



Promoting Equality and Valuing Diversity

One in a series of curriculum statements produced by the Royal College of General Practitioners:

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Acknowledgements

This curriculum statement draws on various national guidelines and policies and the clinical experience of practising general practitioners.

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**Note* (January 2006): Paul Deemer, Equality and Diversity manager at NHS Employers, has been honoured with a special award at the British Diversity Awards for his work in promoting diversity practice. Prior to NHS Employers, Paul's equality and diversity experience included work with Barnardos and the Department of Health.

Key messages

- Equality and diversity are at the heart of the general practitioner training curriculum and in the work of general practitioners, caring for patients as part of the primary healthcare team.
- Equality is about creating a fairer society in which everyone has the opportunity to fulfil their potential.
- Diversity is about recognising and valuing difference in its broadest sense.
- The RCGP, the Postgraduate Medical Education and Training Board (PMETB) and the Departments of Health across the UK are all committed to the principles of promoting equality and valuing diversity.

Introduction

Promoting equality and valuing diversity are at the heart of the RCGP curriculum. It has been included as a key curriculum statement because we believe that investing in the workforce will help deliver a better service and improve patient care across the UK. The college complies with the E&D policy and monitors that it is adhered to in relation to Trainees, Trainers, LEPs and Deaneries by administering appropriate questionnaires on a regular basis.

Rationale for this curriculum statement

People whom the GP will meet at work in primary care will differ by age, gender and background. They may be:

- Patients and clients
- Carers
- Families
- Visitors
- Colleagues and co-workers within the NHS
- Workers from other agencies from outside the NHS.¹

Any of the above groups may experience discrimination, harassment or oppression related to ability, age, bodily appearance and decoration, class, creed, caste, culture, gender, health status, relationship status, mental health, offending background, place of origin, political beliefs, ethnicity, responsibility for dependants, religious beliefs and sexual orientation.

Procedures, policies and legislation appertaining to equality and diversity include national law and international conventions relating to:

- Human rights (including those of children)
- Equality
- Anti-discriminatory practices
- Mental health
- Complaints and issue resolution
- Employment.¹

For the purpose of the RCGP curriculum we have adopted the following definitions. *Equality* is about creating a fairer society where everyone can participate and has the opportunity to fulfil their full potential. UK legislation places a responsibility on all organisations to address discrimination and to promote diversity.

Diversity is about the recognition and valuing of difference in its broadest sense. It is about creating a working culture and practices that recognise, respect, value and harness difference for the benefit of the organisation and the individual, including patients.

Equality and *diversity* are not interchangeable – they need to be progressed together. There is no equality of opportunity if difference is not recognised and valued.

UK health priorities

Equality and diversity are important subjects for all of the Departments of Health across the UK. In Wales, in 2002, the Welsh Assembly established a NHS Wales Equality Unit to ensure that equal opportunities were embedded in the culture of the NHS in Wales, and in Scotland equality and diversity issues were promoted in the Scottish Executive national health strategy document *Our National Health: a plan for action, a plan for change*.²

In England, the Department of Health in 2000 issued their guidance on equality, *The Vital Connection*,³ which was an attempt to try and set a framework and context for equality and diversity within the NHS. This was further developed in *The NHS Plan* launched later in 2000⁴ that put equality and diversity as key underpinning principles. *The NHS Plan* was the Labour government's 10-year plan for delivering a quality healthcare service within the UK. The human resources dimensions of this 10-year plan were developed further in 2002 with the release of the HR in the NHS Plan⁵ in which equality and diversity were placed as a central plank. It was subsequently embedded as a core element of the *Improving Working Lives Standards* and taken forward by Trusts as the *Positively Diverse* initiative.

A focus on the medical workforce resulted in the publication in June 2004 of *Sharing the Challenge, Sharing the Benefits – equality and diversity in the medical workforce*,⁷ an attempt to highlight and offer solutions to the specific equality and diversity issues facing doctors, dentists and GPs.

