Maturity level for

Leadership and strategy

2

Ensure all leaders have in-depth knowledge and understanding about racism, intersectional discrimination and its impact on minoritised ethnic staff, and have the skills, experience and integrity to implement mitigations.

Ad hoc process chaotic, person-dependent, uncontrolled requires massive supervision	Training on unconscious bias, the impact of structural and institutional discrimination and racism is available in the organisation.
Repeatable processes repeatable, consistency sometimes possible, different people vary in what they do	The board and senior management team has committed to learning about tackling racism in the workplace and allyship. Processes are being put in place for Workforce and Organisational Development (or human resources/people teams), Freedom to Speak Up (FTSU) Guardians and the Communications department staff to develop knowledge and skills around tackling racism in the workplace and allyship, with this being key to facilitating other action points in this guidance. Training on allyship (e.g the 7As of Authentic Allyship and 4Ds of being an active bystander) is available in the organisation.
Committed /controlled standard practice is defined, documented, established and implemented; some improvement over time	The board and senior management team have embarked upon a regular programme of learning, reflecting and engaging in challenge together on tackling racism in the workplace and allyship; and support cascading of these programmes to all levels of the organisation. Workforce and Organisational Development (or human resources /people teams), FTSU Guardians and the Communications department staff in particular have deep knowledge, skills, experience and integrity around tackling racism in the workplace and allyship.
Established/managed process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored	The organisation has developed a system to ensure that all middle managers are being regularly trained about the impact of structural and institutional discrimination and racism, intersectional discrimination and its impact on minoritised ethnic staff and, have the skills, experience and integrity to implement mitigations. This includes allyship and active bystander training. The organisation has incorporated monitoring data about these processes for all leadership and managers and aligned the importance of this monitoring to vital business objectives e.g., retention and recruitment. The organisation is continually assessing and addressing capability deficits in operationalising this work to ensure sustainability.
Exemplar/optimal continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system	The organisation is continually examining its metrics including feedback from people being trained and those who are impacted by the training (minoritised ethnic staff) about the effectiveness of the training. Changes to training content and plans are continually being made in response to learning from the feedback. The organisation's leaders participate in buddying, mutual coaching and action learning sets with peers across the system at varying levels of maturity on this matrix. The organisation is sharing its learning with others in the system through conferences and publishing methodology and results.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

Maturity level for

Accountability

3

Appoint a senior board representative and member of the leadership team to have senior officer responsibility for delivery of the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff.

Ad hoc process chaotic, person-dependent, uncontrolled requires massive supervision	There may be an Equality Diversity and Inclusion (EDI) lead who undertakes EDI initiatives for the organisation, but there is no formal reporting process around this, and they do not have senior management accountability.
Repeatable processes repeatable, consistency sometimes possible, different people vary in what they do	A board member and/or member of the Executive Leadership Team has nominal responsibility for EDI but there are no formal expectations of them. That is, no formal line management responsibility for the EDI lead or reporting expectations.
Committed /controlled standard practice is defined, documented, established and implemented; some improvement over time	A board member and/or member of the Executive Leadership Team has named responsibility for EDI with a formal expectation that they have overarching responsibility for developing a strategic plan to tackle racism and discrimination. They have direct line management responsibility for the EDI lead. They have regular training around EDI and have good understanding of the issues. They are expected to report to the board.
Established/managed process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored	Senior leaders, e.g., Chief Executive and/or Medical Director and senior board representative hold responsibility for the delivery of agreed actions around tackling racism in the workplace and discrimination. They have undertaken appropriate training and have good understanding and knowledge of the issues. They are responsible for a strategic plan which prioritises tackling racism and discrimination and this is a standing agenda item. There is annual reporting to the board of progress against aims of the strategic plan, which is available both internally and externally.
Exemplar/optimal continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system	Senior leaders, e.g., Chief Executive and/or Medical Director and senior board representative hold responsibility for the delivery of agreed actions around tackling racism and discrimination. The Senior leaders are responsible for overseeing initiatives co-produced with staff that tackle racism and for ensuring there is a system in place for monitoring these through supervision and appraisal for all staff. There is annual reporting to the board of progress against aims of the strategic plan, which is available both internally and externally.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

Maturity level for

Accountability

4

Those given senior officer responsibility for delivering the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff, (action 3) should have overarching responsibility for data collection, analysis and stratified annual reporting to track progress.

