

Equal Ops and Diversity 2021....

Graham Rutt Deputy Dean HEE NE+NC







www.hee.nhs.uk





Graham's Zoom Rules

- In the big group:
 - Mute yourself when not speaking
 - Hand up to speak.
 - If I do not notice you, unmute yourself and speak anyway
 - Video on all the time
 - Phones off or on silent
 - Emails off or on silent
 - Chatham House rule



Graham's Zoom Rules

- In the small group / pairs:
 - Microphone and video on all the time
 - Phones off or on silent
 - Emails off or on silent
 - Chatham House rule
- Respect, Listen etc etc etc.



In the exercises

- A copy of the exercise will be posted in the chat before you leave the big group
- Whenever you work in a new pair, spend a minute telling each other:
 - Who you are
 - Where you work
 - Any special interests inside or outside medicine
 - What you would be if you were not a doctor
- The exercises are always invitations: if you wish to share or discuss other relevant matters, by all means please do so...



The Most Important Rule

- There are no right answers to any of these exercises, but some wrong ones.
 - Some of them provide an opportunity to explore relevant issues without a clinical slant and are more about our personal thoughts and reactions than our professional ones
 - Some of them may provoke a strong reaction in you
 - All of them are rooted in real life



1. A concept

- Equal opportunities and valuing diversity are not the same thing.
- Equal ops = law, difference, isolates groups
- Valuing diversity = maximising strengths, complementing each other, inclusiveness
- Paradoxically, both are important



2. A truism

- We all have prejudices
- "That which you acknowledge you can control; that which you do not acknowledge controls you"

de Mello, Awareness



3. Some definitions

- Stereotype
 Using assumptions
- PrejudicePre-judging
- Discrimination
 Acting on a difference based on prejudice or stereotyping



The Equalities Act (2010)

- Age
- Disability
- •Sex
- Gender reassignment
- Race
- Religion or belief
- Sexual orientation
- Pregnancy and maternity
- Any combination, perception or association



And:

- Employers liable for third party harassment if aware and take no action
- Employer has to prove innocence
- Some exceptions:
 - Positive action
 - Genuine occupational qualifications



Section 149

- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity
 - Removing or minimising disadvantages
 - Meeting individual needs
 - Encouraging participation in public life
 - Ensuring that reasonable adjustments are made
- Foster good relations
 - Tackling prejudice, promoting understanding.



Exercise 1: What does this mean for you as a trainer?

 In pairs, describe to each other an occasion when you have done one or more of those things with regard to a trainee

(Five minutes each way - Remember before you start to spend a minute telling each other:

- Who you are
- Where you work
- Any special interests inside or outside medicine
- What you would be if you were not a doctor)



The challenge for us

- Increasingly diverse workforce
- Non-diverse patient group (for much of our area)









Diverse but not homogenous

- Most ethnically diverse region London (44.9% White British) followed by W Midlands (79.2%)
- Least ethnically diverse: North East (93.6% White British) and Wales (93.2%)
- Highest percentages identifying as Asian London (18.5%) and West Midlands (10.8%)
- Lowest in the South West (2.0%) and Wales (2.3%)



Source: https://www.ethnicity-facts-figures.service.gov.uk/

- Highest percentages of the Black population London (13.3%) and the West Midlands (3.3%)
- Lowest North East (0.5%) and Wales (0.6%)
- Highest percentage of Mixed ethnicity London (5.0%) and the West Midlands (2.4%)
- Lowest North East (0.9%) and Wales (1.0)
- % living in an urban location general population
 - 81.5%,
- Pakistani Bangladeshi and Black African
 - 99.1%, 98.7%, 98.2%

Exercise 2



- Discuss in threes what effect this reality has upon your trainee?
- Given that it would be prejudicial to assume that they struggle, how do you explain to your trainee how to work with patients who are different from them?

(Remember to start by spending a minute telling each other:

- Who you are
- Where you work
- Any special interests inside or outside medicine
- What you would be if you were not a doctor)

Local authority	% White	Position
Newham	29	1
Brent	36.3	2
Harrow	42.2	3
Redbridge	42.5	4
Tower Hamlets	45.2	5
Slough	45.7	6
Ealing	49	7
Leicester	50.5	8
Hounslow	51.4	9
Waltham Forest	52.2	10
County Durham	98.2	165
Herefordshire, County of	98.2	166
Caerphilly	98.3	167
Northumberland	98.4	168
Powys	98.4	169
Blaenau Gwent	98.5	170
Cumbria	98.5	171
Flintshire	98.5	172
Redcar and Cleveland	98.5	173
Isles of Scilly	98.8	174





Discrimination

- Direct
- Indirect
- Harassment
- Bullying
- Victimisation
- Unwitting
- Institutional



Okay, so we think we are not overtly discriminatory, but...

- What about microaggressions?
- Definition:
 - indirect, subtle, or unintentional discrimination against members of a marginalized group.



Exercise 3 – on being excluded

- In pairs, describe to your partner a time when you have felt excluded
- How did it make you feel?

(Five minutes each way - Remember before you start to spend a minute telling each other:

- Who you are
- Where you work
- Any special interests inside or outside medicine
- What you would be if you were not a doctor)

Micro behaviours include...



Health Education England

Checking emails, typing or texting during a face-to-face conversation

Consistently mispronouncing a person's name

A group of employees go out for coffee / drinks after work and consistently exclude the same person

Interrupting a person mid-sentence

Avoiding eye contact / making eye-contact only with one gender whilst talking to a mixed gender group

Dismissing ideas from someone less senior / less experienced

Taking more questions from one gender over another

Being left off a list

Taking credit for someone else's idea



Continually turning up late to meetings

Introducing one colleague with glowing accolades, the other with just a name

Using acronyms others don't understand

Not being introduced at a meeting, or receiving less of an introduction in comparison to the introductions of others Cutting down ideas before they can be considered, or giving greater weight to the same idea presented by another

Clock watching when someone is speaking

Continuing a conversation without acknowledging the presence of the "outsider"

Hovering over someone in a controlling manner

Turning your back on someone when speaking to them



Health Education England

Saying good morning to everyone but one person

Repeatedly ignoring the existence of a colleague in the elevator

Finishing someone else's sentence

Talking over someone

Rolling eyes when someone speaks

Sharp intake of breath when someone speaks

Smug / smirky smile when someone's talking Whispered conversation between a few people in a larger group

Sighing whilst someone is talking



Are you sure??

- Are you sure you are not doing any of them?
- COFFEE / TEA / SEE YOU IN 10 MINUTES



What do you believe – exercise 4

In pairs describe (and discuss) what you believe in.

(Five minutes each way - Remember before you start to spend a minute telling each other:

- Who you are
- Where you work
- Any special interests inside or outside medicine
- What you would be if you were not a doctor)



And now for something topical...

But first take a moment



Exercise 5

- What do you see?



- What do you make of one response?
- How do you feel about the press's portrayal of the situation (see HM 2021)?
- Does that view differ from the practice admin team's?
- How does that affect the trainee?



Exercise 6

- Take a moment to read this article:
 https://www.theguardian.com/society/202
 1/mar/14/cases-like-everards-not-incredibly-rare-police-must-admit-it?CMP=Share iOSApp Other
- Then discuss, especially the last paragraph



Conclusions anyone?