

# London Workforce Race Strategy

A better NHS for us all.

**Event: Women Leaders Conference – EDI Resources Workshop**  
**Date: 13:00 – 14:00 / 14:15 - 15:15, Thursday, 29 June 2023**

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#RaceEqualityNHSLondon

## The Vision



“ There should be more senior decision makers who look like me, who make choices that don’t disadvantage me and my future.

The leaders who don’t look like me would be understanding, authentic, and committed to inclusion through their actions, and how they speak.

My difference would be valued.

It would be a buzzing place to work. Everyone would feel uplifted, and part of a shared vision to deliver high quality patient care.”

J’nelle James

Head of Inclusion , Central and North West London NHS Foundation Trust

# EDI Resources to support aspiring Women Leaders – Session Outline

Time	Activity
13:00	<b>Welcome from facilitators</b> – Janine La Rosa and Valerie Richards
13:05	<b>London Workforce Race Strategy</b> - Background and experience of system change – Janine La Rosa
13:15	<b>London Workforce Race Strategy</b> - Showcase of resources - Update on resources
13:25	<b>London WRES Experts programme</b> - Reflections from EDI Leads Cohort participant – Evelyn Mensah
13:35	<b>Over to You</b> Table discussions and Mentimeter poll
13:55	<b>Thank you and close</b>

# EDI Resources to support aspiring Women Leaders – Session Outline

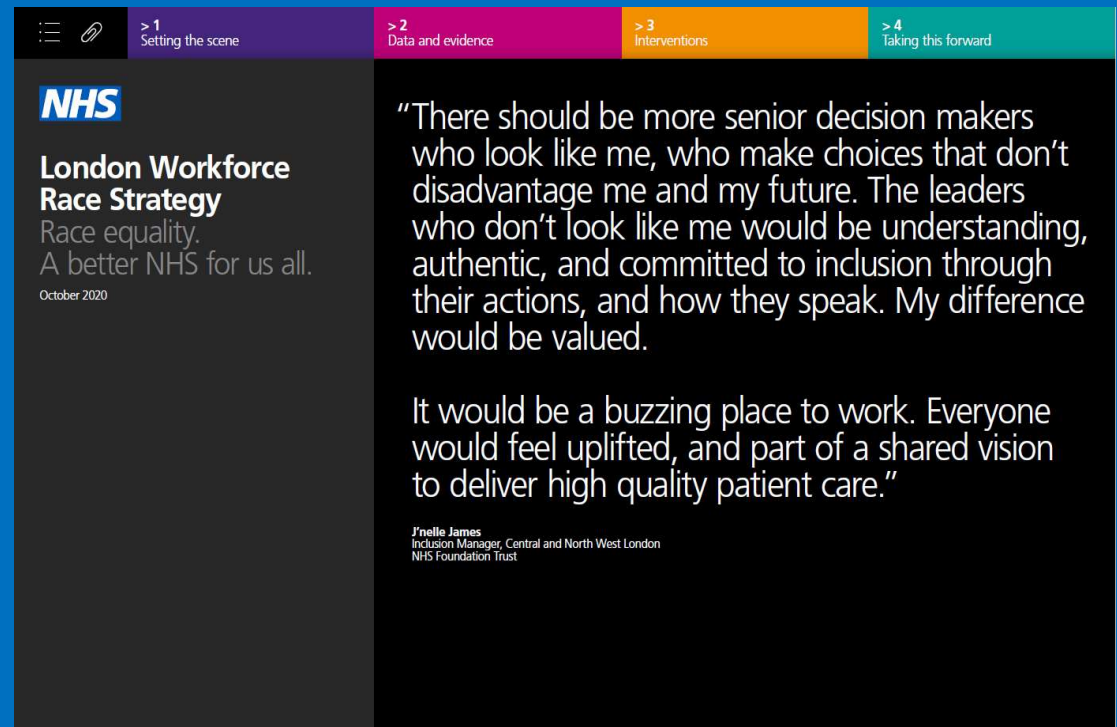
Time	Activity
14:15	<b>Welcome from facilitators</b> – Janine La Rosa and Valerie Richards
14:20	<b>London Workforce Race Strategy</b> - Background and experience of system change – Janine La Rosa
14:30	<b>London Workforce Race Strategy</b> - Showcase of resources - Update on resources
14:40	<b>Over to You</b> Table discussions and Mentimeter polls
15:00	<b>London WRES Experts programme</b> - Reflections from EDI Leads Cohort participant – Evelyn Mensah
15:10	<b>Thank you and close</b>

# London Workforce Race Strategy

Background and experience of  
system change *from*

Janine La Rosa

Chief People Officer, Barking,  
Havering and Redbridge University  
Hospitals NHS Trust



The screenshot shows a digital document with a purple header bar containing navigation icons and four colored tabs: purple (> 1 Setting the scene), pink (> 2 Data and evidence), orange (> 3 Interventions), and teal (> 4 Taking this forward). The main content area is dark grey and features the NHS logo, the title 'London Workforce Race Strategy', the subtitle 'Race equality. A better NHS for us all.', and the date 'October 2020'. A quote from J'nelle James is displayed in white text on a black background, followed by her name and title: 'J'nelle James, Inclusion Manager, Central and North West London NHS Foundation Trust'.

> 1 Setting the scene

> 2 Data and evidence

> 3 Interventions

> 4 Taking this forward

**NHS**

**London Workforce  
Race Strategy**  
Race equality.  
A better NHS for us all.  
October 2020

“There should be more senior decision makers who look like me, who make choices that don’t disadvantage me and my future. The leaders who don’t look like me would be understanding, authentic, and committed to inclusion through their actions, and how they speak. My difference would be valued.

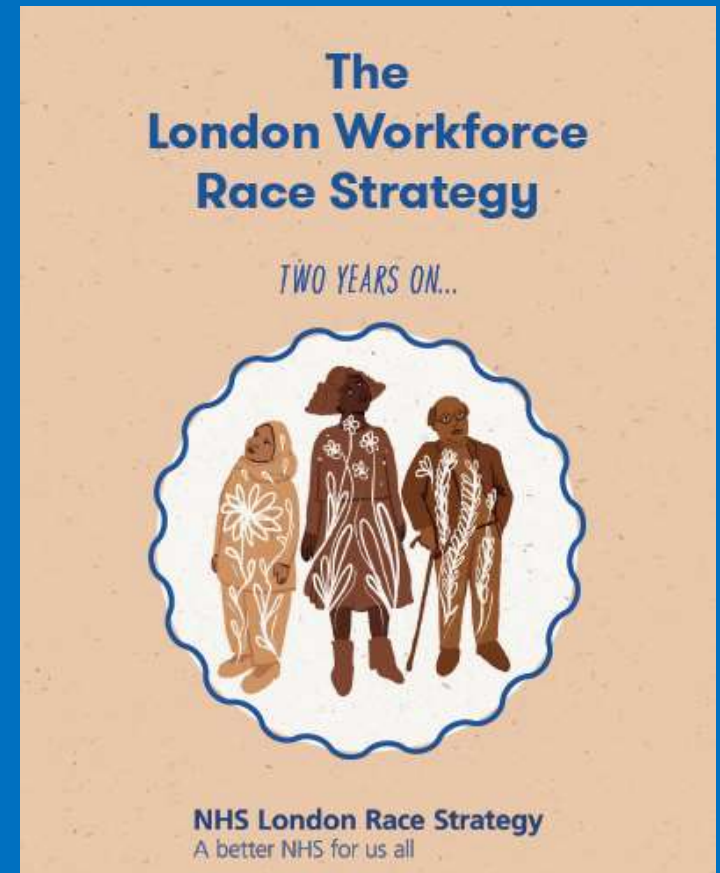
It would be a buzzing place to work. Everyone would feel uplifted, and part of a shared vision to deliver high quality patient care.”

**J’nelle James**  
Inclusion Manager, Central and North West London  
NHS Foundation Trust

#RaceEqualityNHSLondon

# London Workforce Race Strategy

Showcase of resources



#RaceEqualityNHSLondon

# LWRS – update on resources



The screenshot shows a web interface for the 'De-Bias Recruitment and Selection Toolkit'. On the left is a vertical navigation menu with 12 items, each with a right-pointing arrow: Job design, Job description, Job advert, Job application, Shortlisting, Interview and assessment, Selection, Conditional offer/pre-employment checks, Unconditional offer, Induction and onboarding, Talent approach, and Further resources. The main content area features the NHS logo at the top right, the title 'De-Bias Recruitment and Selection Toolkit' in large white text, and the NHS London Race Strategy logo at the bottom with the tagline 'A better NHS for us all'. The background is a blurred image of a woman smiling.

Next iteration available July 2023



The banner for the 'NHS London Core Managers Programme' features the NHS logo at the top right. The title 'NHS LONDON CORE MANAGERS PROGRAMME' is written in white on a purple, wavy background. Below the title, the text reads: 'Free online inclusive leadership training for all health and social care supervisors and managers.' At the bottom, there is an illustration of a diverse group of people, including a man in a white lab coat, a woman in a red coat, a man in a wheelchair, and a woman in a blue coat, all holding hands.

Register here:

<https://www.leadershipacademy.nhs.uk/programmes/core-managers-developing-inclusive-workplaces/>

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# Over to You

1. What are your thoughts on the LWRS resources/ what's your experience of them?
2. What resources would you like to be developed?
3. Which programmes will you pledge to sign up to?

