Royal College of Obstetricians & Gynaecologists

Experiences of racism and discrimination among doctors in obstetrics and gynaecology not in a training programme

Acronyms

EEA	European Economic Area
DA	Differential Attainment
GMC	General Medical Council
IMGs	International Medical Graduates
LED	Locally Employed Doctor
MTI	Medical Training Initiative
NHS	National Health Service
PMQ	Primary Medical Qualification
O&G	Obstetrics and Gynaecology
ONS	Office of National Statistics
RCOG	Royal College of Obstetricians and Gynaecologists
SAS	Specialty Doctor, Associate Specialist and Specialist
SEAC	Specialty Education Advisory Committee
TEF	Training Evaluation Form
TOG	The Obstetrician & Gynaecologist (Journal)
UK	United Kingdom
UKG	UK Graduate

Contents

Foreword – Ranee Thakar, RCOG President

Racism and discrimination from colleagues and patients can create barriers to fair working cultures and career progression. One of my priorities as RCOG President is to tackle these issues and ensure our membership is supported to provide the highest-quality of care to everyone.

We need to advocate for psychological safety in the workplace to build an environment where people feel accepted and respected. A place where people feel safe to challenge when they have concerns or questions, without any fear of repercussion. Where psychological safety is achieved, people feel included, safe to learn, safe to contribute, and safe to challenge. Safety and civility are intrinsically linked to equality, inclusivity and diversity in the workplace.

As one of our survey respondents said*, "A happy doctor is a safer doctor. Our wellbeing is vital, whatever our skin colour or heritage."*

One of my primary ambitions as President is to continue working towards ensuring racial equity within the specialty, building on the progress of recent years and vital evidence such as this survey's findings. Thank you to everyone who bravely and honestly shared their experiences with the RCOG. I look forward to sharing further updates with you on our work towards racial equity soon.

Introduction

The Royal College of Obstetricians and Gynaecologists (RCOG) is committed to addressing racism and bias experienced by the obstetric and gynaecology (O&G) workforce and the people they care for. As part of our ongoing efforts to better understand the factors that affect career progression in the O&G workforce, we surveyed UK RCOG members to learn more about their experiences of bias, racism and discrimination, including factors such as gender, disability, sexual orientation and having caring responsibilities.

Forty-five percent of doctors working in O&G in the UK identify as being from a Black, Asian, or minority ethnic background, so this work is vital in informing the College about how best to support equal opportunity within the specialty. Inclusive working and psychological safety in teams has been shown to improve doctor wellbeing and patient care.*

The survey featured in this paper was distributed to all UK RCOG Members, Fellows and Associates, with the exception of doctors in the specialty training programme, as their experiences are reported annually via the GMC training survey and the RCOG Training Evaluation Form (TEF) survey.

Key findings

- Nearly three-quarters of respondents reported experiencing or witnessing racial harassment and/or discrimination in the last 12 months.
- The main perpetrators of these behaviours were senior medical colleagues and other clinical staff.
- Of those respondents who reported experiencing or witnessing an incident, 42% had reported it.
- Half of those who reported an incident of discrimination or harassment said they felt unsupported when they reported it.
- Just over half of respondents reported that they have considered leaving or have left their job as a result of racial harassment or discrimination.
- When asked about all the factors that have hampered their career progression, 40.8% of respondents chose ethnic background, the highest proportion for any option.
- International medical graduates (IMGs) face specific challenges in adapting to a new culture and working environment.
- Locally employed doctors (LEDs) who were international medical graduates (IMGs) were the most likely to experience or witness racial discrimination.

Survey respondents

The survey was conducted in 2023 as part of the RCOG's Race Equality Taskforce. A total of 286 responses were received from 2,600 consultants and 1,000 locally employed doctors (LEDs) and Specialty, Associate Specialist and Specialist (SAS) doctors currently employed in the UK. Excluding 14 responses from general practitioners or doctors in training, we obtained 272 responses, amounting to a response rate of 7.6%. Whilst we recognise that a low response rate indicates the potential for bias, the data in the survey is crucial to further our understanding of the frequency and impact of discrimination on O&G clinicians practising in the UK.

Of the respondents, 61% (165) were international medical graduates (IMGs), and of these, eight qualified in the European Economic Area (EEA). Thirty nine percent (107) of survey respondents obtained their primary medical qualification (PMQ) in the UK (UKG). Table 1 summarises the demographics and posts held by both cohorts. The survey used the five broad categories of race used by the GMC: **Black** (Black, British Black, Caribbean or African), **Asian** (Asian, British Asian, Indian, Pakistani, Bangladeshi, Chinese, other Asian), **other** ethnic groups (including Arab and other ethnic groups), **Mixed** (Mixed or multiple ethnic groups including white and Black Caribbean, white and Black African, white and Asian) and

White (includes English, Welsh, Scottish, Northern Irish, British, Irish, Gypsy, Irish Traveller, Roma, and any other White background).

More than half (53%) of survey respondents reported that English is not their first language. Just over half (51%) of respondents held consultant posts. A fifth were locally employed doctors (LEDs), 16% were Specialty, Associate Specialist and Specialist (SAS) doctors, while the rest of the respondents were employed as locum consultants or on other contracts, including academics and medical directors.

This report focuses on the impact of racism and discrimination in the O&G workforce and contains comments from RCOG members to highlight the challenges they have experienced. To ascertain the cohort of membership currently facing barriers to career progression, the data is categorised by respondents' PMQ (UKG or IMG) and the ethnicity that the respondent identifies with.

Years in the UK	**UKG 107 (39%)**	**IMG 165 (61%)**	**Total 272 (100%)**
Born in the UK	76 (73%)	6 (3.5%)	82 (30.2%)
More than 10 years	30 (27.8%)	82 (49.7%)	112 (41.2%)
Between 6-10 years	<3	24 (14.5%)	***
Less than 5 years	0	53 (31.4%)	53 (19.5%)
Ethnicity			
White	69 (64.4%)	16 (9.5%)	85 (31.3%)
Mixed (Mixed or multiple ethnic groups (includes White and Black Caribbean, White and Black African, White and Asian, and any other Mixed or Multiple background))	8 (7.4%)	6 (3.6%)	14 (5.2%)
Black, Black British, Caribbean or African (includes Caribbean, African, and any other Black, Black British, or Caribbean background)	4 (3.7%)	19 (11.2%)	23 (8.5%)
Asian or Asian British (includes Indian, Pakistani, Bangladeshi, Chinese, and any other Asian background)	26 (24%)	101 (61.2%)	127 (46.7%)
Other ethnic group (includes Arab, and any other ethnic group)	0	22 (13.3%)	22 (8.1%)
Prefer not to say	0	<3	***
Gender			
Male	32 (30%)	46 (27.9%)	78 (28.7%)
Female	75 (70%)	119 (72.1%)	194 (71.3%)
Career grade			
LE Doctor	<3	53 (32.1%)	***
SAS Doctor	4 (3.7%)	40 (24.2%)	44 (16.2%)
Consultant	86 (80.3%)	54 (32.7%)	140 (51.5%)
Locum doctor	8 (7.4%)	16 (9.7%)	24 (8.8%)

*Table 1: Demographics, years in the UK and Current Post grouped by primary medical qualification. ***indicates data where numbers were too small to display.*

Key themes

Experience of racism in the workplace

Overall, 73.5% of respondents reported *experiencing* or *witnessing* racial harassment and/or discrimination in the past year. Almost 5% felt they had personally *experienced* physical violence, threats, or intimidation related to racial harassment.

