Open letter to Oxford University Clinical School

Please read this letter and sign the google form to indicate your support and to show the Course Leads how many people would like to see these changes:

Dear Dr *X* and Oxford Medical School Course Leads,

As current and former members of Oxford University Medical School, we would like to raise concerns regarding the representation of Black and other ethnic minorities within this space, particularly in the Curriculum and diversity within the Faculty. This has been a long standing problem and we've seen no evidence or outcomes of this being addressed to date. We are signing this letter both to ask that the Medical School works harder to bridge the huge shortfalls that exist within our curriculum and structures, and to indicate support for the Black communities within the Medical School, University, Oxford and globally. Despite these issues having been raised by students on numerous occasions, we now no longer feel that we can stand by while there exist such gaping holes in the curriculum that threaten the livelihoods and indeed lives of such underrepresented communities.

We are asking for change, and the implementation of these changes as a matter of urgency. The GMC's *Tomorrow's Doctors* states:

Medical schools are responsible for delivering Medical education in accordance with principles of equality.

Required Actions by the Clinical Medical School

1. **The Medical School and the course leads should urgently examine their courses and each course lead should produce an action plan of how they intend to decolonise their relevant curriculum.**
2. **The Medical School should ensure that the following are explicitly added to their curricula.** These topics need dedicated teaching time within the relevant rotations and should be included in any end of rotation examinations.

Please note that this list is not exhaustive. As per point 1, each specialty must commit to decolonising the curricula within their field.

- Normalise the inclusion of images from different skin types in dermatology, and across all specialities so students are comfortably able to recognise common dermatological conditions, erythema, pallor and hypoxia on Black & Brown skin.
- Communication skills sessions including actors from different ethnicities not restricted to a session on 'diversity'.
- Issues pertaining to discrimination must be featured throughout the curriculum, including sessions on acknowledging unconscious bias and how this may affect our attitudes towards certain patients and towards other staff, and sessions on the different forms of discrimination between staff and patients and how to recognise and escalate appropriately.
- The Ethics course should include discussion on the historical exploitation of Black lives in major Medical discoveries (examples include James Marion

Sims conducting surgical experiments on enslaved Black Women or the Tuskegee syphilis experiment) and the modern day implications of these.
All case studies used in teaching, OSCE stations and Examination Question Banks should be subject to review specifically for discrimination, stereotypes and inclusion of different ethnic backgrounds.
Mandate more representative patients (Black & People Of Colour, and patients from different sexual orientations and gender identities) during OSCEs and exams – and publish data on this annually.

The Medical School should produce a clear and student-approved procedure that explicitly states how students can report harassment and discrimination on the ward. This should be distinct from the current 'Raising Concerns' procedure that currently exists. The policy should ideally be devised alongside the OUH Trust so appropriate disciplinary action can be taken for staff who have been reported.
The Medical School should publish a report detailing racial representation within the Faculty. The importance of Black Students being interviewed, taught and mentored by Black Faculty cannot be overstated, and the impact it has on confidence and attainment to only see White people in positions of power throughout a Black student's entire Medical School training is hugely damaging.

We recommend that this report and accompanying data is posted on the Medical School website so it is easily accessible for all**.** It should address the following directly:

How many Black Professors, Associate Professors, Fellows, Lecturers, course directors, session leaders, tutors there are?
How many projects/FHS projects are supervised by Black faculty?
How many Black people have been involved in the curriculum design?
How many Black examiners are there at the Medical School?

Following this, the next steps would be to produce an action plan outlining how you intend to address any inequality or imbalance demonstrated by these published figures. This includes automatic shortlisting of Black, Asian and Ethnic Minority candidates for new faculty positions within the Medical School.

The Medical School should produce a report from the last 3 years on the correlation between students who have failed any exams during their clinical school years and their ethnicity. Again, the next steps would be an action plan detailing how it will address any inequality that may be evidenced by these figures, and ensure adequate support is in place for these students. This report should be regularly published every three years.

In order to begin rectification of these issues, we urge the Medical School to begin by emailing this letter to all faculty to acknowledge its receipt and their commitment to actioning the points mentioned above. Secondly, moving forward we believe it is essential for the Medical School to approach students and organise a focus group to provide a platform and listen to the voices of students who are directly affected by these issues. This focus group should meet regularly to review progress and suggest further change.

If the Medical School is unable to fulfil any of the requirements sought we ask that they provide us with a detailed and satisfactory explanation as to why this is the case and what alternative actions they will take. Failure to do so will result in loss of confidence from students' and alumni in the Medical School; namely that Oxford Medical School is unable to provide a well rounded medical education to equip us as safe and knowledgeable doctors for *all* patients, regardless of their background.

These holes in the medical curriculum not only results in us lacking essential medical knowledge but limits the critical thinking required to prevent internalisation of covert racist and discriminatory sentiments present in the world today. This is ultimately one of the many factors which contributes to the health and racial inequality within the NHS. To fulfill your duty as educators, you must take steps to undo this.

We look forward to hearing from you and your course leads about the changes you will make to the curriculum in the next academic year(s) that will tackle these issues and ensure that future generations of doctors aren’t denied the ability to learn about the experiences of Black patients and healthcare workers as we were.

Signed,