 Mentimeter

menti.com

Use code:

**8378 9041**



#RaceEqualityNHSLondon



# London WRES Experts

Reflections from participant  
EDI Leads Cohort

**Evelyn Mensah**, Consultant Eye  
Surgeon, Clinical Lead for  
Ophthalmology, London North  
West University Healthcare  
NHS Trust

#RaceEqualityNHSLondon





## Senior WRES Experts Programme 2021-2022

Evelyn Mensah

- Consultant Ophthalmic Surgeon
- Clinical Lead for Ophthalmology, Central Middlesex Hospital, LNWH
- Co-Lead for NWL Ophthalmology Clinical Reference Group
- WRES Expert LNWH
- EDI Chair for The Royal College of Ophthalmologists

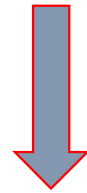
**NHS**

**London North West  
University Healthcare**  
NHS Trust

NHS Women Leaders  
Conference  
29th June 2023

# Why is race so important

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What about all the other 8 protected characteristics?

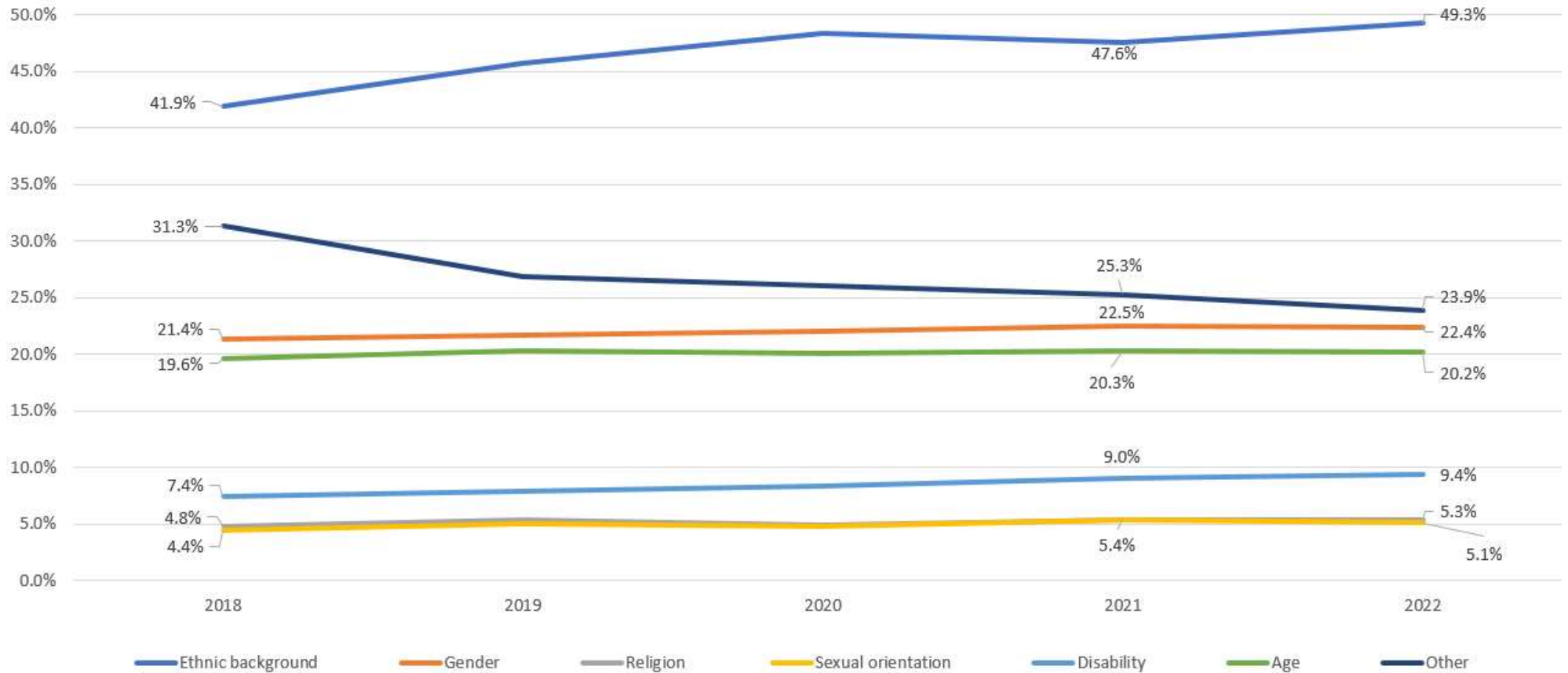
## NHS Staff Survey 2022

### National results briefing



## 2022 NHS Staff Survey findings:

**Nationally: % of staff saying they had experienced discrimination on each basis, from those who reported personally experiencing discrimination at work in the last 12 months (q16c)**



Source data: public facing NHS National Staff Survey findings



Designed by:  
Louie Horne, BSc  
Yvonne Coghill, CBE  
Evelyn Mensah, MD



INSPIRING HOPE  
ACADEMY

Level 5 Accredited  
Programme in  
Race Equality in the  
Workforce

London Senior Cohort  
Delegate Handbook

WRES EXPERTS

## Impact

1. Local
2. National
3. International



London North West  
University Healthcare  
NHS Trust





# Local

>8,500

69% Global Majority



# NHS England

WRES	MWRES
Workforce Race Equality Standard	Medical Workforce Race Equality Standard
Agenda for Change	Doctors & Dentists
<p>8 reports 2015 – 2023 #9 WRES indicators</p> <p>✓ Trust Level reports</p>	<p>1 report July 2021 #11 MWRES indicators</p> <p>✗ Trust Level reports</p>
	



INDICATOR 1

INDICATOR 2

INDICATOR 3

INDICATOR 4

INDICATOR 5

INDICATOR 6

INDICATOR 7

INDICATOR 8

INDICATOR 9

INDICATOR 10

INDICATOR 11



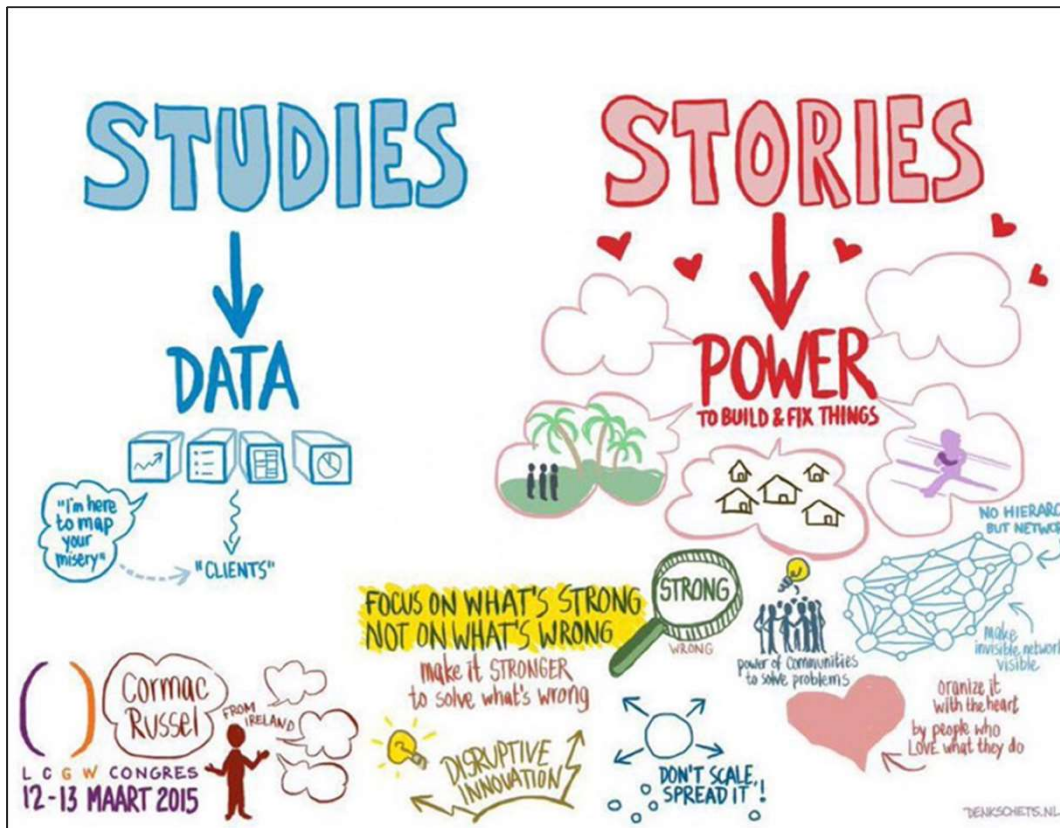
# Deep Dive

## Medical Workforce Race Equality Standard (MWRES)

**London North West University Healthcare Trust  
MWRES Focus Group**

*Quantitative + Qualitative*

\*Disaggregate\* & analyse LNWH MWRES data  
by Workforce Race Experts



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Yvonne Coghill

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Owen Chinembiri

Stories are the seeds of  
social change



# The Medical Workforce Race Equality Standard (MWRES) Data Analysis Report

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London North West University  
Healthcare NHS Trust