Ad hoc process chaotic, person-dependent, uncontrolled requires massive supervision	Data is either not routinely collected on race and ethnicity of staff, or if it is, this is not done purposefully with an aim to identify disparities with respect to career progression, pay, disciplinary action etc.
Repeatable processes repeatable, consistency sometimes possible, different people vary in what they do	Data is collected annually on race and ethnicity of staff and proportion in the organisation but not disaggregated and not analysed according to career progression, pay, disciplinary action etc.
Committed /controlled standard practice is defined, documented, established and implemented; some improvement over time	Data is collected on race and ethnicity of staff, that is disaggregated according to latest census recommendations. Data collected allows analysis of career progression; pay gaps; recruitment and retention; staff satisfaction; disciplinary action and referrals to professional regulatory bodies. Analysed data is used to develop and implement a published action plan to address any disparities.
Established/managed process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored	Analysed data on race and ethnicity is used to develop and implement an action plan to address disparities using a co-produced competency-based framework with clear metrics to measure improvement. This is published as part of the board report.
Exemplar/optimal continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system	Quality improvement or similar mechanisms are used to ensure that co-produced competencies are continually improving performance with respect to experience, career progression, pay, disciplinary processes etc of minoritised ethnic staff. This is published annually alongside metrics showing improvement.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

Maturity level for

Accountability

5

Those given senior officer responsibility for delivering the agreed actions around acting against racism, intersectional discrimination and its impact on minoritised ethnic staff, (action 3) should have overarching responsibility for a co-produced Strategic Plan.

Ad hoc

process chaotic, person-dependent, uncontrolled
requires massive supervision

It may be stated by the organisation that racism is not tolerated or that it is an anti-racism organisation, but there is no strategic plan in place to tackle racism in the workplace.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

There may be policies in place aimed at managing racist incidents in the workplace, but these are focused on individual personally-mediated actions and are reactive. There is no strategic plan to address institutional/structural factors that may be perpetuating disadvantage for people from minoritised ethnic groups.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

A senior officer oversees the development of a co-produced strategic plan aimed at delivering race equity across every area of the organisation.

This uses disaggregated data to analyse and identify any racial and ethnic disparities. This establishes a baseline. The board takes full responsibility and commits to improve any disparities.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

There is a strategic plan in place aimed at delivering race equity across every area of the organisation.

This uses appropriate data, which is disaggregated and analysed to identify any racial and ethnic disparities.

The board takes full responsibility for any disparities, for which they provide a plausible explanation. If these disparities cannot be explained, then the board undertakes reform with an agreed timeframe for reform.

The strategic plan outlines strategies with associated actions to ensure proportionate staff representation at all levels; equity in appointments; promotions; pay; career progression; staff experience; training; differential attainment; disciplinary action and referrals to the General Medical Council or other professional regulatory bodies.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

There is a strategic plan in place aimed at delivering race equity across every area of the organisation.

This uses appropriate data, which is disaggregated and analysed to identify any racial and ethnic disparities.

The board takes full responsibility for any disparities, for which they provide a plausible explanation. Disparities that cannot be explained are reformed using formal improvement techniques. Progress is monitored with formal metrics which are reported internally and externally, and the board is held accountable for this improvement. There is a continuous approach to improvement.

The strategic plan outlines strategies with associated actions to ensure proportionate staff representation at all levels; equity in appointments; promotions; pay; career progression; staff experience; training; differential attainment; disciplinary action and referrals to the General Medical Council or other professional regulatory bodies.

Maturity level for

Addressing concerns

6

Ensure your staff support service offers effective, confidential and independent points of contact to support minoritised ethnic staff.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Most staff are unaware of the support services available to them in the organisation if they are subject to racist bullying from their colleagues or managers.

Signposting to support occurs in some cases. Support relies on the competence of their immediate managers.

Freedom To Speak Up (FTSU) Guardians are not involved in many cases.

There is a low awareness of the FTSU Guardian role and few incidents are raised or investigated.

Staff confidence that actions will be taken is low.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

The organisation has made some efforts to make staff aware of what actions will be taken and how they will be supported when racism/discrimination is reported.

The process is not consistently followed across services. The organisation has good policies to deal with personally-mediated racism. The organisation has poor understanding of structural factors that can lead to discrimination.

More staff are aware of the FTSU Guardian role in supporting them should they experience racism or discrimination.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

The organisation has provided confidential and independent points of contact in most cases where racism and discrimination are reported.

The process is followed across all service lines and staff at all levels are familiar with the process. The process is not always effective in helping the individual feel supported. Staff may continue to lack confidence that the process is effective.

Data is collected on differential outcomes based on ethnicity in career progression and pay.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

Confidential and independent points of contact are available in all cases, and the support is effective and timely.

Staff have confidence that actions will be taken to support them.

The organisation reviews its processes for career progression and access to training to ensure that there is no bias.