Of the thirteen respondents who reported personally *experiencing* physical violence, threats and intimidation, seven were women, six were consultants, nine were IMGs, and ten had been in their current post for more than five years. The fact that nearly half of the respondents reporting that they had experienced physical violence, threats and intimidation within the last year, were working as consultants, suggests that racism can affect all levels of the workforce irrespective of seniority.

Respondents reported experiencing a variety of behaviours they attribute to racial harassment. These behaviours include being excluded or ignored, having their name repeatedly mispronounced by the same person, being repeatedly mistaken for someone of the same skin colour, and being subject to racist remarks, stereotyping, microaggressions, jokes and banter that made them feel uncomfortable.

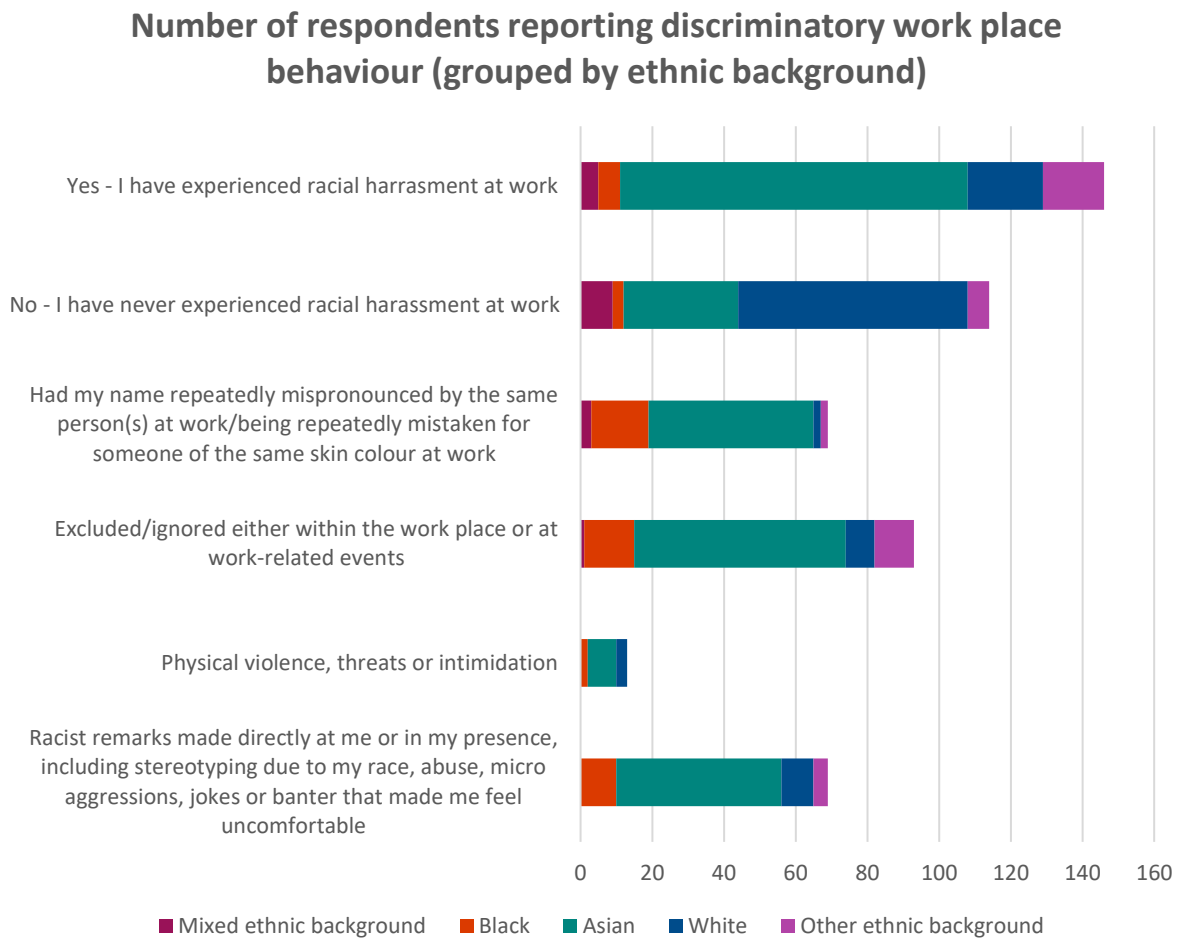

Figure 1: Number of respondents reporting discriminatory workplace behaviours which they attribute to racial harassment. Grouped by grouped by ethnic background.

"I repeatedly got called by another name or emails intended for the other female Asian in the department with a name starting with same letter. (Different grades, different sub-specialties within O&G)."

"During my training it was obvious that opportunities for competitive areas of the specialty are difficult for overseas doctors to enter despite giving all the possible efforts."

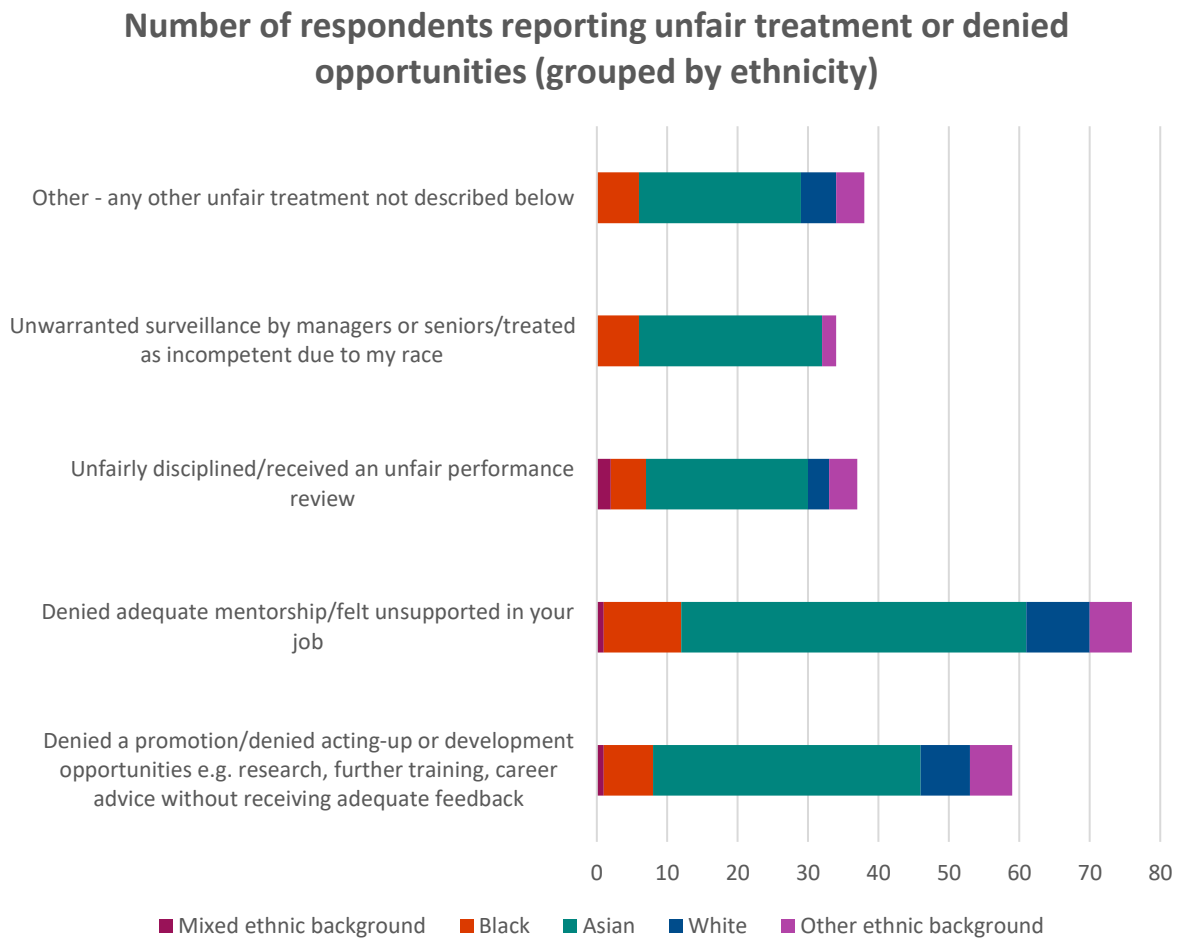

Figure 2: Number of doctors reporting adverse workplace behaviours which they attribute to racial discrimination. The groups are categorised by primary medical qualification.