The legal situation in the UK and Europe

The curriculum complies with equality and diversity and anti-discriminatory practice.

- Sex Discrimination Act 1975 and 1986 (SDA)
- Race Relations Act 1976 (RRA)
- Race Relations (Amendment) Act 2000 (RRAA)
- The Race Relations Act 1976 (Amendment) Regulations 2003
- Equal Pay Act 1970 (EPA)
- Equal Pay Act 1970 (Amendment) Regulations 2003
- Employment Equality (Sexual Orientation) Regulations 2003
- Civil Partnership Act 2004
- Employment Equality (Religion or Belief) Regulations 2003
- The Gender Directive – 2004/113/EC
- Fixed-Term Employees (Prevention of Less Favourable Treatment) Regulations
- The Employment Equality (Age) Regulations 2006
- Human Rights Act 1998 (HRA)
- Equality Act 2006
- Trade Union and Labour Relations Act 1992
- Disability Discrimination Act 1995 and 2005
- Maternity and Paternity Leave Regulations 1999
- Part-Time Workers Regulations 2000
- Employment Act 2002
- European Union Employment Directive and European Union Race and Ethnic Origin Directive
- Fair Employment & Treatment (NI) Order 1998 (as amended)
- Fair Employment (Monitoring) Regulations (NI) 1999 (as amended)
- Data Protection Act 1998
- Sex Discrimination (NI) Order 1976 (as amended)
- Disability Discrimination Act 1995 (as amended)

- Race Relations (NI) Order 1997 (as amended)
- Employment Equality (Sexual Orientation) Regulations (NI) 2003
- Employment Equality (Age) Regulations (NI) 2006

The Postgraduate Medical Education and Training Board (PMETB) was established by the General and Special Medical Practice (Education and Qualifications) Order, approved by parliament on 4 April 2003, to develop a single, unifying framework for postgraduate medical education (PGME) and training across the UK. This order places a duty on PMETB to establish, maintain and develop standards and requirements relating to postgraduate medical education and training in the United Kingdom.

The PMETB has committed itself to promoting equality and will carry out all its functions in accordance with the law by addressing sex, gender, race, disability, sexual orientation, age and religious discrimination.

The PMETB is committed to the principles and promotion of equality by: the eradication of unlawful discrimination on grounds of sex, , gender, race, disability, sexual orientation, age and religion; the promotion of equal opportunities with respect to its role as employer; and in the development of Board policies and procedures.

The PMETB recognises that as a regulatory organisation it has a responsibility to establish, maintain and develop policy and procedures that set the standards and requirements for other organisations in its field to follow. It has set up an 'Equality Scheme that will cover all aspects of its functions and practices'.⁸

The RCGP has included this important curriculum statement on *Promoting Equality and Valuing Diversity* in its curriculum for postgraduate general practice training because it is also committed to these values and principles, which underpin the curriculum as a whole.

Learning Outcomes

The following learning objectives relate specifically to promoting equality and valuing diversity; the full range of generic competences is described in the *core* RCGP curriculum statement 1, *Being a General Practitioner*.

In order to demonstrate the core competences in promoting equality and valuing diversity GPs will require knowledge, skills and appropriate attitudes that will enable them to:

- Treat colleagues, patients, carers and others equitably and with respect
- Act in ways that recognise that people are different and do not discriminate against people because of those differences
- Act in ways that acknowledge people's right to make their own decisions and recognise their responsibilities, for example in concordance with treatment agreed between the specialty registrar (GP) and patient
- Provide information in ways that help people to exercise their rights
- Value people's beliefs and preferences in clinical and everyday working
- Challenge behaviour that infringes the rights of others
- Recognise and take action to address discrimination and oppression in self and others
- Act in ways compliant with employer law, disability discrimination legislation and best practice in recruitment; encourage others to do so
- Interpret people's rights in a way consistent with employer's policies and relevant professional standards
- Develop communication skills including working with interpreters to deal with patients from diverse backgrounds
- Recognise the importance of individual differences and social context to health, illness and health care when dealing with patients from ethnically diverse backgrounds
- Recognise the concepts of ethnicity and culture
- Recognise the concepts of diversity and equality and in context perspectives on migration, demography of cultural groups, experience of socio-economic disadvantage and patterns of illness and disease
- Recognise appropriate behaviour and specific practical knowledge, e.g. nutrition, naming systems, religion, attitudes towards illness, death, pregnancy, etc.