Data on the process is collected and reviewed at senior level with gaps identified.

The FTSU Guardian role is effective and plays an active role in enabling people to come forward when there are concerns.

The organisation recognises that tackling the structural nature of discrimination is a workforce wellbeing and retention issue.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The organisation manages all reported instances of racism and discrimination effectively.

The organisation recognises the structural factors that lead to discriminatory experiences and is continually monitoring the data on disciplinary action, career progression and differential attainment. Data is made available to staff in the organisation as well as external agencies including regulators.

Staff are aware of and feel confident about the independent and confidential support on offer, actively seeking it out when necessary.

The organisation is continually learning from the data and developing systems to improve staff wellbeing and experience.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

Maturity level for

Addressing concerns

7

Have clear policies and procedures for staff to report any instances of bullying, harassment or concerns about discrimination around career progression, differential attainment and disciplinary action.

Ad hoc process chaotic, person-dependent, uncontrolled requires massive supervision	The organisation has little awareness of what proportion of minoritised ethnic staff are put through disciplinary proceedings or experience racism. Some policies exist, but these are not embedded in the culture and practice of the organisation, and do not benefit staff. Concerns of racism or discrimination raised by staff are usually dealt with informally and rarely investigated properly.
Repeatable processes repeatable, consistency sometimes possible, different people vary in what they do	The organisation has appropriate policies and procedures to deal with complaints of racism/discrimination, but these are not consistently applied across all services and teams. There is acknowledgement of differential attainment, disparities in career progression and pay and the proportion of minoritised ethnic staff being put through disciplinary procedures.
Committed /controlled standard practice is defined, documented, established and implemented; some improvement over time	The organisation has policies and procedures that are implemented across different services to deal with racism, discrimination and differential progression and experience at work. The organisation collects data, analyses it, and is able to recognise disparity by ethnicity when it occurs. Prompt and effective action is taken when there are complaints, to investigate and address any concerns identified.
Established/managed process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored	The organisation publishes an anonymised report of all such complaints and their outcomes every 12 months. There is a robust system in place to investigate concerns raised by minoritised staff and appropriate disciplinary and reformative action is taken against any member of staff found guilty of racist bullying or harassment. There is scrutiny of the processes by champions who are independent of the service and outside the direct line management structures of each service. Feedback from people who have made complaints is used to improve the process.
Exemplar/optimal continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system	The organisation regularly reviews all their policies and procedures to identify areas that can lead to differential, access to experience and outcomes for staff of all ethnic groups. This includes career progression, staff entering disciplinary processes and differential attainment, including pay gaps by ethnicity. The organisation learns from the data and works collaboratively with staff using their feedback to develop robust mechanisms to improve outcomes for all staff.

Maturity level for

Addressing concerns

8

Emphasise and follow through on a zero-tolerance approach to racist behaviour from patients and their carers towards all healthcare staff.

Ad hoc process chaotic, person-dependent, uncontrolled requires massive supervision	The organisation may have a zero-tolerance policy but teams and staff are not aware of it. Incidents of racism from patients are reported occasionally. There is no support for staff who are subject to racist behaviour from patients or carers.
Repeatable processes repeatable, consistency sometimes possible, different people vary in what they do	The organisation has a clear policy on zero-tolerance to racism and some managers and staff are aware of it. Support for staff who are affected is not consistently provided.
Committed /controlled standard practice is defined, documented, established and implemented; some improvement over time	There is a clear process for reporting any incidents of racial abuse from patients or their carers. The organisation has a zero-tolerance approach, and this is visible in clinical areas. Support is provided to all staff who have been subjected to racism. Staff are enabled to report any incidents promptly.
Established/managed process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored	The organisation uses data to inform approaches to reduce incidents of racist behaviour. Staff are consulted in developing systems to protect them from racial abuse and harassment. Human Resources (HR) and Occupational Health (OH) support are offered as standard. All staff are aware of the support available and their right to report to the police.
Exemplar/optimal continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system	The organisation uses data on the incidents and how effectively each incident is managed, to develop and implement a longer-term strategy. Staff feel that incidents of racism from patients will not be tolerated, and effective action will be taken. The data is used to improve reporting systems. There are ongoing efforts to prevent such instances where possible.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

Maturity level for

Equity of opportunity

9

Take an evidence-based and objective approach to recruitment and promotion activities, including de-biasing the recruitment and promotion process, rather than relying on training to de-bias panels.

Ad hoc

process chaotic, person-dependent, uncontrolled
requires massive supervision

Recruitment and promotion is delegated to HR, who may or may not have a good understanding of Equality Diversity and Inclusion (EDI) issues. HR might have produced guidance/report around recruitment but have done this unilaterally and are likely to have been under-resourced.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

HR have main responsibility for race equity and recruitment in the organisation.