Some respondents highlighted that while they had not experienced racial harassment or discrimination in the past year, they had done so earlier in their careers.

> *"We have come a long way from how racist [the] NHS was when I started as a medical student."*
>
> *"The workplace in Obs and Gyn is far better than when I was a trainee…The discrimination was blatant and not based on ability."*

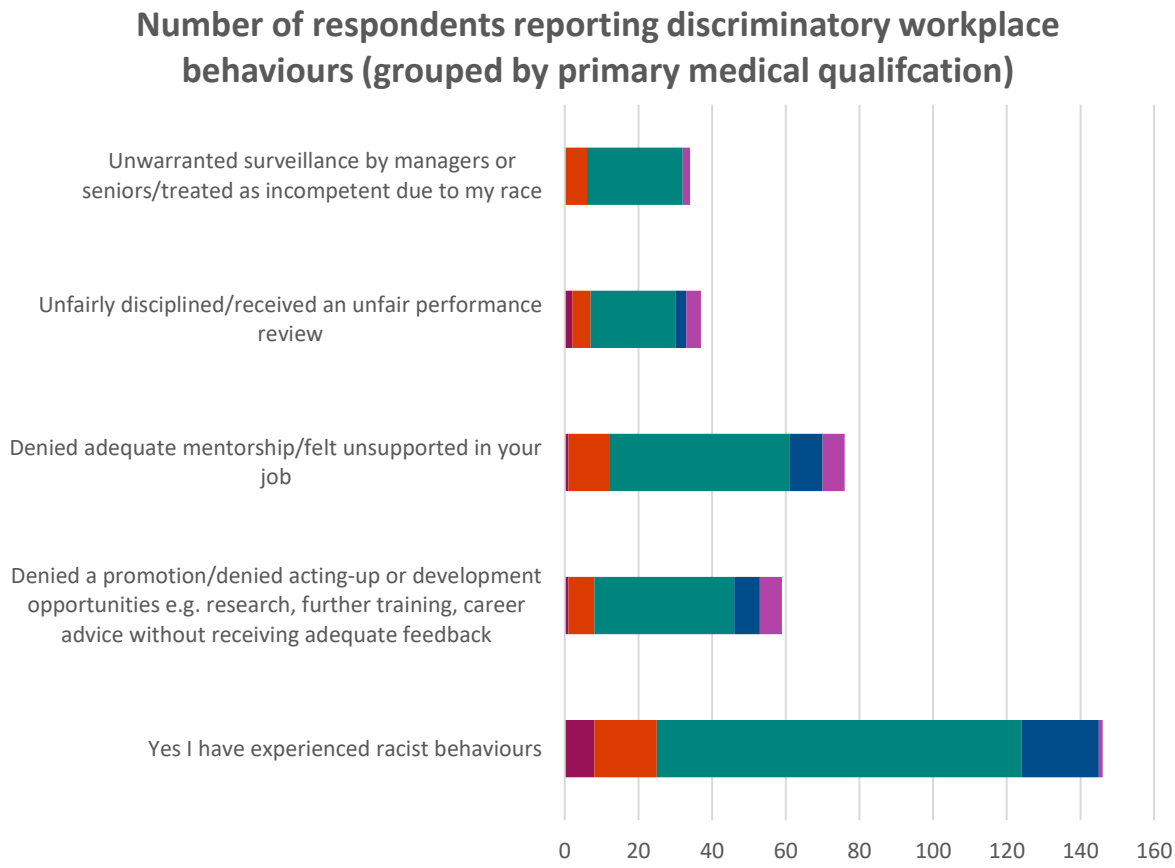

Figure 3: Proportion of respondents reporting discriminatory workplace behaviours grouped by ethnic background.

Forty-two percent (42%) of respondents reporting discriminatory behaviours stated that senior medical colleagues and other clinical staff are the main perpetrators of these behaviours. Less frequently, the behaviour comes from medical peers, patients, and non-clinical staff members. Only a very small number of respondents reported that the behaviours were perpetrated by senior managers.

The survey responses suggested evidence of in-grouping and out-grouping.[†] In these instances, this led to different cohorts of doctors feeling ostracised. For example, within the open text comments, the white UK doctors who worked in diverse units often reported feeling isolated and excluded, for reasons such as groups of colleagues speaking different languages amongst themselves. Likewise, some IMGs felt excluded from UKG in-groups, where the UKG doctors were perceived as having greater opportunities than the IMG doctors. On the other hand, there were also benefits to in-grouping, as IMG doctors felt more secure and able to psychologically safe. These doctors were more likely to confide in a peer about experiencing discriminatory or racist behaviours.

The qualitative data illustrated that some respondents felt anxious about being labelled as having biases or being racist when offering feedback on clinical skills. There were also comments from respondents who stated they felt uncomfortable as bystanders or witnesses to racist and discriminatory behaviour.

> *"As the only white UK trained doctor in a large department, I was routinely ostracised by the IMGs. This included exclusion, speaking in other languages other than English between themselves at work, and any achievements or good feedback I had were attributed to me being white, or implied positive feedback. This severely affected my experience and decision to stay in O&G."*

> *"As a white UK born woman I can see that I am being positively discriminated for.*
>
> *I can see that I am picked above colleagues because of my ethnicity, and I see every day those around me making assumptions based on race."*

Reporting discrimination and harassment

Forty-two per cent of survey respondents who had experienced or witnessed an incident said they had reported it.

Figure 4 displays whether incidents of racism or discrimination based on career grade were reported, with consideration given to PMQ. The findings indicate that IMGs were more likely than UKGs to feel that they had experienced or witnessed racism or discrimination. Furthermore, the data reveals that LEDs were the least likely to report such incidents.

Notably, 43.5% of consultants surveyed reported witnessing or experiencing incidents of racism or discrimination, yet more than half of this group did not report the incident. The reasons for not reporting an incident included concerns about a negative impact on their career, a belief that reporting the incident would not be beneficial and being uncomfortable with speaking up.