March 2023

**XCELLENCE**  
IN ACTION

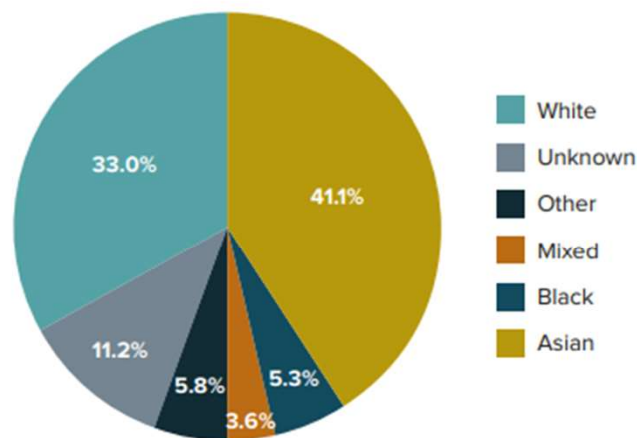
## Detailed analysis as at 31 March 2022

Staff in post

**Table 3:** LNWH medical and dental workforce headcount and percentage by ethnicity

Ethnicity	Headcount			Percentage		
	2020	2021	2022	2020	2021	2022
Asian	475	553	599	35.7%	39.5%	41.1%
Black	64	72	78	4.8%	5.1%	5.3%
Mixed	39	51	52	2.9%	3.6%	3.6%
Other	69	87	85	5.2%	6.2%	5.8%
Unknown	286	162	163	21.5%	11.6%	11.2%
White	399	475	482	30.0%	33.9%	33.0%

**Figure 1:** LNWH medical and dental workforce by ethnicity



## Key findings

On 31 March 2022, **55.8% (814)** of medical and dental staff were ethnic minorities.

**41.1% (599)** were from an Asian background, **33.0% (482)** were white, **5.8% (85)** were from any other ethnic group, **5.3% (78)** were Black and **3.6% (52)** were from a mixed ethnic background.

For **11.2%** of the medical and dental workforce, the ethnicity was unknown.

It is difficult to clearly and accurately calculate the changes in the ethnic makeup of the medical workforce due to the significant drop in the number of doctors who have an unknown ethnicity. It was **21.5% (286)** in 2020 decreasing to **11.2% (163)** in 2022. The changes in the numbers and proportions of different ethnicities might reflect more staff declaring their ethnicity rather than an increase among those ethnic groups.

## Poor representation at senior levels

This subject came up and was discussed at all of the focus groups. The fact that there are very few people of colour at board level and in senior level decision making positions was mentioned.

"I remember at a meeting I went to when Central Middlesex, Ealing and Northwick Park merged, the majority of the audience were from Black, Asian and minority ethnic backgrounds, the people at the front of the room were all white. When a colleague stood up and pointed it out, he was told to sit down and not be racist!"

Asian male consultant

Other colleagues mentioned that in order to reach one's full potential it was important to have role models that look like you. However, this is not the case at LNWH, where there are very few senior medical leaders from Black, Asian or minority ethnic backgrounds.

## Unfair recruitment practices

The subject of a club that you needed to be part of to get on, came up frequently. People said that if you were not part of the club you were unlikely to get opportunities to expand or progress in the organisation. Those opportunities went to people that were part of the club.

"Often people do not apply for posts because they know they will not get the job. We know that the majority of doctors that have been selected to become deputy medical directors used to

work with the medical director and therefore what's the point of applying? We know who is going to get the job before the interviews take place".

Female Asian consultant

One participant tried to explain how this worked.

"Everyone is busy and needs to get their work done, therefore people select people for opportunities that they believe will do a good job and deliver. Delivering is important. They then continue to select the people they know, people they have worked with and invariably they are people that look like them"

White female consultant.

This means that some people get many more opportunities to be developed and progress than others, they also get 'known' for being good at their job and that works in their favour at interview.

"A senior white doctors' daughter was a midwife that went for a role in the midwifery unit. She was unsuccessful in getting the role and in the presence of others said, "Fancy my daughter not getting the role and an African nurse getting it. Who wants big Black midwives with fat arses looking after you whilst you're giving birth"

The expectation being that her daughter should have been given the job and belief that derogatory, discriminatory language was appropriate and would be tolerated.

## Zero tolerance policy adherence

The Zero tolerance policy was mentioned on numerous occasions as not being fit for purpose; it was felt it didn't really protect staff from the increasing amount of abuse they were receiving from patients. The question as to whether staff should be moved and replaced by another member of staff to the patients liking was discussed and participants agreed that it was not good practice to move staff at the patients request based on ethnicity. However, there was acknowledgement that the situation could escalate and become detrimental to the doctor if they remained.

"An ethnic minority doctor had a disagreement with the patient's family, the patient was a minor, I reallocated the case to another doctor at the doctor's request. He felt there was potential for malicious accusations to be made if anything went wrong"

Female white consultant

# Next steps and recommendations

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A lot of good work on race equality is already being done in the Trust. This report supports the findings in previous pieces of work and the action to improve the situations are similar.

- The report should be widely distributed and the contents disseminated across the whole of the organisation along with the previous report.
- Doctors should be given the opportunity to read and comment on the contents of the report

A bespoke action and implementation plan should be developed from the findings in the report, to include:

- Listening to Black, Asian and minority ethnic doctors, hearing what they want to happen next
- An independent review of recruitment practices
- Ensuring IMGs have opportunities to progress
- Review of disciplinary processes to ensure they are fair and equitable.

- Enhance the role and responsibilities of the WRES expert's role in the Trust (protected time)
- Develop an anti-racist programme and make it mandatory for all members of staff.
- Ensure appropriate and accurate electronic ethnic monitoring
- The Trust's mechanism for raising concerns must be robust, safe and easy to access.
- White staff must not ignore racist language or behaviour but should be encouraged to report it.
- Individuals should be encouraged to ask questions about someone's culture or customs if they do not know. This is especially true of people working together in order to avoid assumptions and stereotypes

A communication plan should be developed alongside the action plan to ensure all members of staff are aware of the way forward.

National



*The* ROYAL COLLEGE *of*  
OPHTHALMOLOGISTS





**Royal College of Ophthalmologist Webinar**

**Race & Equality #TheNewNHS**

**27 August 2020 1800 – 19.30hrs, UK time**

# Agenda

## **Miss Evelyn Mensah, (Chair) FRCOphth, Consultant Ophthalmologist**

- i. Social response to racism
- ii. How the RCOphth looks
- iii. Pre-webinar survey results

## **Mr Sakkaf Ahmed Aftab, MRCOphth, Consultant Ophthalmologist**

- i. COVID -19 and PPE
- ii. Risk Assessment in the BAME group

## **Dr Umesh Prabhu, MRCPCH, Consultant Paediatrician**

Racism: Impact on NHS and Patients

## **Ms Yvonne Coghill, CBE, OBE, Vice President RCN**

- i. WRES data
- ii. 7 A's of Authentic Allyship

## **Q and A:**

### **Panellists:**

**Bernard Chang**, President

**Mr Mohit Gupta**, Hon Sec and Chair of EDI, RCOphth

**Mr Tim Lane**, past Editor-in-Chief, Annals RCS

**JS Bamrah**, CBE, Chair of BAPIO

COMMENT

## Lived experiences of UK Black Ophthalmology Trainees in the NHS

Roxanne Annoh<sup>1</sup> · Evelyn Mensah<sup>2</sup>

Received: 13 January 2021 / Revised: 19 January 2021 / Accepted: 15 February 2021  
© The Author(s), under exclusive licence to The Royal College of Ophthalmologists 2021

### Background

For almost four decades, white and ethnic minority staff have reported significantly different lived experiences in the NHS [1]. Since 2015, the Workforce Race and Equality Standard (WRES) has published data, which recently demonstrated that

### Results

Ten ophthalmology trainees were invited to participate of which nine completed the survey.

### Black ophthalmology trainee experiences

COMMENT

## Lived experiences of UK Black Ophthalmology Trainees in the NHS

Roxanne Annoh<sup>1</sup> · Evelyn Mensah<sup>2</sup>

Received: 13 January 2021 / Revised: 19 January 2021 / Accepted: 15 February 2021 / Published online: 4 March 2021  
© The Author(s), under exclusive licence to The Royal College of Ophthalmologists 2021

### Background

For almost four decades, white and ethnic minority staff have reported significantly different lived experiences in the NHS [1]. Since 2015, the Workforce Race and Equality Standard (WRES) has published data, which recently demonstrated that black and minority ethnic (BME) staff in the NHS, compared with their white counterparts, are more likely to report bullying, harassment and abuse from colleagues (29.0% vs 24.2%), are more likely to experience discrimination at work from a manager, team leader or other colleague (15.3% vs 6.4%), are 1.22 times more likely to enter into a formal disciplinary process and are less likely to believe that their trust provides equal opportunities for career progression or promotion (69.9% vs 86.3%) [2]. A bespoke set of WRES indicators have been developed to capture the experience of the medical workforce (MWRES) [3]. Trainees from a BME background may feel especially vulnerable when experiencing discrimination.

We present the findings of a pilot survey conducted in August 2020, exploring the lived experiences of UK Black ophthalmologists in speciality training.

### Method

A web-based structured questionnaire, using both open and closed questions, was created using LimeSurvey. Free text responses were allowed for open questions. Trainees from the UK Black Ophthalmology Training Network were invited to complete the questionnaire. Informed consent was obtained and all responses were anonymised.