There is an emphasis on EDI training and unconscious bias training of individuals involved in the recruitment and promotion of others.

There may be an EDI lead involved in the recruitment process.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

A senior leader on the board has overarching responsibility for ensuring equity in recruitment, promotion and career progression in the organisation. This is a key issue for the board as it has been recognised as a workforce priority that affects recruitment and retention.

The organisation is developing a systematic approach to de-biasing the entire recruitment and promotion process as per Roger Kline's "No More Tickboxes". This involves removing bias from processes by understanding how bias and stereotypes affect decision making and how to mitigate this.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

This is a priority for the board and is led by the Chief Executive and Chair of the board.

There is a fair process to recruitment and promotion which follows the lines of Roger Kline's "No More Tickboxes"

A "public health approach" is taken, from the advertising of jobs to the on-boarding of staff and subsequent appraisals.

Disaggregated data is used to identify, assess and understand any disparities across recruitment and promotion.
There are action plans in place to address any disparities.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

This is a priority for the board and is led by the Chief Executive and Chair of the board.

There is a fair process to recruitment and promotion which follows the lines of Roger Kline's "No More Tickboxes"

A "public health approach" is taken from the advertising of jobs to the on-boarding of staff and subsequent appraisals.
Disaggregated data is used to identify, assess and understand any disparities across recruitment and promotion.
There are ongoing actions in the strategic plan aimed at continually monitoring and addressing any disparities in recruitment, promotion and career progression. The organisation is proud to publish their data on recruitment and promotion and can link this to improvements in retention.

Maturity level for

Equity of opportunity

10

Provide mentoring (including reverse mentoring), coaching and sponsorship to all staff, including at least a proportionate number of minoritised ethnic staff.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Mentoring may occur, but this is informal; organised by individuals between themselves and not supported by the organisation.

There is a “Tap on the shoulder” approach to offering stretch opportunities, which is very dependent upon individual relationships.

The organisation may not be aware mentoring is taking place.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

The organisation supports employees to take up mentoring.

Mentoring and coaching is advertised to individuals in the organisation, but not in a systematic way.

Stretch opportunities are offered/advertised, but not in a systematic way.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

Mentoring and coaching is offered to all relevant staff, as standard.

The organisation uses an “opt-out” approach. This will likely be time-limited and may require a waiting list.

Stretch opportunities are listed, advertised and offered to all staff who have reached the appropriate grade. This should be determined by a panel, using an evidence-based approach taking into account those most likely to be disadvantaged, and thus have greatest need, e.g. International Medical Graduates (IMGs).

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

Mentoring and coaching is offered to all staff. A mentoring scheme exists that is linked to stretch opportunities, e.g. acting up, secondments, involvement in projects.

This should be monitored formally, in particular, for the proportion of minoritised ethnic staff taking up the scheme.

Senior leaders with high level decision-making responsibility actively sponsor and champion programmes that support minoritised ethnic doctors, thus demonstrating the importance of these individuals to the service.

Progress on the staff mentoring scheme should be reported to the board annually, including numbers taking up the scheme; the proportion of minoritised ethnic staff taking up the scheme; feedback from participants (mentors and mentees); the numbers of stretch opportunities generated and evidence of change in career progression (as the scheme matures).

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

A mentoring scheme that includes reverse mentoring with senior staff is in place. All staff are aware of it, and it is a standard part of staff development.

The organisation also supports and organises mentoring with external mentors in relevant senior positions.

Senior leaders actively sponsor and champion programmes that support minoritised ethnic doctors.

Progress on the staff mentoring scheme should be reported to the board and linked to business support and outcomes. The information should be used to develop and improve services and drive innovation in workforce recruitment and retention.

Maturity level for

Organisational culture

11

Create a culture that firstly, feels safe for all staff and encourages openness and honesty at all levels within the organisation about racism, intersectional discrimination and its impact, and secondly, is a welcoming and inclusive workplace environment for minoritised ethnic staff, so that they feel as supported, respected and valued as their non-minoritised peers.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Ad hoc conversations take place around racism and intersectional discrimination through occasional small-scale events, intranet news items or blogs.

The Learning and Development Department or Medical Education Department circulate ad hoc links to events around tackling racism from outside of the organisation.

Schwartz Rounds or similar safe exploratory spaces are available in the organisation, although not necessarily being used to explore issues around racism yet.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

Organisational communication/images/resource packs such as recruitment packs and events, acknowledge the actual diversity and aspired inclusion; as well as representation of minoritised ethnic staff at all levels of the organisation within its workforce.

