

Diversity and Inclusion Task force – draft minutes 22nd October

Anna Harrington, Sheetal Chavda, Janet O Neil, Jane Hill, Matthew Wood, Chami Rathmalgoda, Netsai Chirenda, Emma Persand (deputy chair), Dr Abeyna Jones

Apologies: Professor Anne Harriss, Bethan Harrison, Shaun Davis

Notes – Nick Pahl

1. Introduction

Sheetal thanked to everyone for joining the call. SOM were approached about diversity and ethnicity and the disproportionate impact of Covid on BAME groups. The Board agreed to have a task force to take this forward.

2. Personal stories/why people joined (optional)

- Dr Sheetal Chavda – previously at TfL and Optima; involved in SOM and FOM (education and training – educational supervisor). SOM Hon Treasurer for national and London group; approached by SOM to do introduction to e news in August. Witnessed racism against foreign born doctors.
- Emma Persand – qualified nurse, focusing on wellbeing and impact on health. Menopause specialist. Cannot emerge from pandemic with same structural racism. Need to support employees and employers
- Jane Hill – currently senior OHA in a glass manufacturer. Attended training on diversity
- Matthew Wood – MD of HML. Engaged a consultant to help with diversity and inclusion journey at Maximus. Had various listening groups e.g. LGBT etc
- Dr Chami Rathmalgoda. Consultant at TfL. Read intro by Sheetal to e news. Experienced effects of racism
- Netsai Chirenda – works in Airline business. People of colour not well represented in leadership groups. Experienced racism and micro aggression
- Dr Abeyna Jones - joined NHS Leadership Academy. Activities such as Workforce Race Equality Charter – has not had an impact . Issues as to how medics are treated e.g. likelihood to be taken to GMC and outcomes of investigations, outcomes of exams and leadership roles. Ref Snowy white peaks on issues in NHS.
- Jane Oneill. South African heritage. Journey of learning. Wants to change content of training
- Anna Harrington. Personal and professional perspectives about gaining more clarity about unconscious bias and self-awareness. Complex issues

3. House rules

- Respect each other's point of view
- Confidentiality
- Space for people to share
- Peer support

4. Objectives for the group

The terms of reference were reviewed. Noted the **aim** - To translate the SOM Board's commitment to valuing diversity and promoting inclusion into concrete actions in the areas outlined below.

a) Highlight the health outcomes of inequality related to covid. Noted work by David Williams – at <https://www.kingsfund.org.uk/audio-video/podcast/david-williams-racism-discrimination-health> “Knowing you don’t” belong as stressful as racism in terms of health. Need compassionate management

b) Review performance of OH:

Raise awareness of institutional racism and systemic inequality within our sector e.g. How many OH nurses are referred to OH with stress.

i) Process of OH referrals - Are fewer BAME people referred into OH?

Action - Matt Wood to review and revert

ii) OH assessment. are there other questions that need to be asked to reflect different issues? Women's health etc; Do BAME people feel they will be recognised and listened to in OH?
Suggested this group agree a set of parameters to be used when assessing individuals and how should be used e.g. taking history and supporting people

iii) Training in unconscious bias

Action - SOM to host specialist webinars on various topics such as unconscious bias . / Specialist webinars for members / Neurodiversity amongst ethnic minority groups in the workplace

Nadia – MSc on Health Inequalities, Denise Keating – CE – could do something

Anna Harrington to send info re possible presenters

iv) Recruitment into OH

Action – encourage more diversity at point of shortlist and ask for recruiters / universities' opinion on practices e.g. Are the adverts biased?

v) Quality standards e.g. use of SEQOHS

Action – create guidelines/ framework about OH providers activity / approach to diversity and inclusion. To be finalised following review of best practice models shared by Emma

vi) Occupational Health organisations

Noted PARN.framework – first step – benchmarking and scoping. Professional bodies need to think about this e.g. in terms of using Framework; how grants are provided; how training is provided (e.g. knowing religious calendar)

Action - SOM to take forward e.g, re benchmarking and EDI framework – tbc next meeting

vii) Attendees for this group

- Suggested Chair asks FOM to be part of task force
- Invite collaborative working on this agenda e.g. with ACPOHE/ IoH/-Council for work and health /VRA. Do not want to repeat what others are doing
- Also need to link with GMC/NMC

5. Research update

Gathering data on occupational health clinicians e.g. what positions they are in and compare by ethnicity to see if discrepancies in workforce. Research with University of Glasgow with Dr Sheetal Chavda. Questionnaire to be finalised at end of year and to be published in Journal of Occupational Medicine

6. **Hon Sec opportunity of SOM Board** - Noted and all encouraged to apply

7. **Next meeting - 18th November – 2-3pm** -To put in e news and on SOM website

Resources and knowledge hub– Emma to share resources bringing together via Teams e.g. <https://www.hse.gov.uk/diversity/>; <https://www.nhsconfed.org/supporting-members/equality-diversity-inclusion>; WRES; CIPD website