✉ Roxanne Annoh  
Roxanne.Annoh@nhs.net

<sup>1</sup> Department of Ophthalmology, Princess Alexandra Eye Pavilion, Edinburgh, UK

<sup>2</sup> Central Middlesex Hospital, Ophthalmology Department, London North West University Healthcare NHS Trust, London, UK

### Results

Ten ophthalmology trainees were invited to participate of which nine completed the survey.

### Black ophthalmology trainee experiences

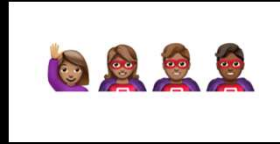
- (i) Perceived discrimination by training faculty
- Five trainees experienced discriminatory behaviour by ophthalmology trainers (Table 1). These were related to inconsistencies in clinical supervisor reports, lack of support or mentorship from senior clinicians and removal of research opportunities, compared to white colleagues. Trainee A stated:

‘I was advised very early on in my training to switch careers despite glowing supervisor reports from the same supervisor. There was no explanation as to why. I was also told that I wouldn’t make it as an ophthalmic surgeon despite excelling in cataract surgery in the early stages. I was encouraged to take a non-ophthalmic surgical route, again no explanation and no hard facts or evidence given. There have been many more incidences but most of the time it is indirect racism, harassment, low key bullying.’

Trainee U felt that discriminatory behaviour by trainers was not always overt:

‘I have not personally experienced overt, blatant racism by any training faculty; however, this doesn’t mean it hasn’t happened on a subtle subconscious level. Furthermore, it is sometimes difficult to tell between a “tough” supervisor /senior colleague and one that has underlying prejudices. A consultant has, on an occasion, shouted at me for seeking her advice.’

- (ii) Perceived discrimination by non-training faculty
- Three trainees reported discriminatory behaviour by managerial and administrative staff, two trainees



“Evie & The Three Professors”  
*present*

Racism in the NHS

Annual Congress  
24<sup>th</sup> May 2022



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### Professor Anton Emmanuel

Professor of Neuro-Gastroenterology, University College London

Consultant Gastroenterologist at University College Hospital at the National Hospital for Neurology and Neurosurgery (Queen Square)

He was appointed Lead of the Workforce Race Equality Standard in December 2020. In that role he is moving the focus of the WRES towards embedding local accountability with organisations' for their own data. A key component is to develop WRES metrics which reflect on the individual experience of staff in trusts and systems in order to implement evidence-based actions. The longer term work is to develop the NHS's first race equity strategy.

On a personal basis: father of four, immigrant of African-Asian origin, Londoner, multiple amateur (guitarist, homebrewer, record collector).



### Professor Mala Rao

Director of the Ethnicity and Health Unit and Senior Clinical Fellow, Imperial College London

Medical Adviser, Workforce Race Equality Strategy, NHS England

An NHS public health physician by background, her career spanning public health practice, policy and research in the UK and globally. Her proudest achievements are in workforce development for improving health, strengthening health systems and environmental health.

Her anti-racism advocacy of 3 decades took a significant turn when her 2014 review of wellbeing in ethnic minority people influenced the launch of NHS England's Workforce Race Equality Strategic Advisory Group.

She was awarded an OBE in 2013 and the UK Faculty of Public Health's most prestigious award, the Alwyn Smith Prize in 2021.



### Miss Evelyn Mensah (aka Evie, DEoLT)

Consultant Eye Surgeon & Clinical Lead, Central Middlesex Hospital, LNWH

Co-Lead for NWL Ophthalmology CRG

Evie loathes racism, discrimination and injustice.

She was chosen by her Trust to participate in the London Workforce Race Equality Standard (WRES) programme designed to improve the experiences of ethnic minority staff, improve health outcomes for patients.

Evie completed this course in April 2022 and is eager to use all the skills and tools to progress the antiracist agenda within her Trust, which, paradoxically comprises of a 67% ethnic minority workforce.

Ultimately, Evie would like LNWH to be a Trust where there is evidenced based racial equity according to all outcomes outlined by the London WRES 10 year



### Professor Partha Kar

Consultant in Diabetes & Endocrinology at Portsmouth Hospitals NHS Trust

National Specialty Advisor, Diabetes with NHS England and co-author of the national Diabetes GIRFT report

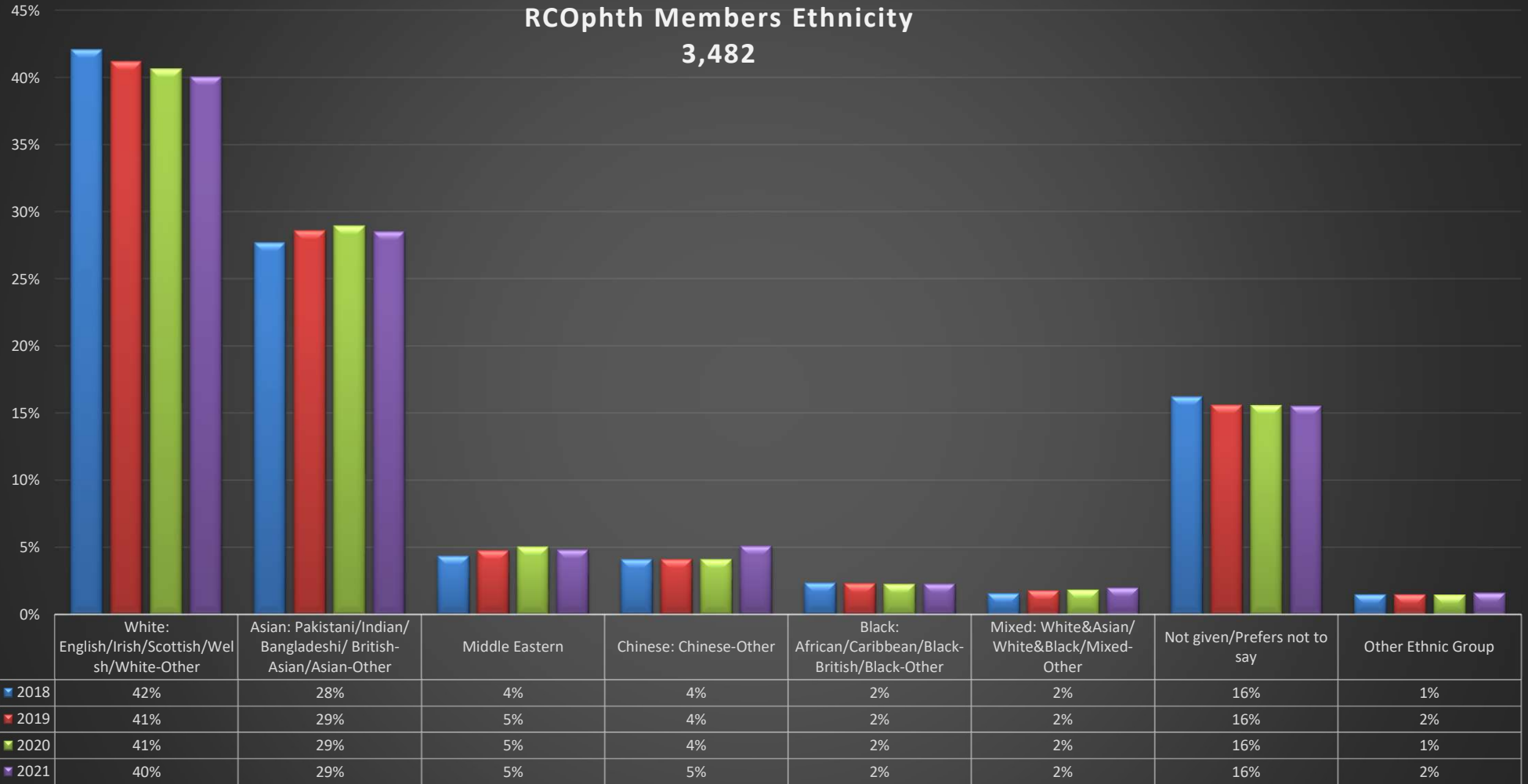
He is one of the leading users of social media in diabetes care and writes a monthly blog for the BMJ, has a personal blog ("Sugar and Spice: Wish all things were nice") and along with a podcast ("Sweet Talking")

He received an OBE in the New Years Honours List, UK in 2021 for "services to diabetes care" and beyond diabetes, recently taken up the role as Director of Equality, Medicine in the NHS. He is involved in making data public regards inequity based on ethnicity- whether it be access to technology, career progression or regulatory body referrals in medicine- with a focus to tackle those areas of concern.

He has also been recognised as one of the most influential BME figures across healthcare by the Healthcare Service Journal.

