Leicester Medical School

MBChB

Equality and Diversity
Policies and Strategy

September 2017
Introduction

Leicester Medical School’s policy and strategy on Equality and diversity is governed by the University of Leicester’s Equal Opportunities Policy [Leicester University Equal Opportunities](#) and the GMC guidance on Equality and Diversity [GMC Equality and Diversity](#). Both of these policies are themselves governed by the Equality Act 2010 [Equality Act 2010](#). This document highlights those areas from both policies that are particularly relevant to the Medical School.

University Equal Opportunities Policy

- The University of Leicester Medical School will positively advance equality of opportunity for all current and potential students, staff and its other stakeholders. It will not discriminate unfairly on the basis of gender, pregnancy and maternity, gender reassignment, disability, race, ethnic or national origin, age, sexual orientation, socio economic background, religion and belief, political beliefs, family circumstances including marriage and civil partnership and trade union membership.

- The Medical School is passionate about achieving equality of opportunity for all its students, staff and other stakeholders and will do so by identifying measurable Equality Objectives and working closely with individuals and groups identified within the Equalities governance structures.

- The Medical School values and supports the significant economic, intellectual, contributions our diverse staff and student can make internationally, and recognises the role it plays in ensuring that our staff and student are aware of equalities within their work.

- The Medical School seeks to eliminate unlawful discrimination, harassment and victimisation. See Leicester Medical School [Bullying and Harassment Policy](#).

- The Medical School will advance equality of opportunity, equal participation and harmonious relations for its diverse student and staff body in all its functions including in its role as a provider of higher education and an employer.

- The Medical School will make reasonable adjustments and promote equality of opportunity for all to ensure that we provide first rate teaching and research environment. The Medical School is also committed to upholding the standards expected of medical student and practitioners by the GMC.

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• The Medical School values the positive contributions individuals and groups can make in advancing equalities for all, and is committed to listening and learning from the diverse range of people who have a relationship with the Medical School. The Medical School will endeavor to do this in a transparent way and are committed to actively seeking out the perspective of different stakeholders and not only those who are vocal or have specific roles.

• The Medical School will appoint an Equalities and Diversity Officer and appoint an Equality and Diversity Advisor to the Board of Studies. The roles of the Medical School Equality and Diversity Officer are described at Roles of Equality and Diversity Officer. The current Equality and Diversity Officer is Dr Mike Mulheran (mm22@leicester.ac.uk), the Equality and Diversity Advisor to the Learning and Teaching committee is Professor Nisha Dogra (nd13@leicester.ac.uk). In addition the Medial Students will elect a Student Diversity Officer.

• All staff are required to complete equality and diversity training every three years.

General Medical Council

The GMC guidance on equality and diversity in relation to undergraduate medical training is contained in a number of documents. The guidance falls into the following broad areas. The Medical School’s response to the guidance is given in italics.

Institutional

Promoting Excellence: standards for medical education and training states that:

• The educational governance system makes sure that education and training is fair and is based on principles of equality and diversity - The educational governance of Leicester Medical School is provided by the University Equal Opportunities Policy, the Equality and Diversity Officer and the Equality and Diversity Advisor to the Board of Studies.

• Organisations must have systems to make sure that education and training comply with all relevant legislation - These systems are described in this document.

• Organisations must evaluate information about learners’ performance, progression and outcomes – such as the results of exams and assessments – by collecting,
analysing and using data on quality and on equality and diversity – *Leicester Medical School performs this annually.*

- Organisations must make sure that recruitment, selection and appointment of learners and educators are open, fair and transparent - *See below under ‘Learners’.* This is consistent with the University regulations regarding these processes.

- Medical schools must meet a number of equality and diversity obligations towards their students. Students and applicants to medical schools must be treated fairly. Medical schools must meet the requirements of equality and human rights legislation. This includes making reasonable adjustments for disabled students. The *Gateways advisory guidance*, aimed primarily at medical schools, provides practical suggestions on making reasonable adjustments to help schools ensure that disabled students do not face unnecessary barriers to successful medical careers – *see Leicester Medical School Supporting students with a disability and Alternative Examination Arrangements*, both of which refer to the ‘Gateways’ advisory guidance. The Medical School actively encourages applications from those with a disability. *See Admissions and disabilities.*

*Supporting medical students with mental health conditions* is designed to help medical schools support students who have mental health conditions. It gives examples of good practice and advice for medical schools on how to provide the best possible help to students – *see Leicester Medical School Code of Practice for Illness in Medical Students.*

**Learners**

*Promoting Excellence: standards for medical education and training* states that

- Learners must have access to resources to support their health and wellbeing, and to educational and pastoral support, including:
  a) confidential counselling services - *See Pastoral Support Unit.*
  b) careers advice and support - *Careers Advice and Support*
  c) occupational health services - *See Occupational Health Services.*

- Learners must be encouraged to take responsibility for looking after their own health and wellbeing - *This is discussed in induction week and forms a large part of the Health Enhancement Programme in Semester 1 and is regularly discussed during the course thereafter.*

- Organisations must make reasonable adjustments for disabled learners, in line with the Equality Act 2010. Although the standards of competence themselves cannot be
changed. Reasonable adjustments may be made to the way that the standards are assessed or performed (except where the method of performance is part of the competence to be attained), and to how curricula and clinical placements are delivered. Organisations must make sure learners have access to information about reasonable adjustments, with named contacts - See Supporting students with a disability and Alternative Examination Arrangements.