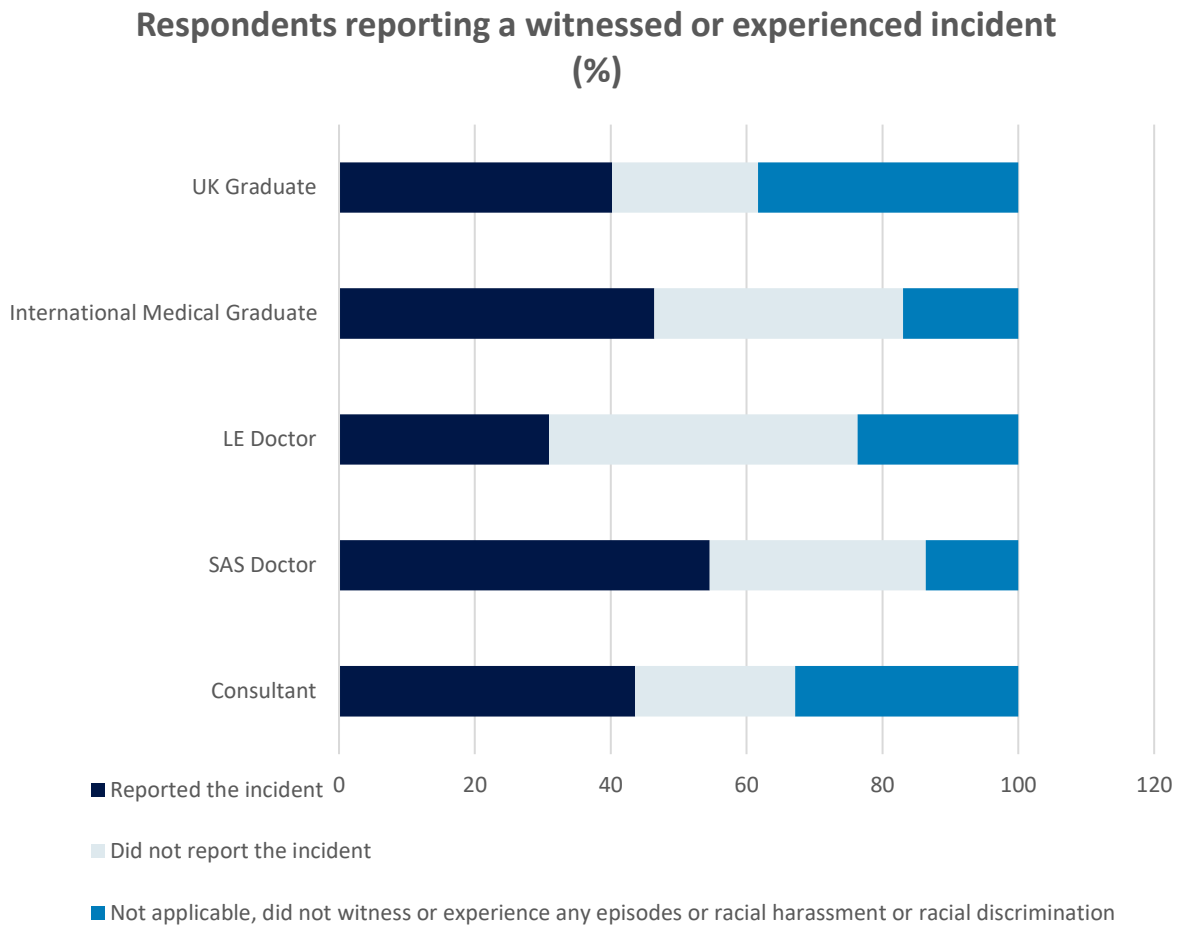

Figure 4: The respondents answer to "whether they reported when they experienced or witnessed an incident of racism or discrimination."

"[We] need an effective system nationally to report bullying, harassment and discriminatory behaviours as the local systems may be biased due to conflict of interests."

The results give a mixed picture when considering what happened after reporting an incident. Around 8% of respondents said their report was responded to punctually, and adequate action was taken. Just over 9% said that although they received a punctual response to their report, inadequate action was taken. A similar number reported a delay in dealing with their report and that the action taken was inadequate. Just over 13% of respondents felt that their communication was ignored.

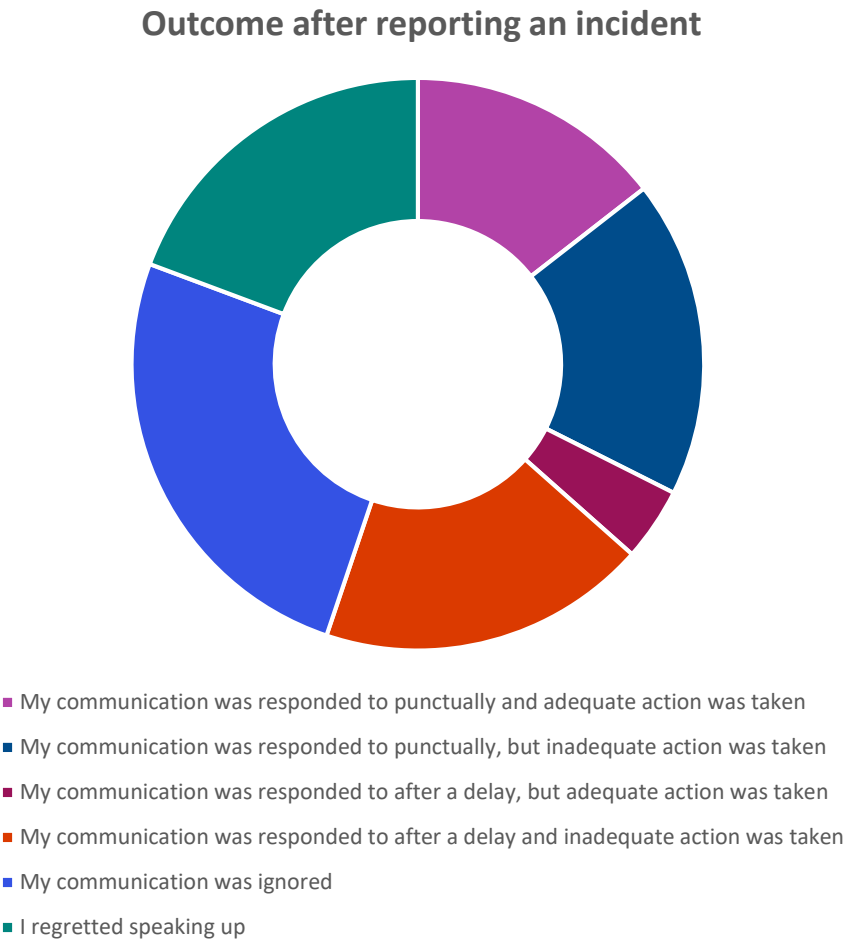

Figure 5: Outcome after reporting an incident. This chart illustrates the outcome and whether there were delays in receiving a response.

Of those respondents who reported an incident of racism, some regretted their decision to speak up; they felt they had been labelled as troublemakers and consequently were made to feel ostracised and unsupported.

"I have been seen as "difficult" when trying to raise my views which most of the time have been ignored."

The impact of racial harassment and discrimination in the workplace

RCOG members reported a variety of consequences as a result of the racial harassment and discrimination they feel they experienced (Table 2). Many reported feeling disconnected and isolated from their teams, as though they do not have a voice in their workplaces, decreasing levels of confidence and increasing levels of stress. They reported a negative impact on both their physical and mental health, and on their personal lives. A relatively small number of respondents (9.9%) reported taking sick leave due to their adverse treatment, suggesting that doctors in O&G continue to work despite these adverse effects. Concerningly, 1.5% stated that they had had suicidal thoughts because of racial harassment or discrimination.