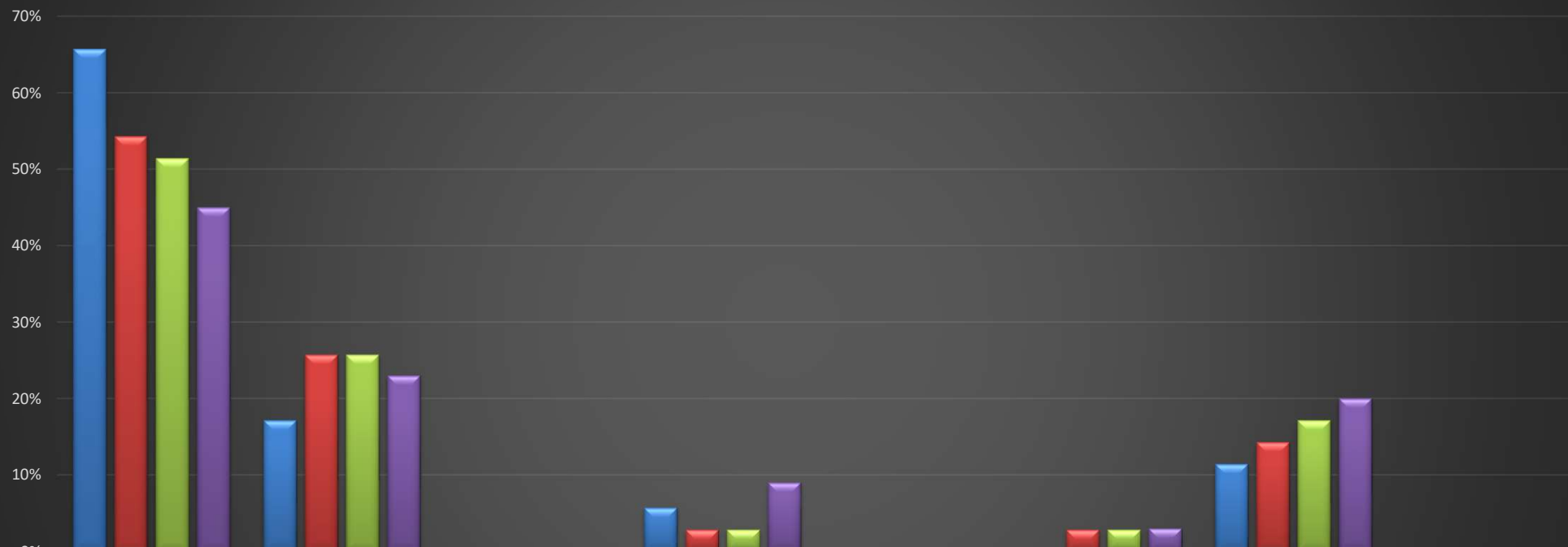


## RCOphth Members Ethnicity 3,482



# RCoPhth Council Ethnicity

35



	White: English/Irish/Scottish/Welsh/White-Other	Asian: Pakistani/Indian/Bangladeshi/ British-Asian/Asian-Other	Middle Eastern	Chinese: Chinese-Other	Black: African/Caribbean/Black-British/Black-Other	Mixed: White&Asian/White&Black/Mixed-Other	Not given/Prefer not to say	Other Ethnic Group
2018	66%	17%	0%	6%	0%	0%	11%	0%
2019	54%	26%	0%	3%	0%	3%	14%	0%
2020	51%	26%	0%	3%	0%	3%	17%	0%
2021	45%	23%	0%	9%	0%	3%	20%	0%

2022

	RCOphth Council (n)	RCOphth Council (%)
<b>Total Population</b>	<b>34</b>	<b>-</b>
White	17	50.0
Asian (incl. Chinese)	16	47.1
Black	0	0.0
Mixed Ethnic Group	1	2.9
Other Ethnic Group	0	0.0
Not given/Prefer not to say	0	0.0



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### Differential Attainment Report

Data on Differential attainment  
in ophthalmology and monitoring  
equality, diversity, and inclusion:  
Recommendations to the RCOphth

December 2022

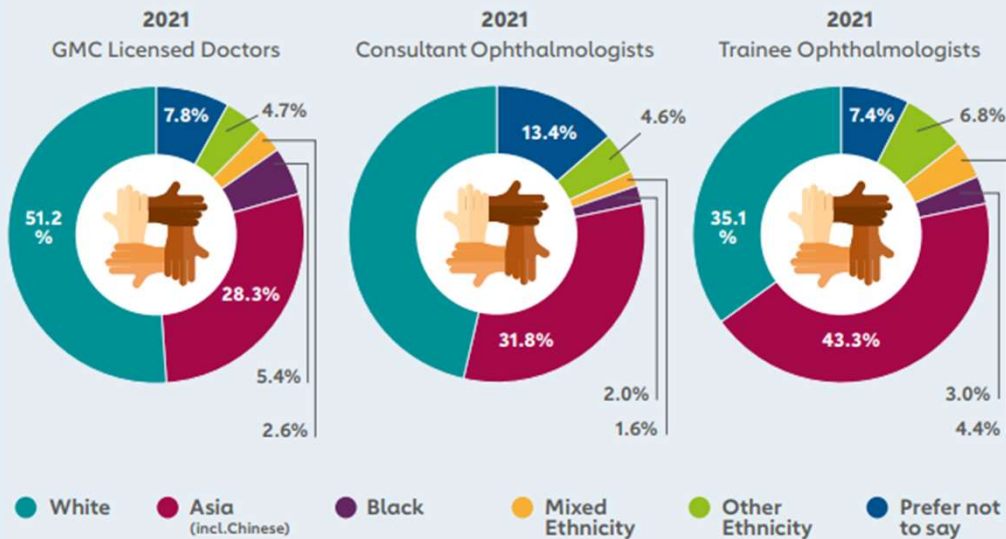
**Comparing ethnicity of RCOphth consultants and GMC licensed ophthalmology trainees with the UK population, all doctors and all doctors in training.**

In 2021, White consultant ophthalmologists make up the largest ethnic group (46.7%), with a slight decrease compared with 2018 (49.2%).

In 2021, Asian trainees (43.3%) make up the largest ethnic group amongst trainee ophthalmologists, with an increase compared with 2018 (39.8%).

In 2021, Black doctors make up the lowest proportion of ophthalmology trainees (3.0%) and consultants (2.0%) compared with other ethnic groups. This is lower than the current proportion of Black GMC licensed doctors (5.4%) and doctors in training (6.4%).

There is no change in the trend of the number of Black, Mixed or Other ethnic group ophthalmology consultant and trainees between 2018 and 2021.

