

## Responding to Racial Abuse Toward Doctors in GP Training

Doctors in GP training are increasingly reporting incidents of racial abuse from patients, carers, staff, or the public during consultations, home visits, remote consultations, or within hospital training environments. Incidents may include:

- Verbal racial slurs, insults, or stereotyping
- Threatening behaviour
- Physical aggression
- Online or written abuse
- Discriminatory refusal of care

All racial abuse—whether “low-level” or overt—is subjective in its impact. A trainee’s interpretation must be respected. If a Doctor in Training considers the incident harmful, then it warrants full support and action.

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## 2. SOURCES OF SUPPORT FOR DOCTORS IN TRAINING

Doctors in training should be provided with clear signposting to:

- GP School via GP Training Programme- [Support Form](#)
- The Lead Employer Trust
- Freedom to Speak Up Guardians
- External racial abuse support organisations

See appendices for details of support services and contacts.

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## 3. PROCEDURE IN THE EVENT OF RACIST ABUSE

### SUMMARY OF STEPS

1. **Safety** – Ensure immediate safety of doctor in training and others.
2. **Police** – Contact if threat or violence is present.
3. **Act, De-escalate and Resolve** – De-escalate and continue care only when safe.
4. **Notify** – Inform senior practice management, GP Trainer or hospital lead clinical supervisor, GP School (via Training Programme Support Form) and The LET.
5. **Immediate Support** – Provide immediate, compassionate support to the trainee.

6. **Gather Evidence** – Record details, witness statements, CCTV, written notes.
  7. **Hospital or Practice Response** – Decide management action, review impact on doctor in training, consider ongoing patient registration at the practice
  8. **Hospital or Practice Learning** – Reflect as a team and implement improvements.
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## 4. DETAILS ON EACH STEP

### 4.1 SAFETY

Employers have legal obligations to protect doctors in training

Practices should ensure:

- Lone-working procedures in place for doctors in training
- Emergency call systems
- Safe consulting room layouts
- Rapid access to colleagues when consulting remotely or face-to-face
- Electronic alerts on medical records for patients with a history of violent, threatening or abusive behaviour

If risk is ongoing, remove the doctors in training from the situation immediately.

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### 4.2 POLICE

The police should be contacted:

- When the doctor in training or others are at risk
- When an incident may constitute a hate crime

Call **999** for immediate danger; **101** for reporting after the incident (online or via phone).

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### 4.3 ACT, DE-ESCALATE AND RESOLVE

Training practices and host hospital departments should use recognised de-escalation models. Prioritise doctor in training wellbeing above the needs of the perpetrator.

Where the perpetrator remains a patient, emergency medical needs must still be met.

The doctor in training should not be asked to continue the consultation after experiencing racial abuse.

#### 4.4 NOTIFY

As soon as it is safe:

- Notify the **Practice manager, GP trainer or Nominated Supervisor** on duty if GP trainer unavailable (the GP Trainer should be informed on their return).
- Notify the **GP Programme via Support form**
- If the incident occurred in a hospital post, notify the **DME of the Acute Trust.**
- Notify the **The Lead Employer Team (The LET)**

This ensures that the incident is logged, support is mobilised, and patterns of racial abuse are recognised.

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#### 4.5 IMMEDIATE SUPPORT

Ask: *“What do you need right now?”*

Provide:

- A private space
- Time away from clinical duties (do not assume they can continue)
- A supportive colleague to stay with them
- Refreshments, reassurance, and written signposting to support

Offer—but do not pressure—the doctor in training to return to duties later if they choose.

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#### 4.6 GATHER EVIDENCE

Collect:

- Witness accounts and contact details
- Trainee’s contemporaneous notes
- Any CCTV or telephone recordings
- Screenshots or saved abusive messages

Record all details clearly, objectively, and promptly.

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#### 4.7 RESPONSE

The doctor in training should meet with:

- Their **GP trainer**, and/or
- **Practice manager**, and/or
- **Training Programme Director**, and/or
- **The DME of the Acute Trust for GP**

The following should be discussed:

- Trainee's welfare and support needs
- Potential impact on training progression
- Whether the incident should trigger formal action (e.g., patient warning or removal, internal HR action)
- Adjustments or safety measures for the trainee moving forward

The GP School and LET should receive updates if risk, patterns, or support concerns continue.

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## 4.8 LEARNING

Hold a reflective meeting—facilitated if needed—with:

- All staff
- Training team
- Doctor in Training (if they choose to attend)

Review:

- What happened
- What went well in the response
- What needs improvement
- What preventive or protective measures should be put in place

Learning outcomes should be captured as part of significant event analysis and shared with training leadership when appropriate.

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## 5. APPENDICES

### A. External Support Contacts

- **Victim Support** – <https://www.victimsupport.org.uk>
- **Tell MAMA (Monitoring Anti-Muslim Abuse)** – <https://tellmamauk.org>
- **Stop Hate UK** – <https://www.stophateuk.org>
- **Equality Advisory & Support Service (EASS)** – <https://www.equalityadvisoryservice.com>

- **Crimestoppers (Hate Crime Reporting)** – <https://crimestoppers-uk.org>
- **True Vision (Police Hate Crime Reporting)** – <https://www.report-it.org.uk>

## B. Support Contacts

- **Freedom to Speak Up Guardian Acute Trust**  
[Find My FTSU Guardian - National Guardian's Office](#)
  - **DME for GP Acute Trusts**
    - TEWV
    - South Tyneside
    - CDDFT
    - North Tees
    - South Tees
  - **Durham Tees Valley GP Training Programme [Support Form](#)**
  - **The Lead Employer Trust** - 0191 275 4782 or [england.letelpdesk.ne@nhs.net](mailto:england.letelpdesk.ne@nhs.net)
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