The organisation has a calendar of important dates such as key events for independence days of various ex-colonies and Windrush Day, as well as key religious celebrations.

Events around cultural and ethnic diversity and structural and institutional racism are facilitated by experienced internal or external facilitators who can create curious and safe spaces.

Leaders in the organisation are role modelling openness, curiosity and humility. (See no 1 Leadership and strategy).

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

The organisation has a co-produced strategy for creating an environment that feels safe and welcoming for minoritised ethnic staff.

It has a regular programme of events, reaching and engaging all parts of the workforce, that creates and maintains psychological safety and curiosity to explore the issues around institutional and structural racism. The events are working at multiple levels – from across the organisation, to smaller, more team or service-based levels.

The events feel safe and are facilitated by experienced internal or external individuals who can hold the space to encourage genuine exploration of difficult feelings.

The organisation is using feedback to continually improve the psychological safety and effectiveness of these events.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

The organisation is delivering and monitoring the effectiveness of its co-produced strategy to create a safe and welcoming environment for minoritised ethnic staff.

The organisation is using regular events where racism and its impact is being safely and curiously talked about across diverse staff groups. This is used as a way of feeding into all aspects of its strategy as part of its co-production.

The organisation is continually assessing and addressing capability deficits in operationalising this work to ensure sustainability.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The co-produced strategy for creating a safe and welcoming environment for minoritised ethnic staff is being continually improved through a feedback loop of learning and innovating incrementally.

Lessons are being learned, shared and reciprocated outside of the organisation.

The organisation's leadership acts as ambassadors and influencers for change across the system.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

Maturity level for

Organisational culture

12

Facilitate the development, growth and ongoing sustainability of an effective staff network for addressing the needs, views and concerns of minoritised ethnic staff.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

A staff network for minoritised ethnic staff may exist; it regularly engages a small proportion of the relevant staff population.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

A staff network for minoritised ethnic staff is in place and has a chair; it regularly engages about 1-3% of the relevant staff population, meets regularly, and is formally reporting through organisational governance structures.

The network chair is part of a regional or national network chairs' group that provides mutual learning and support.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

A staff network for minoritised ethnic staff is in place and has a chair who has a job description and has dedicated resource, support and time to fulfil their duties; it is engaging 7-10% of the relevant staff population.

Particular attention is being paid to actively include staff who are not desk based (don't access the internet and emails) and routinely work unsocial hours; to ensure that staff are given protected time; to attend meetings.

The network is formally reporting through organisational governance structures and is a significant stakeholder in the co-production of organisational strategy on tackling racism. (See no 1 in leadership and strategy).

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

There is a well-established minoritised ethnic staff network. It engages a representative range and significant proportion of the relevant population. The chair has dedicated time and resource to conduct their duties and has cross-organisational level of influence stemming from regular meetings with the Chief Executive and Executive Leadership team.

The network formally feeds into and supports continual improvement of the strategic vision and operational processes of the organisation. It affects change around tackling racism in the workplace.

The organisation is continually assessing and addressing capability deficits in operationalising this work to ensure sustainability.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The staff network for minoritised ethnic staff is being continually improved through a feedback loop of learning and innovating incrementally.

Lessons are being learned and shared outside of the organisation.

The organisation's leadership acts as ambassadors and influencers for change across the system.

Maturity level for

Specific sections of the medical workforce

13

Increase organisational awareness that International Medical Graduates (IMGs) and Specialty and Specialist (SAS) doctors are more likely to experience racism and gradism in the workplace.