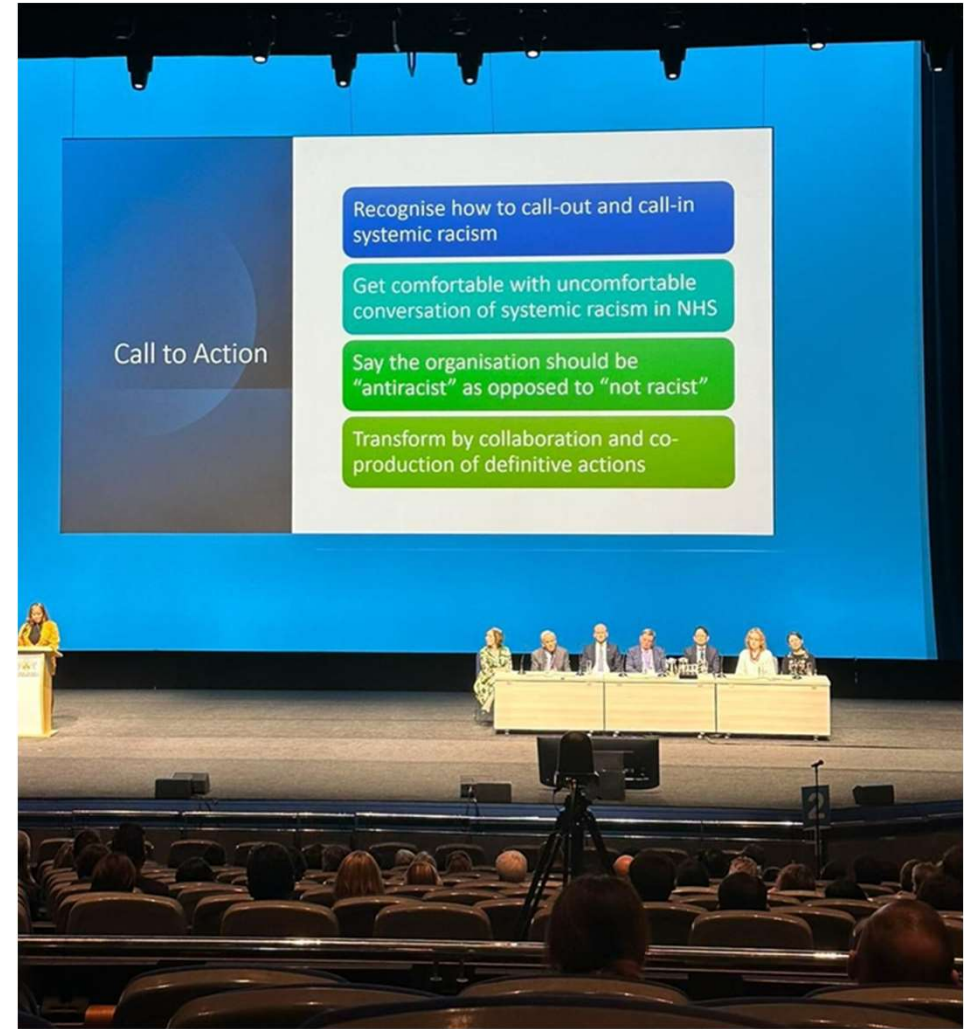


**Differential Attainment Report**

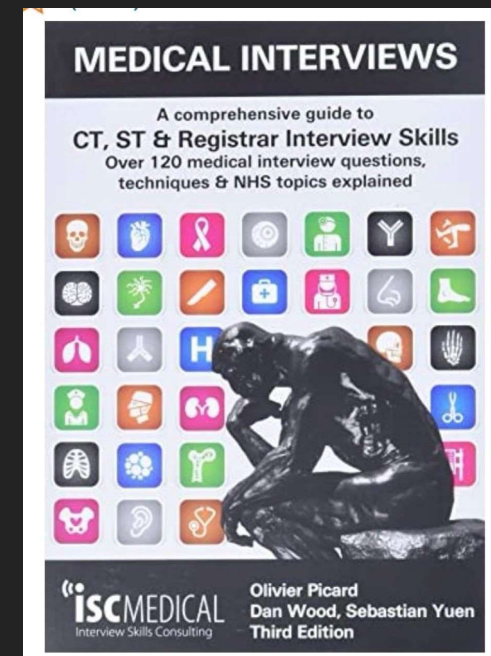
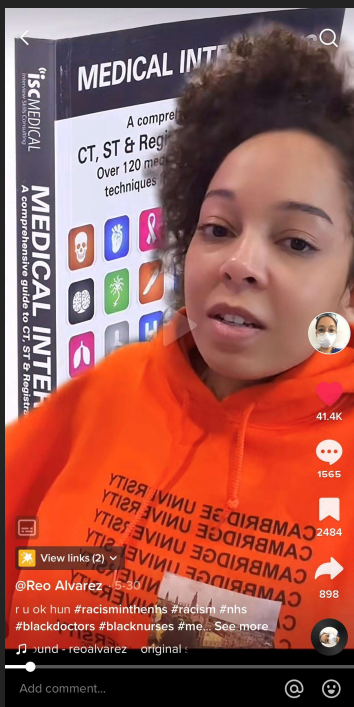
**Data on Differential attainment in ophthalmology and monitoring equality, diversity, and inclusion: Recommendations to the RCOphth**

December 2022





# Decolonise the Medical Curriculum



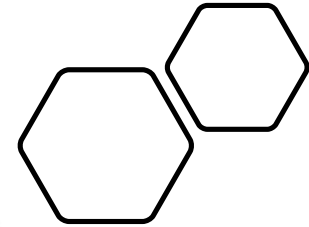
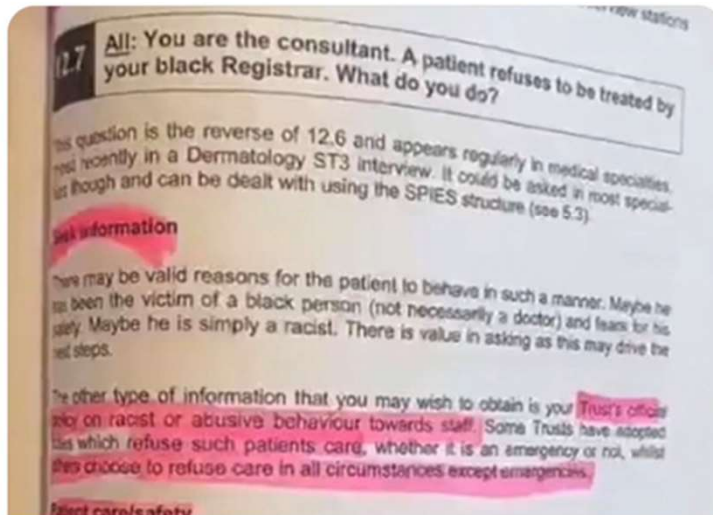


Evelyn Mensah, MBBS,... · 11/06/2022 ...

I have huge problems with ALL the #racist answers in this text book for Dr interviews



I agree with Dr reoalvarez 🙌 who eloquently put the video together on TikTok in her series of racism in the NHS. This is a screenshot of the book in the video. I'm shocked by the authors tbh





**Evelyn Mensah, MBBS,...** · 11/06/2022 ...

1 The authors state the **#racist** patient question is the reverse of the one on previous page with a young female Registrar refusing to see a patient who's a **#rapist !!** 😬 They automatically \*criminalise\* the **#Black** Dr & fail to acknowledge the **#racist** patient **!!** 🙄 This is **#RACIST !!**

💬 2   ↻ 7   ❤️ 25   📤   |||



**Evelyn Mensah, MBBS,...** · 11/06/2022 ...

2 The authors state, "There may be \*valid reasons\* for the patient to behave in such a manner. Maybe he has been a victim of a **#Black** person (not necessarily a Dr) & fears for his safety. Maybe he's simply a racist" Let's be very clear here. THIS answer is **#RACIST !!**

💬 1   ↻ 6   ❤️ 29   📤   |||

Dr Rachael Harlow  
[REDACTED]

Miss Evelyn Mensah  
[REDACTED]

[REDACTED]  
ISC Medical Publishers

20<sup>th</sup> June 2022

Dear [REDACTED]

**Re: Medical Interviews: A Comprehensive Guide to CT, ST & Registrar Interview Skills, Editions 1 and 2**

Thank you for responding to our letter sent on 12<sup>th</sup> June 2022. The content of your email has been noted.

Our understanding is that the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> editions of your 'Medical Interviews' book were published in 2008, 2013 and 2019 respectively. The 1<sup>st</sup> and 2<sup>nd</sup> editions have the racist model answers to question 12.7, "You are the consultant. A patient refuses to be treated by your Black registrar. What do you do?" As you have already mentioned, this important question was removed from the 3<sup>rd</sup> edition of your book and replaced with an alternative question. We conducted a quick 24-hour poll of 76 doctors which has revealed that 66% of doctors have used either the 1<sup>st</sup> or 2<sup>nd</sup> edition of this book and many have shared with others. It has also come to our attention that a significant number of NHS Library and Knowledge Services have current holdings for the 1<sup>st</sup> and 2<sup>nd</sup> editions of your book. For example, when looking at all NHS Libraries in the south west, there are 38 copies of the 2<sup>nd</sup> edition and 9 copies of the 1<sup>st</sup>. Consequently, Lucy Reid, Deputy Head of Knowledge and Library Services (Resource Discovery) at HEE, advises that the following message will go out in this week's Resource Discovery Digest:

**Medical Interviews (editions 1 and 2) - please withdraw (A1)**

*"Many libraries stock the popular Medical Interviews: A comprehensive guide to CT, ST & Registrar Interview Skills by Olivier Picard et al. We have recently learnt that the first and second editions of this work (published in 2008 and 2013) include at least one model answer which is racist. Please check your catalogues and shelves and withdraw any copies of these two editions.*

1

*The third edition (ISBN: 978-1-905812-24-0, Publication Date: September 2019) does not include the offensive content."*

Just to reiterate, we have no issue with the question which is an extremely valid and important question to address. Particularly considering the recent excellent report published by the [British Medical Association](#) (BMA) highlighting the racism faced by minoritised doctors working in the NHS. We hope that future publications of your interview book have a racist patient scenario because this is something that 76% of respondents to the BMA survey said they experienced at work. Once again it would be important to take into consideration the "NHS Zero Tolerance Policy" on racism since there are many people who are not familiar with this and [do not know how to enforce it](#). In addition, the model answer should provide appropriate responses for the Consultant, bystanders, allies and recognise the traumatic and weathering effect of racism on the Black Registrar with information about wellbeing support and psychological safety. Especially since the BMA report found that 60% of surveyed doctors and medical students said that racism at work had affected their [mental health](#).

On a final note, we would be willing to help you formulate antiracist model answers to a racist patient scenario, if you wish to pursue further. Failing this, we would suggest that you use relevant documents published by the [Medical Defence Union](#) and [BMA](#) to formulate appropriate antiracist answers.

Yours sincerely,

Dr Rachael Harlow  
MChD, BChD, BSc, MFDS RCS(Ed)  
Clinical Fellow in Maxillofacial Surgery  
[REDACTED]

Miss Evelyn Mensah  
MBBS, FRCOphth, MD, FGCS  
Consultant Ophthalmic Surgeon  
[REDACTED]