Further Reading

Examples of relevant texts and resources

General

DEPARTMENT OF HEALTH. *HR in the NHS Plan* London: Department of Health, 2000

DEPARTMENT OF HEALTH. *The NHS Plan: a plan for investment, a plan for reform* London: Department of Health, 2000

DEPARTMENT OF HEALTH. *The Vital Connection – an equalities framework for the NHS working together for quality and equality* London: Department of Health, 2000

DEPARTMENT OF HEALTH. *Positively Diverse* London: Department of Health, 2001

DEPARTMENT OF HEALTH. *Equalities and Diversity in the NHS – progress and priorities* London: Department of Health, 2003

DEPARTMENT OF HEALTH. *Equalities and Diversity Strategy Plan to Support the NHS* London: Department of Health, 2003

DEPARTMENT OF HEALTH. *The NHS Knowledge and Skills Framework (NHS KSF) and Development Review Guidance Working Draft 6* London: Department of Health, 2003

KAI J (ed.). *Valuing Diversity – a resource for effective health care of ethnically diverse communities – a training manual* London: Royal College of General Practitioners, 2004

THE SCOTTISH EXECUTIVE. *Our National Health: a plan for action, a plan for change* Edinburgh: The Scottish Executive, 2000

Medical education and careers

COKER N. *Racism in Medicine – an agenda for change* London: King's Fund Publishing, 2001

COOKE L, HALFORD S, LEONARD P. *Racism in the Medical Profession: the experience of UK graduates* London: British Medical Association, 2003

DEPARTMENT OF HEALTH. *Choice and Opportunity – modernising medical careers for non consultant career grade doctors* London: Department of Health, 2003

DEPARTMENT OF HEALTH. *Medical Schools: delivering the doctors of the future* London: Department of Health, 2004

DEPARTMENT OF HEALTH. *Sharing the Challenge, Sharing the Benefits – equality and diversity in the medical workforce* London: Department of Health, 2004

ESMAIL A AND EVERINGTON S. Racial discrimination against doctors from ethnic minorities *BMJ* 1993; 306: 691–2

ESMAIL A, NELSON P, PRIMAROLO D, TOMA T. Acceptance into medical school and racial discrimination *BMJ* 1995; 310: 501–2

GENERAL MEDICAL COUNCIL. *Tomorrow's Doctors – recommendations on undergraduate medical education* London: General Medical Council, 2002

PARTNERS IN PRACTICE. *Different Differences: disability equality teaching in health care education* Bristol: Partners in Practice, 2005

TYNAN A. *Pushing the Boat out (studies of DIVERSE into admissions into medical school for applicants with a disability)* London: LTSN-01.ac.uk, 2003, www.ltsn-01.ac.uk/

TYNAN A. *The Sequel to Pushing the Boat out (studies of DIVERSE into admissions into medical school for applicants with a disability)* London: LTSN-01.ac.uk, 2004, www.ltsn-01.ac.uk/