Those who reported experiencing or witnessing racial harassment or discrimination, experienced the following: n (%)	
Feeling disconnected or isolated from the rest of my team	97(35.7%)
Feeling underrepresented/like I don't have a voice in my workplace	96(35.3%)
Decrease in my confidence at work	94(54.5%)
Negative impact on the quality of my work	72(26.5%)
Increase in my stress levels	126(46.3%)
Negative impact on my mental health	84(30.9%)
Suicidal thoughts	4(1.5%)
Having to take a sick day	27(9.9%)
Negative impact on my physical health	42(15.4%)
Negative impact on my personal life	74(27.2%)
Turning down an opportunity	49(18%)
Considering leaving or left my job	89(32.7%)
Yes to any the above	103(37.9%)

Table 2: Consequences respondents reported to their wellbeing and mental health after experiencing or witnessing racial harassment or discrimination.

"The RCOG should tackle microaggressions as current interventions are inadequate"

"The problem has being (sic) going on for a long time, not just in the last 12 months, the things are a bit better for the white trainees, others have been hurt and carry trauma."

International Medical Graduates

The survey revealed that IMGs can face a specific set of challenges compared to UKGs. Multiple times, respondents mentioned the need for better induction programmes for IMGs, highlighting the need to help IMGs familiarise themselves with the UK system and support them in settling in better.

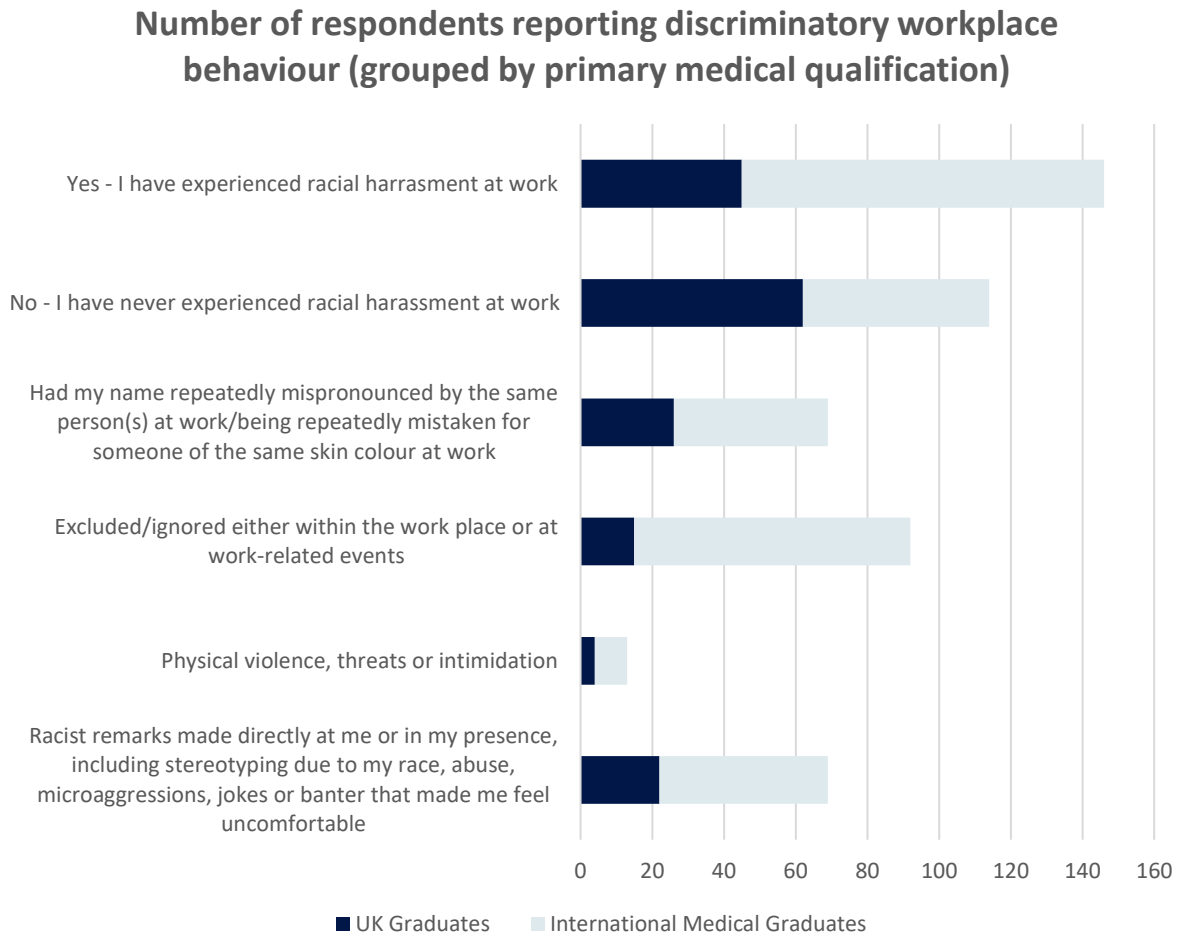

Figure 7: Number of respondents reporting discriminatory workplace behaviours which they attribute to racial harassment. Grouped by primary medical qualification.

Figure 7 illustrates that IMGs were more likely than UKGs to identify as feeling excluded or ignored.

Respondents reported experiencing a variety of other behaviours they attribute to racial discrimination, including being denied adequate mentorship or support; being denied promotion or development opportunities without receiving adequate feedback; feeling that they have been unfairly disciplined or received an unfair performance review; and being subject to unwarranted supervision or treated as incompetent due to race.

"…other doctors and midwives need to understand that I am new to the system. Why should I be blamed? I should be taught. A named consultant or registrar assigned can help in getting our competencies signed off and help improve our communication from the start."

"IMGs should have a uniform induction programme maybe across the trusts within the deanery where they can share their views."

"I have repeatedly seen highly trained colleagues from abroad being diminished because they come from a different system and take some time to adjust. A structural support for colleagues trained abroad would help."

IMGs also reported feelings of frustration as they believed they were not being able to progress in their careers as quickly or easily as their UKG peers due to a lack of support from senior colleagues and a perception that they should be primarily focused on service provision, not on developing their skills.

"I am an IMG locally employed doctor who is expected to do more on calls and antenatal clinics - but not given equal teaching opportunities."

It is clear that there is much more to be done at both a local and national level to improve the experiences of doctors new to the UK so that they feel settled, supported and valued. IMGs make up a core part of the O&G workforce that is under great strain and can ill afford to lose skilled staff members, so this is a vital area for action.

"I got through it, but I feel so disheartened for the new IMGs who come and how disillusioned and invisible they feel. I am doing everything I can to support them on a personal level. And I hope that the differential attainment gap narrows significantly."

"As non-trainees and IMGs if we are also given some career progression opportunities (that) would make us feel valued and happier to work.

The impact of ethnicity on career progression

Our survey found differing opinions on the impact of a person's ethnicity on their current role and career. While 46% of respondents agreed that their ethnicity has hampered their current position, 29% disagreed, and 25% neither agreed nor disagreed.

That said, when asked about all the factors that have affected their career progression, 41% of respondents chose ethnic background, the highest proportion for any option.

"IMGs have to work 10 times harder. My story of training people and seeing them becoming consultants before myself is not an isolated one, unfortunately."

Intersectionality

In view of the small number of respondents, it was difficult to determine the impact of intersectionality on wellbeing or career progression. However, the open-text answers did highlight that some individuals feel multiple factors have affected their careers. Some IMG doctors face intersecting barriers, compounding the barriers to progress in their careers, for example, race and nationality or race and gender. These intersections can serve to compound the challenges to career development for certain specific groups.