**NHS Libraries withdrew  
racist editions 1 & 2**

2

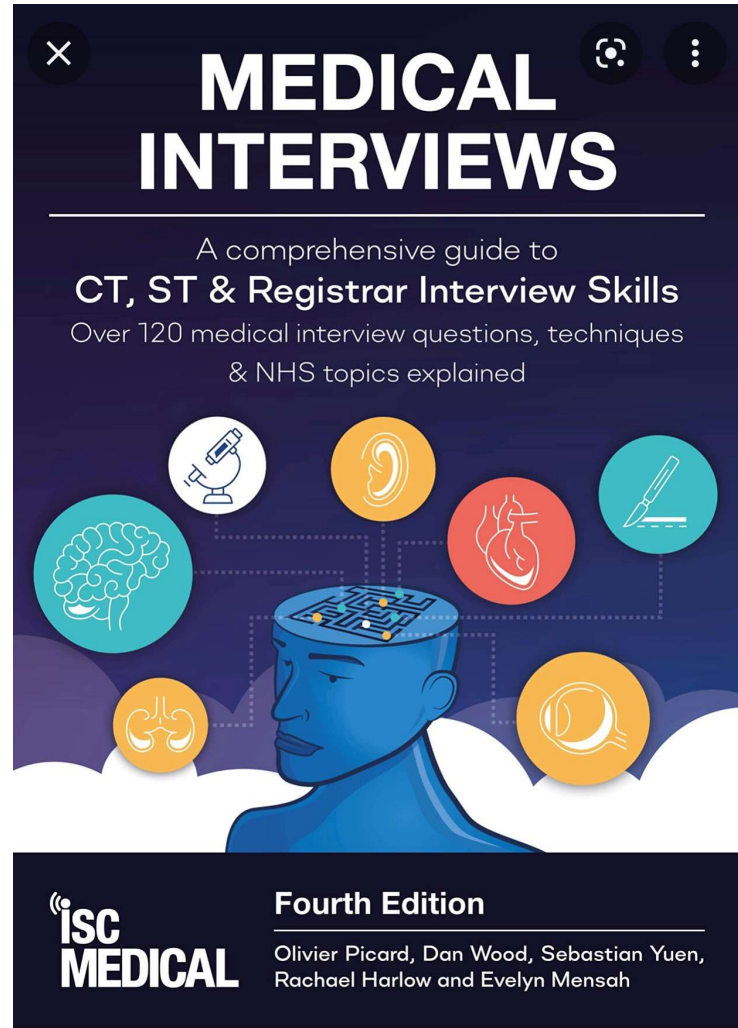
Offered to  
re-write Q's  
with  
model A's

Wrote two scenarios

Racist Patient – You are the  
consultant

Racist Colleague – You are the  
trainee

Antiracist model answers



A satellite view of the Earth showing the Americas, with the word "International" overlaid in white text. The image shows the curvature of the planet, with the dark blue of the oceans and the lighter blue of the atmosphere. The landmasses are shown in shades of green and brown, with white clouds scattered across the surface. The word "International" is centered in the middle of the image, written in a clean, white, sans-serif font.

International





We need, in every community, a  
group of angelic troublemakers.

— *Bayard Rustin* —

AZ QUOTES

← **Tweet**

 **Evelyn Mensah, MBBS, MD, FRCOph...** ...  
@eveosh

We, [#AngelicTroublemakers](#), cordially invite you to a \*Silent Vigil\* for Dr Valentine Udoye. Please join us in solidarity:-

- 🕒 Same time - 10.30
- 📍 Same place - GMC, Euston Rd
- 📅 Same day - Sat 29th Oct
- 🕒 Every week - silent vigil
- 🕒 Until @gmcuk drops case

[#JusticForDrUdoye](#)  
RT



We need, in every community, a group of angelic troublemakers.


— Bayard Rustin —

AZ QUOTES

18:30 · 26/10/2022 · [Twitter for iPhone](#)

**Hark! Angelic Troublemakers sing**

👼👼👼



TikTok  
@evelynmensah003

1<sup>st</sup> Saturday  
22<sup>nd</sup> Oct 2022

## Standing up for black medics

CONSULTANT eye surgeons Evelyn Mensah and Samantha Gordon had a clear message for the General Medical Council: "Stop hounding black doctors."

In a silent vigil outside the regulatory body's office in Euston, they drew attention to the latest in a slew of cases in which the GMC have relentlessly pursued black and Asian doctors.

The most recent is of Nigerian doctor Valentine Udoe, accused of "dishonesty" in completing a form incorrectly, stating that he was on the GP register when he was not.

Despite admitting this as an innocent mistake and being exonerated by an independent tribunal's twice, the GMC has now taken Dr Udoe to the High Court,

saddling him with a £26,500 legal bill.

The hearing has been postponed after Dr Udoe was taken to hospital with

suspected cardiac problems. Dr Mensah and Dr Gordon have set up a petition that has been signed by more than 200 doctors of African origin

expressing their anger at the GMC's approach.

It comes only weeks after the closure of the case of Asian doctor Manjula Arora, also accused of "dishonesty" and suspended following a dispute about the way she had requested a laptop for her work.

Despite its 2021 report, Fair to Refer, commissioned by the GMC to address over-referral of ethnic doctors, they are still twice as likely to face the regulator as their white counterparts.

Dr Udoe, who became aware of the vigil on his behalf through social media, said: "I feel supported and I feel like I'm not alone."

The petition in support of Dr Udoe can be found on the Change.Org website and a crowd-funder is also online.



Samantha Gordon and Evelyn Mensah

20<sup>th</sup> Saturday  
4<sup>th</sup> March 2023

## #DrUdoe said #ResolveNotRefer



@EYE\_SURGEON\_EVE



TikTok

@evelynmensah003

Antiracist Activism in the NHS

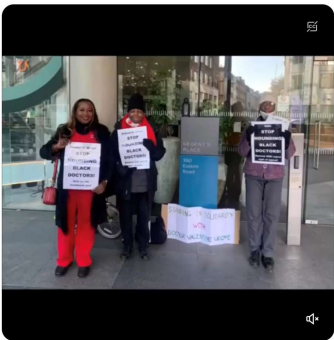
Evelyn Mensah, MBBS,... · 12/03/2023  
 Reel 5 where we stood in #SolidarityWithDrUdoye outside the #GMC 19th Nov 2022

♪ Don't give up  
 ♪ You still have us  
 ♪ Don't give up  
 ♪ You don't need much of anything  
 ♪ Don't give up  
 ♪ Somewhere there's a place  
 ♪ Where we belong



Evelyn Mensah, MBBS,... · 12/03/2023  
 Reel 9 where we stood in #SolidarityWithDrUdoye outside the #GMC 17th Dec 2022

♪ Oh I get by with a little help from my friends



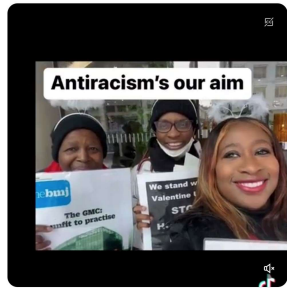
Evelyn Mensah, MBBS,... · 12/03/2023  
 Reel 11 where we stood in #SolidarityWithDrUdoye outside the #GMC 31st Dec 2022

♪ Should auld oppression be forgot  
 Though racism lingers on  
 End bias by the GMC  
 We'll fight for justice & equity  
 Auld Lang Syne our Angelic Friends  
 Let's fight racism until it ends



Evelyn Mensah, MBBS,... · 12/03/2023  
 Reel 119 where we stood in #SolidarityWithDrUdoye outside the #GMC 24th Dec 2022

♪ Hark! Angelic Troublemakers sing  
 ♪ Justice will prevail all things  
 ♪ Peace on earth & mercy mild  
 ♪ We won't stop till reconciled  
 ♪ Come on all Black Drs rise  
 ♪ GMC open ur eyes



Evelyn Mensah, MBBS,... · 12/03/2023  
 Reel 6 where we stood in #SolidarityWithDrUdoye outside the #GMC 26th Nov 2022

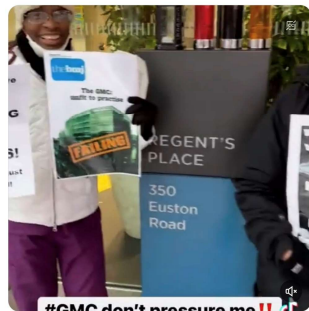
♪ You can count on me like 1 2 3  
 ♪ I'll be there  
 ♪ And I know when I need it  
 ♪ I can count on you like 4 3 2  
 ♪ And you'll be there  
 ♪ Cos that's what friends are s'posed to do



Evelyn Mensah, MBBS,... · 12/03/2023  
 Reel 12 where we stood in #SolidarityWithDrUdoye outside the #GMC 7th Jan 23

♪ If anybody pressure you dis year  
 ♪ You know one ting you go do  
 ♪ Just block 'em  
 ♪ Delete 'em  
 ♪ Remove 'em  
 ♪ For your contact x2

#GMC Don't pressure me x2  
 #GMC Don't pressure me x2



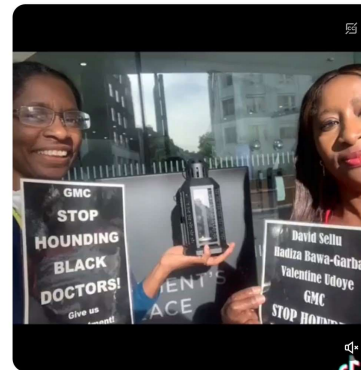
Evelyn Mensah, MBBS,... · 12/03/2023  
 Reel 4 where we stood in #SolidarityWithDrUdoye outside the #GMC 12th Nov 2022

♪ The more you refuse to hear my voice  
 The louder I will sing  
 You hide behind walls of Jericho  
 Your lies will come tumbling  
 Deny my place in time you squander wealth  
 that's mine



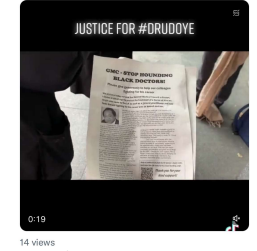
Evelyn Mensah, MBBS,... · 12/03/2023  
 Reel 15 where we stood in #SolidarityWithDrUdoye outside the #GMC 28th Jan 23

♪ Fight the power  
 This is a call to action

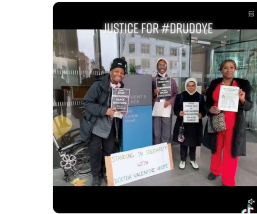


Evelyn Mensah, MBBS, MD, FRCOphth... · 12/03/2023  
 Reel 3 where we stood in #SolidarityWithDrUdoye outside the #GMC 5th Nov 2022

♪ Let the rain fall on my enemies  
 ♪ Fall on my enemies

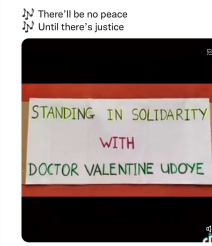


Evelyn Mensah, MBBS, MD, FRCOphth... · 12/03/2023  
 Reel 2 where we stood in #SolidarityWithDrUdoye outside the #GMC 5th Nov 2022  
 ♪ Let the rain fall on my enemies  
 ♪ Fall on my enemies



Evelyn Mensah, MBBS,... · 12/03/2023  
 We made 16 music reels to bring attention to the case of #DrUdoye over a period of 20 weeks.