Web resources

British Medical Association: BMJ Careers Chronic Illness Matching Scheme

<http://careers.bmj.com/careers/welcome.html>

Conference of Postgraduate Medical Deans

www.copmed.org.uk/contacts/

Department of Health

www.dh.gov.uk

Department of Health: the Flexible Careers Scheme

www.wymas.flexiblecareersscheme.nhs.uk

Gay and Lesbian Association of Doctors and Dentists, Dignity at Work Guidelines

www.gladd.co.uk/page25.htm

National Library for Health

www.library.nhs.uk

NHS Employers: the Positively Diverse initiative

www.nhsemployers.org/kb/kb-1020.cfm

Partners in Practice: Different Differences: disability equality teaching in health care education

www.bris.ac.uk/pip/project-info.html

Postgraduate Medical Education and Training Board

www.pmetb.org.uk

Learning about Promoting Equality and Valuing Diversity

Specialty registrars (GP) should learn about equality and diversity while working in both primary and secondary care. It is important for specialty registrars to understand that the practice of medicine has its own culture, values, morals and beliefs that may set doctor apart from patients. Specialty registrars should be supported to help them gain a better understanding of the diverse nature of the society in which they will work.

Specialty registrars should be encouraged to ask questions and look critically at their assumptions and attitudes about people who are different from themselves and to encourage reflection about the issues and, importantly, about their own feelings.

The specialty registrar working in the hospital or in primary care should be training in an environment that embraces differences and similarities in culture, backgrounds and experience. This should be an environment free from racism, sexism and bullying where there are positive role models and processes in place that promote equality and value diversity in the workplace.

Non-work-based learning

All specialty registrars should have access to courses on promoting equality and diversity. Postgraduate deaneries should work with their local Trusts and Primary Care Organisations to provide courses and learning materials.

The Partners in Practice project that looks at disability equality teaching provides a valuable resource for those organising GP training programmes. Partners in Practice is a three-year collaboration between the University of Bristol, the University of the West of England and the Peninsula Medical School. The project is about training healthcare workers, the majority of whom are non-disabled, to work more effectively with disabled people as patients and service users. However, raising awareness of disability equality within health care will also, hopefully, contribute to increasing the number of disabled people who become healthcare professionals. Disabled people have directly influenced the education of future healthcare professionals by determining the curriculum's learning outcomes, setting standards, delivering the curriculum and assessing practice. Partners in Practice has created a curriculum framework that 'embeds disability equality in healthcare education, thereby enabling future generations of doctors, nurses, midwives, dentists, radiographers, physiotherapists, occupational therapists and other health and social care professionals to eliminate disability discrimination from clinical practice'. This curriculum framework is called *Different Differences: disability equality for healthcare education* (www.bris.ac.uk/pip/differentdifferences.html).

Learning with other healthcare professionals

Many opportunities exist in primary care to explore the issues and learn with the wide range of professions from health and social care settings. Linking to voluntary groups that are advocates for equality, diversity and rights are also ideal opportunities for learning.

References

- 1 DEPARTMENT OF HEALTH. *The NHS Knowledge and Skills Framework (NHS KSF) and Development Review Guidance Working Draft 6* London: DH, 2003
- 2 THE SCOTTISH EXECUTIVE. *Our National Health: a plan for action, a plan for change* Edinburgh: The Scottish Executive, 2000
- 3 DEPARTMENT OF HEALTH. *The Vital Connection – an equalities framework for the NHS working together for quality and equality* London: DH, 2000
- 4 DEPARTMENT OF HEALTH. *The NHS Plan: a plan for investment, a plan for reform* London: DH, 2000
- 5 DEPARTMENT OF HEALTH. *HR in the NHS Plan* London: DH, 2000
- 6 DEPARTMENT OF HEALTH. *Positively Diverse* London: Department of Health, 2004 [The Positively Diverse programme was developed in the NHS to encourage equality and diversity in the workplace. The programme transferred to NHS Employers in November 2004.]
- 7 DEPARTMENT OF HEALTH. *Sharing the Challenge, Sharing the Benefits – equality and diversity in the medical workforce* London: Department of Health Workforce Directorate, 2004
- 8 THE POSTGRADUATE MEDICAL EDUCATION AND TRAINING BOARD. *PMETB: equality scheme* London: Postgraduate Medical Education and Training Board, 2005