"As an IMG, I feel that I am nowhere in my career. There is no mentorship for IMGs if we are not doing training positions. Training means having to move places every year, something that a single mother cannot think of."

Just over a third of respondents indicated that their gender had affected their career progression. Thirty-three percent of women taking part in the survey selected gender as a

factor, in comparison to 9% of men. Language skills and accent were also highlighted by 21% of respondents, with age and caring responsibilities also felt to be factors for 17% of respondents.

> *"The way they (interviews) are conducted is flawed, not fair and equitable as it gets influenced by how an overseas ethnic minority person speaks or formulates answers…"*

SAS and LE doctors

Similar feelings were expressed by many of the SAS and LE doctors who took part in the survey. LEDs lack national terms and conditions and may feel less able to challenge inappropriate behaviour as they do not have the same level of protection as the rest of the workforce.[‡]

There is a recurring theme among this group of doctors of not feeling supported or encouraged to develop and progress. This is often put down to the expectation that doctors who are not in a recognised training programme should be focused on service provision, rather than on developing their own careers. There is also a concern that progression relies on the support of consultant colleagues. Where this support is not forthcoming, it can be difficult to find the time for development.

> *"For [doctors not on a formal training programme] it is very difficult in UK to achieve career progression….During interview they will show that hospital is very good and you will progress, but when you join the hospital they will tell you that as a non-trainee doctor you cannot get opportunities."*

> *"With doctors that are not in training the opportunities for gaining skills and progression are directed linked to others (consultants) will to help them. In O&G it's more difficult to complete ATSMs (this is not a problem in other specialities) if you don't have two consultants that want to help you, and the department usually doesn't give you the time to complete them."*

Doctors working in LE posts reported that whilst doctors in training have opportunities to feedback about their training experience, LEDs do not have the same processes for regular feedback. In addition, LEDs reported that opportunities within the workplace to gain their competencies were limited and unsupported.

"I feel that all processes of appraisal and training are one sided and actually provide a tool for the discrimination and exploitation as to meet these standards I have to do all the work in my own time. I have to take annual leave for my study days as my study leave will not be approved"

Supporting fair career progression for all

"A happy doctor is a safer doctor. Our wellbeing is vital whatever our skin colour or heritage is."

We asked survey respondents to indicate what changes they would like to see in their workplaces to promote equality, diversity and inclusion and support fair career progression. The most popular option, at 59%, was to provide more career support for doctors from diverse ethnic backgrounds. This was closely followed by improving access to mentorships, sponsorships and coaching (53%). Forty-seven percent of respondents wanted mandatory teaching on identifying, reporting and preventing discrimination and unconscious bias, with 41% indicating that they would like more diversity on interview panels. Over a third (35%) of respondents felt that a designated speak-up guardian or body would help support fairer career progression, while 24% wanted to see more support for disabled people or those with long-term health conditions. Only 14% of respondents felt that their workplace already had adequate measures in place.

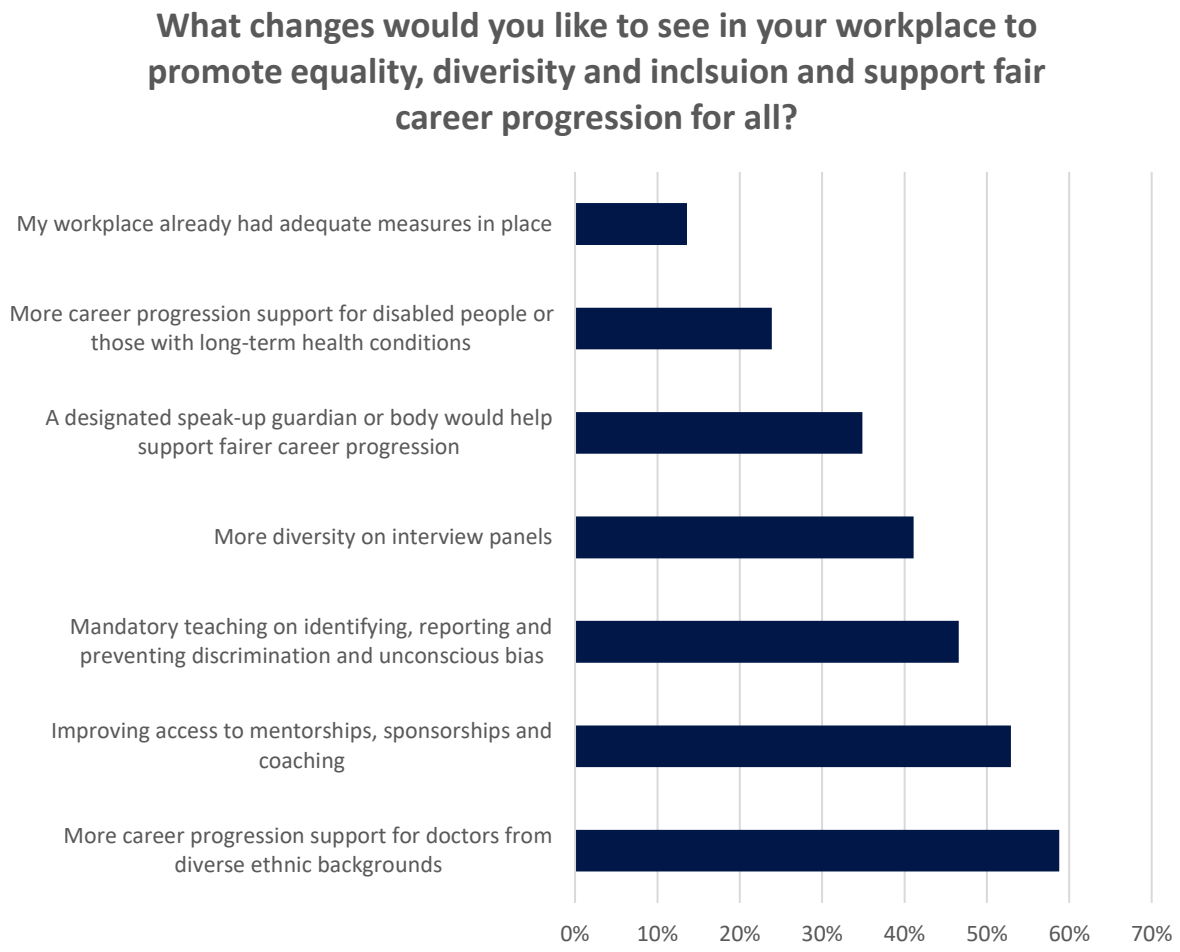

Figure 8: Respondents reporting changes they would like to see in their workplace to promote equality, diversity and inclusion and support fair career progression.

"More support for those with young children and working long hours. Providing mentorship through the early difficult years."

"We need to re-design, and mandate, that all RCOG-approved opportunities are designed with diversity in mind - not just ethnic background but also class, language and caring responsibilities."

Discussion

These survey results should serve as compelling evidence for anyone who questions the existence of racial discrimination and harassment in the NHS within O&G. Nearly three-quarters of respondents felt they had experienced or witnessed racial harassment or discrimination in the last 12 months. The main perpetrators of these behaviours were senior medical colleagues and other clinical staff.

The Equality Act 2010, which is applicable in England, Scotland and Wales, stipulates that it is illegal to discriminate based on the nine protected characteristics including gender and race. In this survey, respondents reported a range of factors they felt had impacted on their career progression including gender, language skills, age, and caring responsibilities.