- Graduates from medical school must be able to communicate sensitively and effectively and respect disabled people. They must also understand the legal, moral, and ethical responsibilities involved in protecting and promoting the health of patients with learning disabilities or mental illnesses. They must respect all patients, colleagues and others regardless of their age, colour, culture, disability, ethnic or national origin, gender, lifestyle, marital or parental status, race, religion or beliefs, sex, sexual orientation, or social or economic status. – Leicester Medical Students are taught about equality and diversity at the following times during the course:

  a) During their induction to Medical School.
  b) The theory and principles of equality and diversity are taught during the Behavioral and Health Care Delivery Sciences course. This occurs during the first year of the course.
  c) All of the clinical teaching during the first two years of the course considers equality and diversity issues
  d) All of the clinical teaching during years three, four and five considers equality and diversity issues.
  e) Please see document titled Diversity education for the medical degree

Medical students - professional values and fitness to practise, explains:

- what medical students need to do to ensure that their health does not put patients or colleagues at risk – This is discussed during teaching on professionalism throughout the course and also forms part of the Health Enhancement Programme in Semester 1.

- that in order to demonstrate that they are fit to practise, students should respect patients and treat them with dignity throughout their time at medical school – This principle is integral to all teaching about equality and diversity.

Curriculum
Promoting Excellence: standards for medical education and training states that:

Medical school curricula must give medical students experience in a range of specialties, in different settings, with the diversity of patient groups that they would see when working as a doctor – The curriculum at Leicester provides medical
students experience of different specialties in different settings. The medical school ensures that students work with diverse patient groups. Information about the curriculum is contained in the Document Diversity education for the medical degree.

• the opportunity to gain knowledge and understanding of the needs of patients from diverse social, cultural and ethnic backgrounds, with a range of illnesses or conditions and with protected characteristics - The medical school ensures that students work with diverse patient groups with a range of illnesses and protected characteristics.

Patient and public involvement in undergraduate medical education supplementary guidance states that:

• Medical schools should try to ensure diversity among those involved in medical education across the protected characteristics, and/or economic status. This should be through direct patient contact and, exposure to and experience of, dealing with a variety of individuals including those with disabilities or from vulnerable groups – Leicester Medical School tries to ensure that patients and simulators involved in student education, training and assessment are derived from diverse backgrounds, beyond the nine protected characteristics. All medical students will learn from individuals with a range of diversity factors and the potential impact that these may have on their health presentations and needs.

Teachers

• In Developing teachers and trainers in undergraduate medical education one of the broad themes for a development programme for someone with a role in teaching and training medical students could include principles of equality and diversity – All non-clinical teachers at Leicester Medical School receive training on equality and diversity every three years. All clinical teachers receive teaching on equality and diversity as part of their Mandatory Training. Additionally, staff who teach medical students receive training in integrating diversity across the curriculum and how to ensure that the materials we use in medical education reflect diversity and that teachers demonstrate the same principle expected of medical students.

Strategic Aims
The document now highlights the strategic aims and context where needed and the specific goals to meet the strategic aim. We show how the goals will be met and how we will demonstrate that the goals have been met. We also identify who has the lead responsibility and the timeframes set to achieve the goals. Whilst we identify an individual with lead responsibility, we emphasise that everyone is responsible for contributing to a culture in which the principles become meaningful actions and diversity thrives in a productive way.
Leicester Medical School (LMS) is committed to meeting its legal and moral responsibilities of promoting equality and supporting diversity that reflects compliance with legal and professional expectations. All staff and students have a responsibility to comply with the University’s Equality and Diversity Policy.

The Equality Act 2010 specifies nine groups of individuals who have ‘protected characteristics’ that are covered by this legislation: age, disability, race, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, religion and belief, sexual orientation. However, in the context of medical education we expand this group to include different perspectives around health beliefs, values and sense of cultural belonging. We also emphasise that there is no hierarchy of diversity in that the needs of someone in one protected groups are not a greater priority than the needs of another. We also recognise that individuals are not unidimensional and often belong to a range of groups.

This strategy sets out to ensure that the LMS ensure that staff and students are treated fairly and that all the processes we employ such as recruitment of staff and students, the management of staff and students comply with the Equality Act but additionally that we do all we can to create a local culture that facilitates openness and transparency with a genuine respect for difference where this does not breach legal frameworks. There is also a focus on the delivery of medical education including curriculum development, delivery and assessment given that the role of medical education is to prepare students for clinical practice when they are expected as health care practitioners to comply with the GMC expectations of them.