Ad hoc process chaotic, person-dependent, uncontrolled requires massive supervision	Some IMGs and SAS doctors' line managers have an awareness of the biases that these cohorts may experience and are supporting them through their own initiative. Mandatory data is collected through the national NHS Staff Survey and reported through the WRES and MWRES. The organisation has data on the number of SAS doctors it employs, including as long-term agency.
Repeatable processes repeatable, consistency sometimes possible, different people vary in what they do	The organisation's leadership (including the senior responsible officer), medical staffing personnel and the key staff in the communications department have an in depth understanding about the racism, gradism and intersectional challenges that IMGs and SAS doctors experience. IMGs and SAS doctors' journeys are being celebrated in the organisation's news stories/blogs, on the intranet, etc. The organisation is developing a system to collect data about the number of IMGs (across all grades), that it employs, including those working as long-term agency staff.
Committed /controlled standard practice is defined, documented, established and implemented; some improvement over time	Deep understanding about the racism, gradism and intersectional challenges that IMGs and SAS doctors experience is part of the annual appraisal process for the organisation leadership (especially the senior responsible officer), medical staffing personnel and medical line managers. The organisation has a senior leader - who is accountable for and who has the appropriate authority over - the collection, monitoring and reporting of data on the number of IMGs (including agency staff and all grades) in the organisation. This person reports to the Medical Director and the board. This senior leader is working with NHS Staff Survey systems to ensure that Staff Survey data is collected and is granular enough to demonstrate the experience of IMGs across all MWRES indicators.
Established/managed process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored	Disaggregated data from the NHS Staff Survey about the different minoritised ethnicities and intersectional characteristics, e.g., gender, grade, country of primary qualification is routinely being collected and monitored with disparities reported to the board which has accountability for them to be acted upon. This data contributes to the wider organisation's awareness of increased challenges faced by IMGs and SAS doctors. The organisation is continually assessing and addressing capability deficits in operationalising this work to ensure sustainability.
Exemplar/optimal continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system	Organisational awareness about IMGs and SAS doctors' specific needs is continually improved through a feedback loop of learning and innovating incrementally. Lessons are being learned and shared, including outside of the organisation. The organisation's leadership acts as ambassadors and influencers for change across the system.

RC PSYCH ROYAL COLLEGE OF PSYCHIATRISTS

ACT AGAINST RACISM

Maturity level for

Specific sections of the medical workforce

14

For International Medical Graduates (IMGs), provide appropriate early pastoral, practical and professional induction and support and address disproportionate referrals for disciplinary action using appropriate local measures.

Ad hoc

process chaotic, person-dependent, uncontrolled requires massive supervision

Some line managers are providing additional support to IMG staff who are new to the UK, in keeping with their additional acclimatisation needs.

Repeatable

processes repeatable, consistency sometimes possible, different people vary in what they do

The organisation's Workforce and EDI teams have signed up to the NHS Employers Welcoming and Valuing International Medical Graduates Guide.

The senior responsible officer, postgraduate medical education department and all medical line managers are aware of its recommendations and are using it in a non-systematic way to support new IMG staff.

The organisation is routinely signposting IMGs who are new to the UK, to the NHS E-learning portals "Supplementary resources to support induction to professional medical practice in the UK".

The postgraduate medical education department has made a commitment to address differential attainment amongst its IMGs.

Committed /controlled

standard practice is defined, documented, established and implemented; some improvement over time

The organisation has co-produced an implementation plan for embedding the NHS Employers Welcoming and Valuing International Medical Graduates Guide and has a monitoring data set in place which is reported monthly to the board.

The postgraduate medical education department has developed a co-produced plan to address differential attainment amongst IMGs in the organisation.

The senior responsible officer has developed a co-produced plan to address disproportionate IMG referrals for disciplinary action.

The organisation has appointed an IMG lead or tutor, who has adequate job-planned sessions and administrative support, in order to provide expertise and oversight into development and implementation of the above three plans.

Established/managed

process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored

The organisation's workforce team is delivering on its NHS Employers Welcoming and Valuing International Medical Graduates Guide Implementation plan and is getting feedback from new IMGs to facilitate continual improvement.

The organisation is delivering the plan for addressing differential attainment amongst IMGs and reporting on progress with demonstrable year on year improvement.

The organisation is delivering the plan to address disproportionate referrals for disciplinary action with demonstrable year on year improvement.

The organisation views its IMGs as an asset to be celebrated and to learn from, demonstrable through equitable representation in resources, communications, events and awards.

The organisation is assessing and addressing capability deficits in operationalising this work.

Exemplar/optimal

continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system

The organisation is sharing best practice with others in the system about a) implementation of the NHS Employers Welcoming and Valuing International Medical Graduates Guide, b) addressing the attainment gaps for IMGs, c) addressing disproportionate IMG referrals for disciplinary action and d) celebrating and learning from IMGs.

This may be through published articles, case studies, conferences, peer support and /or leadership action learning sets.

Maturity level for

Specific sections of the medical workforce

15

For Specialty and Specialist (SAS) doctors, who are more likely to be minoritised ethnic staff, implement the British Medical Association's (BMA) SAS Charter in full.