Furthermore, 1.5% of respondents reported having suicidal thoughts. Doctors have higher rates of suicide compared to other professions in the UK. Data from the Office of National Statistics (ONS) analysis of suicides up to 2020 found that an average of 20 doctors die by suicide per year in England and Wales.[§] Factors contributing to the high suicide rates include immense work pressures, bullying and harassment, sleep deprivation, poor support structures, limited resources, and support for doctors displaying symptoms of burnout.

Further interventions are needed to tackle racism and racist language effectively, as well as to promote fairness in recruitment and career progression. Of those who witnessed or experienced discrimination, only 59% reported the incident. While racism and discrimination is not being reported, there is a risk that it will persist.

Notably, IMGs are at a higher risk of encountering workplace racism and are less inclined to report such instances due to concerns about the impact on their professional career development. IMG doctors also report experiencing heightened scrutiny at work and feeling underrepresented. This can lead to a sense of detachment, reduced confidence, and a detrimental impact on their family and/or personal life. It highlights the need for change to ensure that negative behaviours are addressed and those who are affected are supported.

At a local level, more transparent reporting systems are required, and inclusive strategies need to be implemented to empower all doctors to raise concerns about workplace issues and unfairness in access to opportunities. In addition, all strategies and interventions that are introduced need to be cognisant of the whole workforce and should promote psychological safety, in particular for IMGs and LEDs, who are the most frequently affected by racism and discrimination.

In addition to improved reporting and more transparent monitoring systems, respondents said that they would like improved access to mentorship, more equitable promotion or development opportunities, culturally sensitive feedback, and a focus on learning from adverse events rather than feeling scapegoated.

The impact of discrimination and racism is all too clear from the experiences our members have shared. It is shocking that dedicated, talented individuals are still having to overcome these barriers. This is in the context of intense demand for services combined with well-documented staff shortages across the NHS. Aside from the personal impact, it is unacceptable that O&G doctors are leaving or considering leaving their jobs because of discrimination and racism.

While progress has been made in recent decades, there is still some way to go to ensure everyone working in O&G, at all stages of their careers, can do so free from racial harassment and discrimination.

Acknowledgements

We would like to acknowledge and thank the survey participants for their contributions.

Also, with thanks to:

Farah Siddiqui, RCOG Workforce Fellow

RCOG action to support fairer career progression

"The RCOG is committed to working towards racial equity in the UK, through listening to our membership, raising awareness and sharing examples of good practice that can overcome differential attainment and workplace discrimination." Ranee Thakar, President, RCOG

Alongside carrying out regional workshops, to date, the RCOG has the following initiatives in place or underway:

Initiative	Action	Progress:
Commitment to increasing awareness on the challenges a Black, Asian and minority ethnic background groups face	Advocate for increased awareness of differential attainment and workplace discrimination at national and regional meetings, including the	Workstreams on differential attainment at RCOG World Congress, RCOG Quality Improvement Meeting, Core20PLUS5, RCOG Annual Profession Development Conference, Clinical Directors forum, Specialty Education Advisory Committee (SEAC) developmental day.
	Created a regular schedule of events celebrating diversity, aligning with external events	Continued work RCOG celebrated Black History Month, and India Day, and supported SAS awareness week.
	Collection of data: Included questions about Differential Attainment (DA) and racism in the annual Training Evaluation Form (TEF)	2022 Training Evaluation Form (TEF) analysis Differential Attainment Report (Lydia Akinola, Rehan Khan) published and presented at World Congress and Specialty Education Advisory Committee. TEF is an ongoing annual survey. DA thematic reports are produced as part of the data analysis.
	RCOG Workforce census to capture data on workplace behaviours and working patterns for fellows and members.	Workforce census planned for 2025. To include questions on educational, and leadership roles.
	Collating data and reviewing current membership ethnicity data. Encouraging fellows and members to complete demographic information on forms explaining how this data is used.	The College contributes data on the ethnic makeup of the memberships and Council to the Workforce Race Equality (WRES) team at NHS England as noted in the College Privacy policy. The Medical Race Equality (WRES) team published a report and an action plan in 2020 – the "First Five". Action three was to improve BME representation in medical Royal Colleges. Work is underway to publish an update on the

		2020 data and the College has contributed to this. While the College holds ethnicity data for some members, this data is incomplete. While we cannot mandate that members share this data, further development of the member portal (expected to be delivered in Q1 of 2025) will introduce the functionality to provide ethnicity data on the portal, and members will be invited to provide this information via this secure platform.
	Review the racial and ethnic mix of trainees selected for subspecialty training, College positions, and trainee representatives on Council and Training Committee.	In progress, recommendation for the subspecialty training committee to standardise the format and panels for interviews for subspeciality roles.
	Survey of Educational supervisors on resources available and support for DA.	Completed 2022. Results presented at Specialty Education Advisory Committee.
Coaching/ Mentoring and Allyship	Commissioned the development and evaluation of the RCOG coaching skills programme	12 doctors were recruited from across the UK To take part in coaching skills training. The participants went on to offer coaching to doctors working in O&G. Each participant has committed to coaching three individuals over the year. The pilot was independently evaluated.
Educational Resources	IMG Induction Programme: O&G Appendix to NHS Induction Programme for IMGs	Complete: Welcoming and Valuing International Medical Graduates – A guide to induction for IMGs recruited to the NHS
	RCOG Educational Supervisors' Toolkit	Complete: RCOG Educational Supervisors' Toolkit
	RCOG eLearning modules: Tackling Racism	Complete: Tackling Racism
	Medical Training Initiative (MTI) and champions aligned to regional units.	The RCOG has recruited 17 MTI champions which act as regional ambassadors. Regional champions.

	Training Disparity Dashboard (Equality Diversity Inclusion dashboard)	Developed and disseminated to the heads of School through SEAC
	Publications	Published quantitative and qualitative analysis of trends in DA, racism and discrimination within O&G. Published a TOG article: A Race to the Finish Line
	Differential attainment tool kit	In progress, additional content to support doctors in the workplace, particularly those struggling with exams and career progression. To include information on allyship, mentoring, coaching, and bystander training.
Psychological Safety	Generate wellbeing modules to support psychological safety, identification of emotional distress, resilience strategies and support for those negatively impacted by differential attainment.	RCOG Safety Thinking Toolkit includes compassionate leadership, civility in the workplace, human factors and wellbeing. RCOG workplace behaviour toolkit produced in collaboration with RCM and Civility Saves Lives. Endorsed the Association of Anaesthetists Fight Fatigue campaign.
	Build support links into the RCOG International Medical Graduates Hub	IMG Hub published 2024. www.rcog.org.uk/imghub