The table below details the aims we have set and how we propose to meet them and evaluate their delivery.
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<tr>
<th>Strategic aim and context where needed</th>
<th>Specific goals to meet strategic aim</th>
<th>How will goals be met?</th>
<th>How will be demonstrate goals have been met</th>
<th>Lead responsibility and timeframe</th>
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| To ensure data re diversity factors including ethnicity is routinely collected and used to inform workforce planning for staff and admissions for students | 1. To collect data on diversity factors and specify which we will include (e.g. age, gender, ethnicity as defined by service, ?ethnicity as defined by family, disability (do we need to specify what we mean to ensure we collect relevant and meaningful data  
2. To report on the data collected and consider implications for the medical school. Circulate the findings so that different perspectives can be gained on the implications  
3. Use the data and demonstrate how the data is being used to deliver and plan medical education and support both students and staff | Goal 1 will be met through ensuring that the information collected frames these questions in ways which we make clear why we are collecting the information and why it is important. We also need to ensure that staff and students understand what is asked of them.  
Goal 2 will be met by a written analysis of the data at a pre specified intervals (annually a couple of months prior to commissioning arrangements may be most appropriate).This will be presented as part of the evaluation framework in June each year. The implications of the findings will be discussed and documented at the clinical meetings so the data has real relevance to service delivery.  
Goal 3 will be met by explanation of how the data has been used to make or change  
Outcomes of Goal 1 will be demonstrated through simple reporting.  
Outcomes of Goal 2 will be demonstrated through written reports and written documentation of the consultation process and responses to it | 1. Admissions tutors  
2. Annual report as admissions are annual  
3. Head of Medical School |
To ensure all medical school staff and honorary staff are effectively trained in diversity and that diversity issues are considered as an integral component of educational provision including student services and curriculum development, delivery and assessment

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| **1.** Identify number of staff who have had such training | **To meet goal 1 we need to collate data on who has already attended such training and any impact on their practice**
| **2.** Ensure that job descriptions or service plans highlight this aspect | On the basis of results from goal 1 identify appropriate training opportunities for new and existing staff.
| **3.** Ensure any training delivered meets basic standards as identified through practise and evidence | All staff to complete the University E & D training to ensure compliance with university regulations re participation in interviews for staff and admissions processes.
| **4.** Ensure all medical school policy incorporates diversity aspects | Additionally staff to undertake face to face or on line module considering how to ensure the teaching they deliver integrates diversity

All educators to complete basic training and others to complete the modules available. By the end of this modules learners should be able to:

1. Reflect and identify how their

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| **1.** As suggested in action needed | Leads responsible for line management and writing of job descriptions
| **2.** Review of job descriptions and map curriculum to audit where diversity is taught and where it could be added as an integral part of that subject (but has to be more than tokenistic mention) | Nisha Dogra re training and standards relating to this
| **3.** Measure any training against the learning outcomes identified |
| Ensure students are aware of the expectations of the GMC regarding their professionalism | Students are aware of their professional responsibilities as future doctors | Students to be taught diversity in an integrated way with an opportunity to learn about their own issues in a supportive environment but for which there is accountability. The expectations of students are introduced as part of induction and revisited in different strands throughout the curriculum | Curriculum mapping (may be better to focus on new curriculum) – leads in major areas to report and I as overall diversity lead can ensure all integrates |
| Students treat their peers, patients and staff with respect | Students are aware of the expectations of the University re how they interact with peer... | The refresher training would need to refresh these competencies and also build on them | Annual report re fitness to practise data |

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<th>Patient involvement to ensure the patient voice with respect to diversity is heard within curriculum development</th>
<th>The medical school monitors and manages any students not meeting the expectations of them (that is their behaviour or their communication reflects unacceptable treatment or language with regard to others)</th>
<th>Practise Committee reports in diversity aspects (that is if any issues were related to this and how they were managed and if it led to either changes in curriculum or somewhere else)</th>
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<td>This can be incorporated in specific goals as part of our commitment to the patient voice in medical education as an integral part of the process and not stand alone item. To ensure that this is considered in all parts of the curriculum which involve simulated patients or patients such as admission, clinical skills acquisition</td>
<td>There is currently a review of the role of the Patient Unit.</td>
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<td>Share and develop practice with other medical schools to enhance best practice</td>
<td>1. Share the diversity strategy with other schools 2. if effective promote scheme and share best practice through national network</td>
<td>Goal 1 can be met through distribution of the strategy once signed off by the medical school Goal 2 can be met by providing contact details of relevant staff to relevant partners.</td>
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<td>Nick London as Head of Medical School and Nisha Dogra as E &amp;D advisor to Board of Studies of Medical School</td>
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| Student Diversity Officer | 1. To ensure that the student body, in particular, student societies follow best practice  
2. To inform the Medical School of any diversity issues that arise from the perspective of the student body | 1. By requiring student societies to have a diversity policy  
3. Through regular meetings between the Student Diversity Officer and The School Equality and Diversity Officer |  |  |