Here are all the music reels in #SolidarityWithDrUdoye outside the #GMC 22nd Oct 2022



♪ There'll be no peace  
 ♪ Until there's justice

Evelyn Mensah, MBBS,... · 12/03/2023  
 Reel 13 where we stood in #SolidarityWithDrUdoye outside the #GMC 14th Jan 23  
 Sam at #GMC  
 Evie in #Glasgow



29 views  
 152 likes, 1 comment, 2 shares, 4 hearts

Evelyn Mensah, MBBS,... · 25/12/2022  
 Christmas Eve 2022 "Silent Vigil"  
 We dedicate this reel to all #doctors who have died & suffered ill health whilst undergoing unmeritorious investigation by General Medical Council #GMC @gmcuk

We're thinking of them & their families this holiday  
 #AngelicTroublemakers

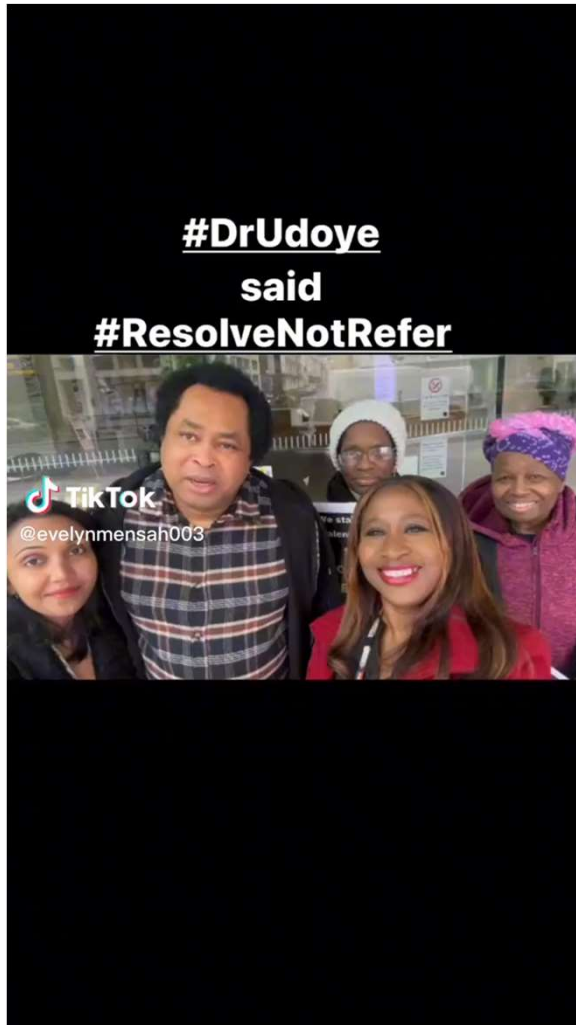


Evelyn Mensah, MBBS,... · 12/03/2023  
 Reel 14 where we stood in #SolidarityWithDrUdoye outside the #GMC 21st Jan 23

♪ Shakara

Empty vessels make more sound.....





Pinned Tweet



Evelyn Mensah, MBBS, MD, FRCOphth...  
@eveosh

Dr @ValentineUdoye 'won' case but said \*nobody won\* ↴

- ✗ Lost his family
- ✗ Lost his wealth
- ✗ Lost his health
- ✗ Lost his friends
- ✗ #GMC lost money

@NHSEngland, @NHS\_HealthEdEng,  
@gmcuk if you're listening,  
#ResolveNotRefer because it brings ↴

- ✓ Healing
- ✓ Hope
- ✓ Learning



## Tweet



**dr. jenn m. jackson**   
@JennMJacksonPhD



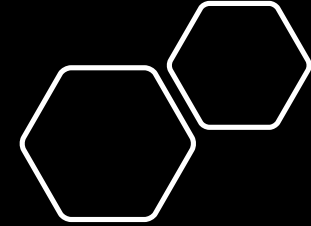
Stop arguing with people who didn't do the reading.

14:01 · 20/09/2022 · [Twitter for Android](#)

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**1,965** Retweets **216** Quote Tweets **10.4K** Likes

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Evelyn Mensah, MBBS... · 30/09/2022 ...

I gifted these 4 books to a former #NHS #CEO. I strongly believe that #antiracism should be a \*core skill\* of every #NHS leader if we want to achieve parity. What books have you gifted or read in your #antiracism or #allyship journey and how were they received?



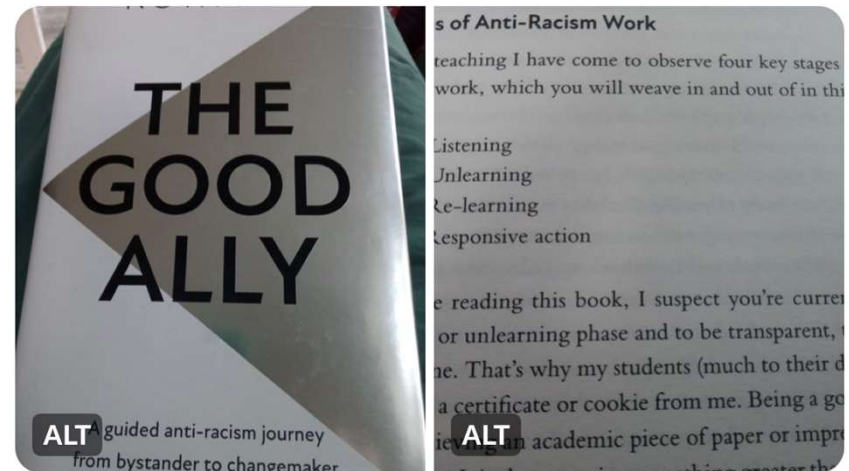
37 90 313



anna baverstock

@anna\_annabav

Reading this brilliant and at times wince inducing (with self recognition) book by @novareidoffic. Mainly at the stage of listening and unlearning with the aim of re-learning and action.



ALT A guided anti-racism journey from bystander to changemaker

ALT

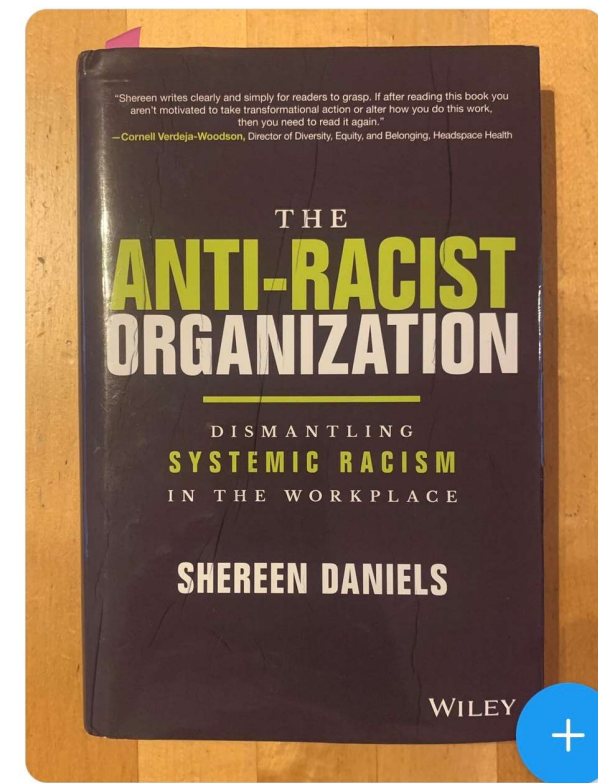


Evelyn Mensah, MBBS... · 30/09/2022 ...

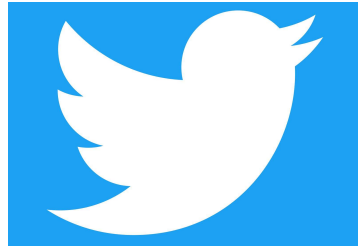
Replying to @eveosh

Talking of books, \*THIS\* book by @shereen\_daniels is a must read. Every #NHS Trust leadership team should read this book. I've tweeted a whole thread previously about the "12 characteristics of an antiracist organisation" & how we can apply to our #NHS 📌

[twitter.com/eveosh/status/...](https://twitter.com/eveosh/status/...)







 evelyn.mensah@nhs.net

 @eveosh

 eye\_surgeon\_eve

 @Evelyn Mensah

 Evelyn Mensah



**Thank You !**

**If you require more information, please contact us at  
[london.racestrategy@nhs.net](mailto:london.racestrategy@nhs.net)**

**#RaceEqualityNHSLondon**