Appendix 1: Survey Questions

1. What was your age group at your last birthday?
2. What is your gender?
3. Which of these best describes your ethnic group?
    a. White
    b. Mixed (Mixed or multiple ethnic groups (includes White and Black Caribbean, White and Black African, White and Asian, and any other Mixed or Multiple background)
    c. Black, Black British, Caribbean or African (includes Caribbean, African, and any other Black, Black British, or Caribbean background)
    d. Asian or Asian British (includes Indian, Pakistani, Bangladeshi, Chinese, and other Asian background)
    e. Other Ethnic Group (includes Arab, and any other ethnic group)
    f. Prefer not to say
4. Do you consider yourself to have a disability, long-term illness or health condition?
5. Years resident in the UK:
    a. Born here
    b. More than 10 years
    c. 6-10 years
    d. Fewer than 5 years
6. Is English your first language?
7. Primary Medical Qualification:
    a. IMG
    b. UK
    c. Other
8. What region do you currently work in?
9. What is your current job?
10. Years at this grade:
    a. Born here
    b. More than 10 years
    c. 6-10 years
    d. Fewer than 5 years
11. Are you a Fellow/Member of the College?
12. Are you on the Specialist Register – Obstetrics and Gynaecology?
13. If on the Specialist Register – what was your route of entry?
14. What types of on call do you work?
15. Role as an Educator – how would you best explain your position? (Tick the highest Tier applicable at any point in your career)
    a. Tier 2 Educator (e.g. Clinical/Educational Supervisor)
    b. Not applicable - I am not an Educator

    c. Tier 3 Educator (e.g. College Tutor, Regional Ultrasound Coordinator, Regional Workplace Behaviours Champion, ATSM Director, ATSM Preceptor, Specialty Assessor)
    d. Tier 4 Educator
    e. Other
16. Have you now or previously undertaken a role in Clinical leadership?
17. Do you have an academic role?
18. Have you received support (reimbursement of course fees) to attend CPD/non-mandatory training or gain qualifications e.g. PG Cert, Masters, Degrees, courses?
19. Over the past 12 months, have you experienced any of the following types of behaviour which you attribute to racial harassment while working within O&G?
    a. Racist remarks made directly at me or in my presence, including stereotyping due to my race, abuse, microaggressions, jokes or banter that made me feel uncomfortable
    b. Physical violence, threats or intimidation (1)
    c. Excluded/ignored either within the work place or at work-related events
    d. Had my name repeatedly mispronounced by the same person(s) at work/being repeatedly mistaken for someone of the same skin colour at work
    e. No - I have never experienced racial harassment at work (1)
    f. Other - Please elaborate on any of the above, or include another experience if not mentioned above (1)
20. Over the past 12 months, have you experienced any of the following types of behaviour that you attribute to racial discrimination while working within O&G?
    a. Denied a promotion/denied acting-up or development opportunities e.g. research, further training, career advice without receiving adequate feedback
    b. Denied adequate mentorship/felt unsupported in your job
    c. Unfairly disciplined/received an unfair performance review
    d. Unwarranted surveillance by managers or seniors/treated as incompetent due to my race
    e. No - I have never experienced racial discrimination at work
    f. Other - Please elaborate on any of the above, or include another experience if not mentioned above (2)
21. Over the past 12 months, have you witnessed any of the following types of behaviour which you attribute to racial harassment while working within O&G?
    a. Racist remarks including stereotyping due to race, abuse, microaggressions, jokes or banter
    b. Physical violence, threats or intimidation (2)
    c. Someone being excluded/ignored either within the work place or at work-related events
    d. Had their name repeatedly mispronounced by the same person(s) at work/being repeatedly mistaken for someone of the same skin colour at work

e. No - I have never witnessed racial harassment at work (2)
f. Other - Please elaborate on any of the above, or include another experience if not mentioned above (3)

22. In all personal or witnessed episodes of racial harassment or discrimination, the main perpetrator was:
    a. Senior medical colleague
    b. Medical colleague who is a peer
    c. Other clinical staff member
    d. Non-clinical staff member
    e. Patient
    f. Not applicable - I did not experience or witness racial harassment or discrimination
    g. Other clinical staff member
23. Have you experienced any of the following consequences of racial harassment or discrimination?
    a. Feeling disconnected or isolated from the rest of my team
    b. Feeling underrepresented/like I don't have a voice in my workplace
    c. Decrease in my confidence at work
    d. Negative impact on the quality of my work
    e. Increase in my stress levels
    f. Negative impact on my mental health
    g. Suicidal thoughts
    h. Having to take a sick day
    i. Negative impact on my physical health
    j. Negative impact on my personal life
    k. Turning down an opportunity
    l. Considering leaving or left my job
    m. Not applicable – I have not been subjected to any episodes of racial harassment or racial discrimination
    n. Other
24. Following an experienced or witnessed incident, did you report it or speak to anyone about it?
    a. Yes
    b. No
    c. Not applicable - I have not witnessed or been subjected to any episodes or racial harassment or racial discrimination
25. If you answered 'Yes' to question 24, who did you speak to?
    a. The perpetrator directly
    b. A Human Resource Professional
    c. A designated 'speak up' guardian/body
    d. A colleague
    e. A member of family, a partner, someone in my household, a friend
    f. Someone qualified to provide legal advice

g. My trade union
h. Not applicable - I have not witnessed of been subjected to any episodes of racial harassment or racial discrimination
i. Other

26. If you answered 'No' to question 24, what were the reasons?
    a. I feared negative consequences on my career
    b. I did not believe it would be of any benefit
    c. I did not have the time
    d. I did not know whether it was significant enough to mention
    e. I did not know who to speak to
    f. I felt uncomfortable speaking up
    g. Not applicable - I have not witnessed of been subjected to any episodes of racial harassment or racial discrimination
    h. Other
27. When last reporting an incident, how did you feel?
    a. Supported
    b. Unsupported
    c. Not applicable - I have not reported an incident
    d. Other
28. What happened after reporting an incident?
    a. My communication was responded to punctually and adequate action was taken
    b. My communication was responded to punctually, but inadequate action was taken
    c. My communication was responded to after a delay, but adequate action was taken
    d. My communication was responded to after a delay and inadequate action was taken
    e. My communication was ignored
    f. I regretted speaking up
    g. Not applicable – I have not reported an incident
    h. Other
29. If you regretted speaking up, what were the reasons?
    a. Not applicable - I did not report an incident
    b. Not applicable – I did not report an incident
    c. I felt isolated
    d. I felt my job was threatened
    e. I was disciplined
    f. I was identified as a troublemaker
    g. I was subjected to a counter complaint
    h. Other
30. Overall, to what extent do you agree that your ethnicity has hampered your current position?

a. Strongly agree
b. Agree
c. Neither agree nor disagree
d. Disagree
e. Strongly disagree

31. What are all the factors that you think have affected your career progression?
    a. Age
    b. Gender
    c. Ethnic background
    d. Religion/beliefs
    e. Language skills/accent
    f. Caring responsibilities for children or other dependants
    g. Working less than full-time
    h. Visa applications
    i. None - I have been discriminated against at work, but it did not impact on my career progression
    j. Not applicable - I have never been discriminated against at work
    k. Other
32. What changes would you like to see in your workplace to promote equality, diversity and inclusion and support fair career progression for all?
    a. A designated speak up guardian / body to report to
    b. More diversity on interview panels
    c. Mandatory teaching on identifying, reporting and preventing discrimination and unconscious bias
    d. Access to an appraiser or an educational supervisor
    e. More career progression support for those from diverse ethnic backgrounds
    f. More career progression support for those with a disability/long-term health condition
    g. Improvement in access to mentorship, sponsorship and coaching
    h. None - My workplace has adequate measures in place to promote equality, diversity and inclusion
    i. Other (please specify)

References

* Obstetrics, Gynaecology and Reproductive Medicine. Differential attainment, race and racism: levelling the playing field in obstetrics and gynaecology, accessed June 2024; https://www.obstetrics-gynaecology-journal.com/article/S1751-7214(22)00090-2/abstract

‡ Royal College of Obstetricians & Gynaecologists. Who are SAS and LE Doctors? The RCOG website, accessed May 2024; https://www.rcog.org.uk/careers-and-training/training/resources-and-support-for-trainees/sas-and-le-doctors/who-are-sas-and-le-doctors/

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