Ad hoc process chaotic, person-dependent, uncontrolled requires massive supervision	Some line managers of SAS doctors are ensuring that SAS doctors have a job plan with adequate and proportionate Supporting professional activities (SPAs), access to educational and career development opportunities.
Repeatable processes repeatable, consistency sometimes possible, different people vary in what they do	The organisation has signed up to the BMA's SAS Charter and assessed its current level of maturity using this evaluation kit. The organisation has appointed an SAS Lead or Tutor with adequate job-planned sessions and administrative support to be able to provide expertise and oversight to deliver the SAS Charter.
Committed /controlled standard practice is defined, documented, established and implemented; some improvement over time	The organisation has co-produced an implementation plan using this checklist for delivering on the SAS Charter, with the SAS Lead or Tutor providing expertise and oversight. There is a mechanism in place for collecting, monitoring and improving data to support the delivery of the SAS Charter using this monitoring tool.
Established/managed process metrics and control methods used to continually align business objectives and end user requirements; capability of process is monitored	The organisation is delivering its SAS Charter implementation and is demonstrating year on year improvement using the monitoring tool. The organisation views its SAS doctors as an asset to be celebrated and to learn from, demonstrable through equitable representation in resources, communications, events and awards. The organisation is assessing and addressing capability deficits in operationalising this work.
Exemplar/optimal continually improving processes through incremental and innovative changes; supporting improvement in other parts of the system	The organisation is sharing best practice with others in the system about implementation of the SAS Charter and celebrating and learning from SAS doctors. This may be through published articles, case studies, conferences, peer support and /or leadership action learning sets.

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Progress report

Use this page to map your progress against the actions. Fill in the relevant dates at the top of the chart and for each action, input whether your organisation is at the Ad-hoc, Repeatable, Committed/ controlled, Established/managed or Exemplar/optimal stage, using the Maturity Matrix.

	Beginning date	After six months	After 12 months	After 18 months	After 24 months	After about 30 months
Leadership and strategy						
1. Clear organisational commitment						
2. Leaders have in-depth knowledge and understanding.						
Accountability						
3. Appoint senior officer to be responsible						
4. This person has overarching responsibility for data collection, analysis and reporting						
5. This person has overarching responsibility for a co-produced Strategic Plan.						
Addressing concerns						
6. Ensure support staff offer effective, confidential and independent point of contact						
7. Have clear policies and procedures for staff to report any incidents						
8. Emphasise and follow through on a zero-tolerance approach in cases of racist behaviour by patients and carers towards healthcare staff.						
Equity of opportunity						
9. Take an evidence-based and objective approach to recruitment and promotion opportunities						
10. Provide mentoring to all staff including at least a proportionate number of minoritised ethnic staff.						
Organisational culture						
11. Create a culture that feels safe, encourages openness at all levels, and is a welcoming and inclusive environment for minoritised ethnic staff						
12. Develop an effective staff network to address the needs of minoritised ethnic staff and help make sure it is sustainable.						
Specific sections of the medical workforce						
13. Increase organisational awareness that IMGs and SAS doctors are more likely to experience racism and gradism in the workplace						
14. Provide early pastoral, practical and professional induction and support to IMGs and address disproportionate referrals for disciplinary action						
15. For SAS doctors, implement the BMA's SAS charter in full.						

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9.Appendices

How to map the 15 actions to Tackle Racism in the Workplace against the regulator's domains to support the delivery of high quality care - using the regulator in England, the CQC.

	Actions	Regulator domain(s) action maps on to	An example of how the Action might help demonstrate improved quality (this is not exhaustive).
Leadership and strategy	1	W	A co-produced strategy to Tackle Racism in the Workplace will help fulfil the CQC domain W2.2 and W2.3 as it will demonstrate a collaboratively produced robust and realistic strategy to achieve priorities and deliver high quality, sustainable care.
	2	W, S	This will help to ensure people are protected from discrimination, which might amount to abuse or cause psychological harm. This includes harassment and discrimination in relation to protected characteristics under the Equality Act and thus fulfil CQC domain S1.3.
Accountability	3	W, S, E	Will help ensure that appropriate and accurate information is being effectively processed, challenged and acted upon and thus fulfil CQC domain, W6.
	4	W, S, E	Will support the monitoring of care and treatment outcomes and comparison with similar services, as per CQC domain, E2.
	5	W, S, E	Supports provision of a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver this, as per CQC domain W2. Also helps ensure systems, processes and practices are in place that keep people safe and safeguarded from abuse, as per CQC domain, S1.

Key:

S: Safe E: Effective C: Caring R: Responsive W: Well-led

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9.Appendices

	Actions	Regulator domain(s) action maps on to	An example of how the Action might help demonstrate improved quality (this is not exhaustive).
Addressing concerns	6	W, S	Helps to ensure staff feel safe and supported (S1).
	7	W, S	Helps to ensure that action is taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority (W3)
	8	W, S	Helps to ensure staff feel supported, valued and respected (W3).
Equity of opportunity	9	W	Supports staff to feel supported, respected and valued and positive and proud to work in the organisation (W3).
	10	W, C, E	Supports staff at all levels of seniority to raise concerns about disrespectful, discriminatory or abusive behaviour and attitudes and to understand the impact that a person's care, treatment and condition will have on their wellbeing, both emotionally and socially, (C1). The learning needs of staff are more likely to be identified and they will be encouraged and given opportunities to develop (E3).
Organisational culture	11	S, W	Supports staff to raise concerns, record them and report them internally and externally when necessary (S6). Supports organisations to develop sustainable, compassionate, inclusive and effective leadership, including succession planning (W1).
	12	W	Supports the development of robust systems and processes for learning, continuous improvement and innovation (W8).

Key:

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	Actions	Regulator domain(s) action maps on to	An example of how the Action might help demonstrate improved quality (this is not exhaustive).
Specific sections of the workforce	13	W, S	Helps to ensure that equality and diversity are promoted within and beyond the organisation and that all staff feel they are treated equitably (W3).
	14	W, S	This will help to ensure people are protected from discrimination, which might amount to abuse or cause psychological harm. This includes harassment and discrimination in relation to protected characteristics under the Equality Act and thus fulfil CQC domain S1.
	15	W, S	Helps to ensure there are mechanisms in place for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations (W3).

Key:

S: Safe E: Effective C: Caring R: Responsive W: Well-led

9.Appendices

How to map the 15 actions to tackle racism in the workplace against the regulator's domains to support the delivery of high quality care - using the regulator in England, the CQC.

	Leadership and strategy		Accountability		
Actions	1	2	3	4	5
Regulator domain(s) action maps on to	W	W, S	W, S, E	W, S, E	W, S, E
An example of how the Action might help demonstrate improved quality (this is not exhaustive).	A co-produced strategy to tackle racism in the workplace will help fulfil the CQC domain W2.2 and W2.3 as it will demonstrate a collaboratively produced robust and realistic strategy to achieve priorities and deliver high quality, sustainable care.	This will help to ensure people are protected from discrimination, which might amount to abuse or cause psychological harm. This includes harassment and discrimination in relation to protected characteristics under the Equality Act and thus fulfil CQC domain S1.3.	A co-produced strategy to tackle racism in the workplace will help fulfil the CQC domain W2.2 and W2.3 as it will demonstrate a collaboratively produced robust and realistic strategy to achieve priorities and deliver high quality, sustainable care.	This will help to ensure people are protected from discrimination, which might amount to abuse or cause psychological harm. This includes harassment and discrimination in relation to protected characteristics under the Equality Act and thus fulfil CQC domain S1.3.	Supports provision of a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver this, as per CQC domain W2. Also helps ensure systems, processes and practices are in place that keep people safe and safeguarded from abuse, as per CQC domain, S1.

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	Addressing concerns			Equity of opportunity	
Actions	6	7	8	9	10
Regulator domain(s) action maps on to	W, S	W, S	W, S	W	W, C, E
An example of how the Action might help demonstrate improved quality (this is not exhaustive).	Helps to ensure staff feel safe and supported (S1).	Helps to ensure that action is taken to address behaviour and performance that is inconsistent with the vision and values, regardless of seniority (W3)	Helps to ensure staff feel supported, valued and respected (W3).	Supports staff to feel supported, respected and valued and positive and proud to work in the organisation (W3).	Supports staff at all levels of seniority to raise concerns about disrespectful, discriminatory or abusive behaviour and attitudes and to understand the impact that a person's care, treatment and condition will have on their wellbeing, both emotionally and socially, (C1). The learning needs of staff are more likely to be identified and they will be encouraged and given opportunities to develop (E3).

Key:

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9.Appendices

	Organisation culture		Specific sections of the workforce		
Actions	11	12	13	14	15
Regulator domain(s) action maps on to	W, S	W	W, S	W, S	W, S
An example of how the Action might help demonstrate improved quality (this is not exhaustive).	Supports staff to raise concerns, record them and report them internally and externally when necessary (S6). Supports organisations to develop sustainable, compassionate, inclusive and effective leadership, including succession planning (W1).	Supports the development of robust systems and processes for learning, continuous improvement and innovation (W8).	Helps to ensure that equality and diversity are promoted within and beyond the organisation and that all staff feel they are treated equitably (W3).	This will help to ensure people are protected from discrimination, which might amount to abuse or cause psychological harm. This includes harassment and discrimination in relation to protected characteristics under the Equality Act and thus fulfil CQC domain S1.	Helps to ensure there are mechanisms in place for providing all staff at every level with the development they need, including high-quality appraisal and career development conversations (W3).

Key:

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Thank you for reading

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